See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4199 CAMPUS DR, 9TH FLOOR

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

F Name and address of principal officer: ROGER KOTCH
SAME AS C ABOVE

D Employer identification number
33-0654550

E Telephone number
(949) 509-6200

G Gross receipts $ 8,607,613.

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 ▶ N/A

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	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2013 (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	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	673,350.	1,280,429.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,102,789.	1,492,074.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	604,575.	415,759.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,380,714.	3,188,262.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,701,460.	1,814,000.
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) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	108,755.	116,898.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,810,215.	1,930,898.
19	Revenue less expenses. Subtract line 18 from line 12	570,499.	1,257,364.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,991,814.	27,103,400.
21	Total liabilities (Part X, line 26)	0.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	23,991,814.	27,103,400.

SCANNED NOV 12 2014

RECEIVED
OCT 27 2014
OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 10-14-14

▶ ROGER KOTCH, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRAD PETERSON	Preparer's signature	Date: 8/25/14	Check ☐ if self-employed	PTIN: P00081638
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 695 TOWN CENTER DRIVE, SUITE 1200 COSTA MESA, CA 92626			Phone no. (714)436-7100	

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 SUPPORTS ORGANIZATIONS THAT ARE INVOLVED IN THE PREVENTION OF AND EDUCATION REGARDING CHILD ABUSE AND CHILDRENS CHARITIES.

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 $ 1,814,000. including grants of $ 1,814,000.) (Revenue $ _____)
THE FOUNDATION CONTRIBUTED $1,814,000 TO 300 CHARITIES WITHIN CALIFORNIA, NEVADA, ARIZONA, 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.

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 ▶ 1,814,000.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

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?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the 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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

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

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	3		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . .	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders? . . .	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body? . . .	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

ROGER KOTCH - 949-509-6200
4199 CAMPUS DRIVE, IRVINE, CA 92612

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYNSI L. SNYDER PRESIDENT	1.00	X		X				0.	0.	0.
(2) ROGER KOTCH CFO & SECRETARY	1.00	X		X				0.	0.	0.
(3) LYNDA SNYDER-KELBAUGH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 ▶ 0

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	815,978.			
	d	Related organizations	1d	250,000.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	214,451.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			1,280,429.		
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)		618,648.			618,648.
	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	6,292,777.				
	b	Less: cost or other basis and sales expenses	5,419,351.				
	c	Gain or (loss)	873,426.				
	d	Net gain or (loss)			873,426.		873,426.
	8a	Gross income from fundraising events (not including $ 815,978. of contributions reported on line 1c). See Part IV, line 18	a	368,654.			
	b	Less: direct expenses	b	0.			
	c	Net income or (loss) from fundraising events			368,654.		368,654.
	9a	Gross income from gaming activities. See Part IV, line 19	a	47,105.			
	b	Less: direct expenses	b	0.			
	c	Net income or (loss) from gaming activities			47,105.		47,105.
	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.			3,188,262.	0.	0. 1,907,833.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,814,000.	1,814,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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	116,898.		116,898.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 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 _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 **Total functional expenses.** Add lines 1 through 24e	1,930,898.	1,814,000.	116,898.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	760,893.	2	1,339,964.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	23,230,784.	12	25,763,201.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	137.	15	235.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	23,991,814.	16	27,103,400.
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 ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	23,991,814.	27	27,103,400.
	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	23,991,814.	33	27,103,400.
	34	Total liabilities and net assets/fund balances	23,991,814.	34	27,103,400.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,188,262.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,930,898.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,257,364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,991,814.
5	Net unrealized gains (losses) on investments	5	1,854,222.
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	27,103,400.

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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ 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	X	
	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
IN-N-OUT BURGERS FOUNDATION C/O ROGER KOTCH	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 11, 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.)

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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	A family member of a person described in (i) above?		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	952,798.	596,427.	702,975.	673,350.	1030429.	3955979.
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	952,798.	596,427.	702,975.	673,350.	1030429.	3955979.
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)						935,071.
6 **Public support.** Subtract line 5 from line 4						3020908.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	952,798.	596,427.	702,975.	673,350.	1030429.	3955979.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	477,363.	417,521.	531,485.	802,026.	618,648.	2847043.
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 IV.)	252,310.	253,018.	263,676.	287,282.	387,146.	1443432.
11 **Total support.** Add lines 7 through 10						8246454.
12 Gross receipts from related activities, etc. (see instructions)					12	189,293.

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 2013 (line 6, column (f) divided by line 11, column (f))	14	36.63 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	35.20 %

16a **33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** 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 IV 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 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number: 33-0654550

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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" to 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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) Revenues included in 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 Revenues included in 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" to 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? ☐ 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" to 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 in 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
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) CHARLES SCHWAB AND CO;		
(B) INVESTMENTS	23,378,755.	END-OF-YEAR MARKET VALUE
(C) AURORA INVESTMENTS	1,095,213.	END-OF-YEAR MARKET VALUE
(D) STRATEGIC COMMODITIES		
(E) FUND	1,289,233.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,763,201.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

1	Total revenue, gains, and other support per audited financial statements			1	4,935,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,854,222.		
b	Donated services and use of facilities	2b	10,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	1,864,222.
3	Subtract line 2e from line 1			3	3,071,364.
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	116,898.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	116,898.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,188,262.

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

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

1	Total expenses and losses per audited financial statements			1	1,824,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	10,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	10,000.
3	Subtract line 2e from line 1			3	1,814,000.
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	116,898.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	116,898.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	1,930,898.

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.

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" to 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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization: IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number: 33-0654550

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 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	(iii) 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
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" to 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 IN STORE FUNDRAISERS (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	222,538.	836,891.	386,759.	1,446,188.
	2 Less: Contributions	222,538.	468,237.	386,759.	1,077,534.
	3 Gross income (line 1 minus line 2)		368,654.		368,654.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				368,654.

Part III Gaming. Complete if the organization answered "Yes" to 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			47,105.	47,105.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				47,105.

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

a Is the organization licensed to operate 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 operate 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 operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEAF, INC. 868 E. UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)3	7,500.	0.			PROGRAM SUPPORT - YOUTH VIOLENCE PREVENTION PROGRAM
AID TO ADOPTION OF SPECIAL KIDS (AASK) - 2320 NORTH 20TH STREET - PHOENIX, AZ 85006	86-0611935	501(C)3	5,000.	0.			PROGRAM SUPPORT - RUNAWAY AND HOMELESS YOUTH PROGRAMS
ARIZONANS FOR CHILDREN, INC. 2435 E. LA JOLLA DRIVE TEMPE, AZ 85282	02-0651198	501(C)3	10,000.	0.			PROGRAM SUPPORT - PSYCHO-EDUCATIONAL AND INDIVIDUAL THERAPY PROGRAM
ARIZONA'S CHILDREN ASSOCIATION 711 E. MISSOURI AVE., STE. 300 PHOENIX, AZ 85014	86-0096772	501(C)3	4,000.	0.			PROGRAM SUPPORT - CHILDREN'S INTERVIEW CENTER
CENTRAL ARIZONA SHELTER SERVICES, INC. - 230 SOUTH 12TH AVENUE - PHOENIX, AZ 85007	86-0500753	501(C)3	2,500.	0.			PROGRAM SUPPORT - TENDERLOIN CHILDCARE CENTER PROGRAM
CHRISTIAN FAMILY CARE 3603 NORTH 7TH AVENUE PHOENIX, AZ 85013	86-0430037	501(C)3	7,500.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 300.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2013)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

332101
10-29-13

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRYSALIS SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE - 2055 W. NORTHERN AVENUE - PHOENIX, AZ 85021	86-0044762	501(C)3	5,000.	0.			GENERAL OPERATING SUPPORT
CRISIS NURSERY, INC. 2334 EAST POLK STREET PHOENIX, AZ 85006	86-0324144	501(C)3	10,000.	0.			PROGRAM SUPPORT - EMPLOYMENT SKILLS PROGRAM & CRISIS CENTER
DEVEREUX ARIZONA 11000 N. SCOTTSDALE RD., STE. 260 SCOTTSDALE, AZ 85254	23-1390618	501(C)3	3,000.	0.			PROGRAM SUPPORT - CHILDREN'S EMERGENCY SHELTER PROGRAM
FREE ARTS FOR ABUSED CHILDREN OF ARIZONA - 103 W. HIGHLAND AVENUE, STE. 200 - PHOENIX, AZ 85013	86-0739613	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
GABRIEL'S ANGELS 1550 E. MARYLAND AVE., STE. 1 PHOENIX, AZ 85014	86-0991198	501(C)3	10,000.	0.			PROGRAM - "SOCK IT TO ME DRIVE"
HOMELESS YOUTH CONNECTION 15655 W. ROOSEVELT STREET, STE. 100 GOODYEAR, AZ 85338	27-3182999	501(C)3	2,000.	0.			PROGRAM - PROJECT SOAR (STARTING OUT ALL RIGHT)
HOMEWARD BOUND 2302 WEST COLTER STREET PHOENIX, AZ 85015	86-0660875	501(C)3	7,500.	0.			PROGRAM - CREATING PEACEFUL FAMILIES PROGRAM
HOPE & A FUTURE P.O. BOX 61172 PHOENIX, AZ 85082	42-1651764	501(C)3	3,000.	0.			PROGRAM - PROTECTING CHILDREN BY STRENGTHENING FAMILIES
JEWISH FAMILY & CHILDREN'S SERVICE 4747 N. 7TH STREET, STE. 100 PHOENIX, AZ 85014	86-0096781	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCJ KIDS (OPPORTUNITY, COMMUNITY, AND JUSTICE FOR KIDS) - 524 W. WESTCOTT DRIVE - PHOENIX, AZ 85027	86-1040833	501(C)3	2,500.	0.			PROGRAM - FAMILY ENRICHMENT PROGRAM
PHOENIX CHILDREN'S HOSPITAL 1919 E. THOMAS RD., EAST BLDG., RM PHOENIX, AZ 85016	74-2425149	501(C)3	10,000.	0.			PROGRAM - GOOD FIT COUNSELING CENTER
PHOENIX RESCUE MISSION 1468 NORTH 26TH AVENUE PHOENIX, AZ 85009	86-6057710	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES, FOSTER CARE AND ADOPTION PROGRAM, INDEPENDENT LIVING
SAVE THE FAMILY FOUNDATION 450 W. 4TH PLACE MESA, AZ 85201	86-0665712	501(C)3	2,500.	0.			PROGRAM - LAS FAMILIAS PROGRAM
SOJOURNER CENTER P.O. BOX 20156 PHOENIX, AZ 85036	94-2465081	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
SOUTHWEST HUMAN DEVELOPMENT 2850 N. 24TH STREET PHOENIX, AZ 85008	86-0407179	501(C)3	2,500.	0.			PROGRAM - CRISIS SHELTER PROGRAM
UNITED METHODIST OUTREACH MINISTRIES (UMOM) NEW DAY CENTERS, INC. - 3333 E .VAN BUREN STREET - PHOENIX, AZ 85008	86-0521062	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
KINGMAN AID TO ABUSED PEOPLE 2701 E. ANDY DEVINE, STE. 103A KINGMAN, AZ 86401	86-0601113	501(C)3	5,000.	0.			CAPITAL - FIRE SPRINKLERS FOR GROUP HOMES
ARIZONA'S CHILDREN ASSOCIATION 711 E. MISSOURI AVE., STE. 300 PHOENIX, AZ 85014	86-0096772	501(C)3	2,500.	0.			PROGRAM - COLLEGE PREP PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DE LOS NIÑO'S, INC. 1101 N. 4TH AVENUE TUCSON, AZ 85705	86-0314595	501(C)3	7,500.	0.			PROGRAM - SAFE FAMILY SERVICES REUNION HOUSE
EMERGE! CENTER AGAINST DOMESTIC ABUSE - 2545 E. ADAMS STREET - TUCSON, AZ 85716	86-0312162	501(C)3	2,500.	0.			PROGRAM - AYUDA PARA NINOS PROGRAM
GABRIEL'S ANGELS 1550 E. MARYLAND AVE., STE. 1 PHOENIX, AZ 85014	86-0991198	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
GAP MINISTRIES 2861 N. FLOWING WELLS RD., STE. 161 TUCSON, AZ 85705	86-9995030	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
JEWISH FAMILY AND CHILDREN'S SERVICES OF SOUTHERN ARIZONA - 4301 E. 5TH STREET - TUCSON, AZ 85711	86-0623896	501(C)3	2,500.	0.			PROGRAM - CHILD RESPONSE ADVOCATE PROGRAM
OUR FAMILY SERVICES - REUNION HOUSE - 2590 N. ALVERNON WAY - TUCSON, AZ 85712	94-2598560	501(C)3	2,500.	0.			PROGRAM - INDEPENDENT LIVING PROGRAM & GENERAL OPERATING EXPENSES.
SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER - 2329 EAST AJO WAY - TUCSON, AZ 85713	26-3208123	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
TMM FAMILY SERVICES 1550 N. COUNTRY CLUB TUCSON, AZ 85716	86-0379677	501(C)3	7,500.	0.			PROGRAM - TEEN CRISIS INTERVENTION AND CHILDREN'S VICTIMS PROGRAM & GENERAL
AGAINST ABUSE, INC. P.O. BOX 10733 CASA GRANDE, AZ 85130	94-2856310	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ALLIANCE AGAINST FAMILY ABUSE (CAAFA) - P.O. BOX 3778 - APACHE JUNCTION, AZ 85117	86-0912044	501(C)3	4,000.	0.			GENERAL OPERATING EXPENSES
GABRIEL'S ANGELS 1550 E. MARYLAND AVE., STE. 1 PHOENIX, AZ 85014	86-0991198	501(C)3	2,000.	0.			PROGRAM - FAMILY CONFLICT PREVENTION
YAVAPAI FAMILY ADVOCACY CENTER P.O. BOX 26495 PRESCOTT VALLEY, AZ 86312	86-0832901	501(C)3	7,500.	0.			PROGRAM - CHILDREN'S ACTIVITY CENTER
ADOPTION EXCHANGE 51 NORTH PECOS ROAD, STE. 110 LAS VEGAS, NV 89101	84-0793576	501(C)3	10,000.	0.			PROGRAM - FOSTER PARENT RECRUITMENT AND TRAINING
BOYS TOWN NEVADA 821 NORTH MOJAVE ROAD LAS VEGAS, NV 89101	20-6544720	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
NEVADA CHILD SEEKERS 3C SUNSET WAY, STE. A15 HENDERSON, NV 89014	94-3250788	501(C)3	5,000.	0.			PROGRAM - EMERGENCY YOUTH SHELTER SERVICES AND EARLY INTERVENTION SERVICES
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - 4981 SHIRLEY STREET - LAS VEGAS, NV 89119	88-0476452	501(C)3	12,000.	0.			PROGRAM - VIPS PROGRAM
PREVENT CHILD ABUSE NEVADA - UNLV - NEVADA INST. FOR CHILDREN'S RSRCH AND P - 4505 S. MARYLAND PKWY., BOX 453030 - LAS VEGAS, NV	88-6000024	501(C)3	2,000.	0.			PROGRAM - CHILD ADVOCACY PROGRAM
S.A.F.E. HOUSE 921 AMERICAN PACIFIC DRIVE, #300 HENDERSON, NV 89014	88-0314066	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH (SAFY) OF NEVADA - 4285 NORTH RANCHO DRIVE, STE. 130 - LAS VEGAS, NV 89130	88-0326450	501(C)3	10,000.	0.			PROGRAM - FAMILY CONNECTIONS PROGRAM
ST. JUDE'S RANCH FOR CHILDREN 200 WILSON CIRCLE BOULDER CITY, NV 89005	20-2917263	501(C)3	2,500.	0.			PROGRAM - RECRUITMENT PROGRAM
STREET TEENS P.O. BOX 70478 LAS VEGAS, NV 89170	88-0480633	501(C)3	5,000.	0.			PROGRAM - GRANDFAMILIES PROGRAM
CARSON VALLEY CHILDREN'S CENTER - AUSTIN'S HOUSE - P.O. BOX 784 - MINDEN, NV 89423	03-0533503	501(C)3	7,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S CABINET 1090 S. ROCK BLVD. RENO, NV 89502	77-0097156	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
RENO RODEO FOUNDATION 500 RYLAND STREET, SUITE 200 RENO, NV 89502	88-0230538	501(C)3	5,000.	0.			PROGRAM - SCHOOL-BASED CHILD ABUSE PREVENTION PROGRAM
WASHOE LEGAL SERVICES 299 SOUTH ARLINGTON AVENUE RENO, NV 89501	88-6005362	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
CASA OF COLLIN COUNTY 101 EAST DAVIS STREET MCKINNEY, TX 75069	75-2391961	501(C)3	10,000.	0.			PROGRAM - WISHING WELL PROGRAM
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIOS BLVD. - PLANO, TX 75074	75-2389095	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHTER TOMORROWS P.O. BOX 532151 GRAND PRAIRIE, TX 75053	75-2291809	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
BUCKNER CHILDREN & FAMILY SERVICES - NORTH TEXAS FOSTER CARE - 600 NORTH PEARL STREET, STE. 2000 - DALLAS, TX 75201	75-2571395	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
CAPTAIN HOPE'S KIDS 10555 NEWKIRK, STE. 580 DALLAS, TX 75220	75-2284779	501(C)3	2,500.	0.			PROGRAM - CHILDREN'S PROGRAM
CASA OF DALLAS COUNTY 2815 GASTON AVENUE DALLAS, TX 75226	75-1866204	501(C)3	10,000.	0.			PROGRAM - CHILDREN'S SERVICES PROGRAM
CHILD PROTECTIVE SERVICES COMMUNITY PARTNERS DBS COMMUNITY PARTNERS OF DALL - 1215 SKILES STREET - DALLAS, TX 75204	75-2468034	501(C)3	6,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S MEDICAL CENTER 2777 STEMMONS FREEWAY, SUITE 700 DALLAS, TX 75207	75-2062017	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BLVD. DALLAS, TX 75228	75-2303404	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
FAMILY COMPASS (FORMERLY CHILD ABUSE PREVENTION CENTER) - 4210 JUNIUS STREET - DALLAS, TX 75246	75-2400158	501(C)3	2,500.	0.			PROGRAM - THERAPY PROGRAM
FAMILY PLACE P.O. BOX 7999 DALLAS, TX 75209	75-1590896	501(C)3	5,000.	0.			PROGRAM - CHILD DEVELOPMENT CENTER

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTER KIDS CHARITY, INC. 9221 LYNDON B. JOHNSON FWY., STE. 1 DALLAS, TX 75243	35-2409387	501(C)3	2,500.	0.			PROGRAM - NOT JUST JEANS PROGRAM
GREATER TEXAS COMMUNITY PARTNERS DBA GIVING TEXAS CHILDREN PROMISE - 2801 SWISS AVENUE, STE. 110 - DALLAS, TX 75204	75-2787691	501(C)3	5,000.	0.			PROGRAM - FOSTER AND & ADOPTION PROGRAM
MOSAIC FAMILY SERVICES 4144 N. CENTRAL EXPRESSWAY, STE. 53 DALLAS, TX 75204	75-2484565	501(C)3	2,500.	0.			PROGRAM - FOSTERING PROGRAM
RAINBOW DAYS 8150 N. CENTRAL EXPRESSWAY, STE. 16 DALLAS, TX 75206	75-1844908	501(C)3	6,000.	0.			PROGRAM - FAMILY CONNECTIONS PROGRAM
LONE STAR CASA, INC. 108 KENWAY, P.O. BOX 414 ROCKWALL, TX 75087	75-2425980	501(C)3	10,000.	0.			PROGRAM - CHILD ABUSE PREVENTION EDUCATION PROGRAM
ACH CHILD AND FAMILY SERVICES 1424 SUMMIT AVENUE FORT WORTH, TX 76102	75-0818140	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
ALLIANCE FOR CHILDREN 908 SOUTHLAND AVENUE FORT WORTH, TX 76104	75-2363035	501(C)3	12,500.	0.			PROGRAM - EMERGENCY SHELTER
CASA OF TARRANT COUNTY 101 SUMMIT AVENUE, STE. 505 FORT WORTH, TX 76102	75-1895402	501(C)3	10,000.	0.			PROGRAM - STEWARDS OF CHILDREN PROGRAM
COVENANT KIDS, INC. 320 WESTWAY PLACE, STE. 530 ARLINGTON, TX 76018	75-2889215	501(C)3	5,000.	0.			PROGRAM - CAPTAIN HOPE'S CLOSET

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTING CENTER 2928 WEST 5TH STREET FORT WORTH, TX 76107	23-7454254	501(C)3	3,500.	0.			GENERAL OPERATING EXPENSES
AUSTIN CHILDREN'S SHELTER 4800 MANOR ROAD AUSTIN, TX 78723	74-2320657	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
CASA OF TRAVIS COUNTY 7701 N. LAMAR BLVD., STE. 301 AUSTIN, TX 78752	74-2369123	501(C)3	5,000.	0.			PROGRAM - COUNSELING AND LEARNING ASSISTANCE PROGRAM
CENTER FOR CHILD PROTECTION 8509 FM 969, BLDG. 2 AUSTIN, TX 78724	74-2562585	501(C)3	5,000.	0.			PROGRAM - FORENSIC INTERVIEWING AND FAMILY SUPPORT PROGRAM
DAVIS COUNTY CHILDREN'S JUSTICE CENTER - P.O. BOX 618 - FARMINGTON, UT 84025	84-1428168	501(C)3	3,000.	0.			PROGRAM - PEER COORDINATOR PROJECT AND THE EDUCATION REPRESENTATIVE PROJECT
FAMILY CONNECTION CENTER 1360 E. 1450 SOUTH CLEARFIELD, UT 84015	87-0421105	501(C)3	3,000.	0.			PROGRAM - KIDS CONNECT CAMP
ADOPTION EXCHANGE 975 E. WOODOAK LANE, STE. 220 MURRAY, UT 84117	84-0793576	501(C)3	10,000.	0.			PROGRAM - EDUCATION ADVOCACY PROGRAM
CHILDREN'S SERVICE SOCIETY 124 SOUTH 400 EAST, STE. 400 SALT LAKE CITY, UT 84111	87-0212451	501(C)3	7,500.	0.			PROGRAM - FOSTER CARE & SPECIAL NEEDS PROGRAM
FAMILY SUPPORT CENTER - CRISIS NURSERY - 1760 WEST 4805 SOUTH - TAYLORSVILLE, UT 84129	87-0359719	501(C)3	10,000.	0.			PROGRAM - YOUTH INTERVENTION PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT CHILD ABUSE UTAH 2955 HARRISON BLVD., STE. 104 OGDEN, UT 84403	74-2434274	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
UTAH FOSTER CARE FOUNDATION 5296 S. COMMERCE DR., #400 MURRAY, UT 84107	87-0619181	501(C)3	5,000.	0.			PROGRAM - NURTURING CONNECTIONS PROGRAM
WASHINGTON COUNTY CHILDREN'S JUSTICE CENTER - 463 EAST 500 SOUTH - ST. GEORGE, UT 84770	87-0560725	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
ABODE SERVICES 40849 FREMONT BLVD. FREMONT, CA 94538	94-3087060	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
ANN MARTIN CENTER 1375 55TH STREET EMERYVILLE, CA 94608	94-6099000	501(C)3	4,000.	0.			PROGRAM - SART TEAM
CALICO 524 ESTUDILLO AVENUE SAN LEANDRO, CA 94577	94-3256781	501(C)3	10,000.	0.			PROGRAM - SUMMER INTERNSHIP PROGRAM
CASA OF ALAMEDA COUNTY 1000 SAN LEANDRO BLVD., STE. 300 SAN LEANDRO, CA 94577	94-3309728	501(C)3	5,000.	0.			CAPITAL - PURCHASE OF FURNITURE FOR TRAINING ROOMS
CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND - 747 52ND STREET - OAKLAND, CA 94609	94-0382330	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
EAST BAY AGENCY FOR CHILDREN 303 VAN BUREN AVENUE OAKLAND, CA 94610	94-1358309	501(C)3	2,500.	0.			PROGRAM - EDUCATIONAL PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY CHILDREN'S LAW OFFICES 7700 EDGEWATER DRIVE, SUITE 210 OAKLAND, CA 94612	26-4504468	501(C)3	2,000.	0.			PROGRAM - EDUCATIONAL PROGRAM
SHEPHERD'S GATE 1660 PORTOLA AVENUE LIVERMORE, CA 94551	94-2902803	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
BUTTE COUNTY CHILD ABUSE PREVENTION COUNCIL - P.O. BOX 569 - CHICO, CA 95927	94-3139132	501(C)3	3,000.	0.			PROGRAM - LITTLE/GIANT STEPS PROGRAM
CHICO COMMUNITY SHELTER PARTNERSHIP (DBA TORRES COMMUNITY SHELTER) - 101 SILVER DOLLAR WAY - CHICO, CA 95928	68-0440819	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
YOUTH AND FAMILY PROGRAMS 2877 CHILDRESS DRIVE ANDERSON, CA 96007	68-0027507	501(C)3	5,000.	0.			PROGRAM - OUTDOOR ADVENTURE COUNSELING PROGRAM
BAY AREA RESCUE MISSION 2114 MACDONALD AVENUE RICHMOND, CA 94802	94-6124054	501(C)3	7,500.	0.			PROGRAM - COMPREHENSIVE PARENTING PROGRAM
CASA OF CONTRA COSTA COUNTY 2020 NORTH BROADWAY, STE. 204 WALNUT CREEK, CA 94596	94-2897531	501(C)3	13,000.	0.			GENERAL OPERATING EXPENSES
CHILD ABUSE PREVENTION COUNCIL OF CONTRA COSTA COUNTY - 2120 DIAMOND BLVD., STE. 120 - CONCORD, CA 94520	68-0046163	501(C)3	5,000.	0.			PROGRAM - CHILDREN'S WINDOW PROGRAM
COMMUNITY VIOLENCE SOLUTIONS 2101 VAN NESS STREET SAN PABLO, CA 94806	94-2411924	501(C)3	3,500.	0.			PROGRAM - TRANSITIONAL RESIDENCE PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUST IN TIME FOR FOSTER YOUTH 4682 CHABOT DRIVE, #12451 PLEASANTON, CA 94588	20-5448416	501(C)3	3,000.	0.			PROGRAM - ADOPTION AND GUARDIANSHIP PROGRAM
STAND! FOR FAMILIES FREE OF VIOLENCE - 1410 DANZIG PLAZA - CONCORD, CA 94520	94-2476576	501(C)3	2,000.	0.			PROGRAM - AVIVA HIGH SCHOOL
LIVE VIOLENCE FREE 2941 LAKE TAHOE BLVD. SOUTH LAKE TAHOE, CA 96150	94-2598256	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
NEW MORNING YOUTH & FAMILY SERVICES - 6765 GREEN VALLEY ROAD - PLACERVILLE, CA 95667	94-2159659	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
CALIFORNIA YOUTH CONNECTION 604 MISSION STREET, 9TH FLOOR SAN FRANCISCO, CA 94105	94-3141616	501(C)3	5,000.	0.			PROGRAM - CHILD ABUSE PREVENTION MONTH
CASA OF FRESNO/MADERA COUNTIES 1252 FULTON MALL FRESNO, CA 93721	77-0401361	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
FRESNO COUNCIL ON CHILD ABUSE PREVENTION (FCCAP) - 924 N. VAN NESS AVENUE - FRESNO, CA 93728	94-2788744	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
VALLEY TEEN RANCH 2610 W. SHAW LANE, STE. 105 FRESNO, CA 93711	94-2901078	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
CASA OF IMPERIAL COUNTY 229 SOUTH 8TH STREET, STE. B EL CENTRO, CA 92243	33-0632963	501(C)3	3,000.	0.			PROGRAM - EDUCATIONAL PILOT PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPERIAL COUNTY CHILD ABUSE PREVENTION COUNCIL - 563 WEST MAIN STREET - EL CENTRO, CA 92243	95-3422004	501(C)3	3,500.	0.			GENERAL OPERATING EXPENSES
ALLIANCE AGAINST FAMILY VIOLENCE AND SEXUAL ASSAULT - 1921 19TH STREET - BAKERSFIELD, CA 93301	95-3604240	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
KERN BRIDGES YOUTH HOMES 1321 STINE ROAD BAKERSFIELD, CA 93309	77-0168444	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD., SUITE 550 LOS ANGELES, CA 90010	95-4358213	501(C)3	20,000.	0.			GENERAL OPERATING EXPENSES
CALIFORNIA MENTAL HEALTH CONNECTION - 14652 PACIFIC AVENUE - BALDWIN PARK, CA 91706	26-4572639	501(C)3	2,500.	0.			PROGRAM - SHELTER PROGRAM
CALIFORNIA YOUTH CONNECTION 604 MISSION STREET, 9TH FLOOR SAN FRANCISCO, CA 94105	94-3141616	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
CASA DE LOS ANGELITOS 954 KOLEETA DRIVE HARBOR CITY, CA 90710	33-0450653	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
CHILD & FAMILY CENTER FOUNDATION 21545 CENTRE POINTE PARKWAY SANTA CLARITA, CA 91350	95-3941342	501(C)3	5,000.	0.			PROGRAM - PROJECT PREVENTION
CHILD S.H.A.R.E. 1544 W. GLENOAKS BLVD. GLENDALE, CA 91201	95-4036890	501(C)3	7,500.	0.			PROGRAM - CHILD ABUSE PREVENTION AND TREATMENT PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN YOUTH AND FAMILY COLLABORATIVE - 1200 W. 37TH PLACE - LOS ANGELES, CA 90007	95-4415115	501(C)3	7,500.	0.			PROGRAM ALUMNI SERVICES PROGRAM
CHILDREN'S ADVOCACY CNTR FOR CHILD ABUSE ASSESSMENT AND TRTMNT - 363 S. PARK AVENUE, STE. 202 - POMONA, CA 91766	86-1051258	501(C)3	10,000.	0.			PROGRAM - TUTORING PROGRAM
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD., MS #29 LOS ANGELES, CA 90039	95-1690977	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
COLLEGE OF THE CANYONS FOUNDATION 26455 ROCKWELL CANYON ROAD SANTA CLARITA, CA 91355	95-3574259	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
COMFORT FOR COURT KIDS 201 CENTRE PLAZA DR., STE. 3 MONTEREY PARK, CA 91754	95-4336698	501(C)3	3,000.	0.			PROGRAM - CHILD ABUSE TREATMENT PROGRAM (CHAT)
COMMUNITY FAMILY GUIDANCE CENTER 10929 SOUTH STREET, SUITE 208B CERRITOS, CA 90703	95-3083776	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
COMMUNITY'S CHILD, INC. 25520 WOODWARD AVENUE LOMITA, CA 90717	20-2871854	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
DAVID & MARGARET YOUTH AND FAMILY SERVICES - 1950 THIRD STREET - LA VERNE, CA 91750	95-1660346	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
DOOR OF HOPE P.O. BOX 90455 PASADENA, CA 91109	95-4044568	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM CENTER 2301 BELLEVUE AVENUE LOS ANGELES, CA 90026	95-1803686	501(C)3	7,500.	0.			PROGRAM - FAMILY SERVICES PROGRAM
EAST SAN GABRIEL VALLEY COALITION FOR THE HOMELESS - 1345 TURNBULL CANYON ROAD - HACIENDA HEIGHTS, CA 91745	95-4508436	501(C)3	2,000.	0.			PROGRAM - CRISIS INTERVENTION PROGRAM
EL NIDO FAMILY CENTERS 10200 SEPULVEDA BLVD., STE. 350 MISSION HILLS, CA 91345	95-3186429	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
ELIZABETH HOUSE P.O. BOX 94077 PASADENA, CA 91109	95-4451243	501(C)3	7,500.	0.			PROGRAM - RESIDENTIAL TREATMENT PROGRAM
ETTIE LEE YOUTH & FAMILY SERVICES 5146 N. MAINE BALDWIN PARK, CA 91706	95-1949862	501(C)3	15,000.	0.			PROGRAM - RESIDENTIAL TREATMENT PROGRAM
FAMILIES UNITING FAMILIES 525 E. SEVENTH STREET LONG BEACH, CA 90813	73-1696751	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
FIVE ACRES 760 WEST MOUNTAIN VIEW STREET ALTADENA, CA 91001	95-1647810	501(C)3	17,500.	0.			PROGRAM - PERIOD OF PURPLE CRYING PROGRAM
FOOTHILL FAMILY SERVICE 2500 E. FOOTHILL BLVD., STE. 300 PASADENA, CA 91107	95-1690990	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
FOR THE CHILD 4565 CALIFORNIA AVENUE LONG BEACH, CA 90807	95-3601230	501(C)3	5,000.	0.			PROGRAM - FOSTERING NEW VISIONS PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE FAMILY 15350 SHERMAN WAY, STE. 140 VAN NUYS, CA 91406	95-2765505	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
GRANDPARENTS AS PARENTS 2048 SHERMAN WAY, #217 CANOGA PARK, CA 91303	33-0592916	501(C)3	5,000.	0.			PROGRAM - TO SUPPORT THE SALARY/BENEFITS OF THE CHILDREN'S PROGRAM COORDINATOR
HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES - 210 S. DE LACEY AVENUE, STE. 110 - PASADENA, CA 91105	95-1691005	501(C)3	5,000.	0.			PROGRAM - FOSTER YOUTH SCHOLARSHIP PROGRAM
HELPLINE YOUTH COUNSELING, INC. 12440 FIRESTONE BLVD., STE. 1000 NORWALK, CA 90650	23-7113824	501(C)3	5,000.	0.			PROGRAM - YOUTH SERVICES PROGRAM
HILLSIDES HOME FOR YOUTH 940 AVENUE 64 PASADENA, CA 91105	95-1644002	501(C)3	15,000.	0.			PROGRAM - CHILDREN'S PROGRAM
HOUSE OF RUTH P.O. BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)3	10,000.	0.			PROGRAM - REACH PROGRAM
LEROY HAYNES CENTER FOR CHILDREN AND FAMILY SERVICES - 233 WEST BASELINE ROAD, BOX 400 - LA VERNE, CA 91750	95-1506150	501(C)3	15,000.	0.			GENERAL OPERATING EXPENSES
MILLER CHILDREN'S HOSPITAL 2801 ATLANTIC AVENUE LONG BEACH, CA 90803	95-6105984	501(C)3	11,000.	0.			PROGRAM - HIGH RISK YOUTH PROGRAM
MY FRIEND'S PLACE P.O. BOX 3867 HOLLYWOOD, CA 90078	95-4834034	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DR. WESTLAKE VILLAGE, CA 91361	95-4671812	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
NEW LIFE BEGINNINGS, INC. 835 E. 6TH STREET LONG BEACH, CA 90802	33-0082011	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
NEW VISIONS FOUNDATION 3131 OLYMPIC BLVD. SANTA MONICA, CA 90404	95-4515019	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BOULEVARD NORTHRIDGE, CA 91325	23-7444901	501(C)3	15,000.	0.			GENERAL OPERATING EXPENSES
OCEAN PARK COMMUNITY CENTER (OPCC) 1453 16TH STREET SANTA MONICA, CA 90404	95-6143865	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
OUR SAVIOUR CENTER 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
PREVENT CHILD ABUSE CALIFORNIA (CHILD ABUSE PREVENTION COUNCIL) - 4700 ROSEVILLE ROAD, STE. 102 - NORTH HIGHLANDS, CA 95660	94-2860387	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
PROJECT SISTER FAMILY SERVICES P.O. BOX 1369 POMONA, CA 91769	23-7116161	501(C)3	10,000.	0.			PROGRAM - CHILDREN'S PROGRAM
PUBLIC COUNSEL 610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005	23-7105149	501(C)3	2,500.	0.			PROGRAM - WINGS PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW SERVICES 453 WEST 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
RICHSTONE FAMILY CENTER 13620 CORDARY AVENUE HAWTHORNE, CA 90250	23-7373745	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
ROSEMARY CHILDREN'S SERVICES 36 S. KINNEOLA AVE., STE. 200 PASADENA, CA 91107	95-1661683	501(C)3	7,500.	0.			PROGRAM - FAMILY SUPPORT PROGRAM
SABAN FREE CLINIC (LOS ANGELES FREE CLINIC) - 8405 BEVERLY BLVD. - LOS ANGELES, CA 90048	95-2539105	501(C)3	5,000.	0.			PROGRAM - HOMELESS AND RUNAWAY YOUTH PROGRAM
SAN FERNANDO VALLEY RESCUE MISSION P.O. BOX 5545 OXNARD, CA 93031	23-7278002	501(C)3	5,000.	0.			CAPITAL - DIGITAL CAMERA FOR SEXUAL/PHYSICAL ABUSE CASES
UNION RESCUE MISSION 545 S. SAN PEDRO STREET LOS ANGELES, CA 90013	95-1709293	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
UNION STATION HOMELESS SERVICES 825 E. ORANGE GROVE BLVD. PASADENA, CA 91104	95-3958741	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
UNUSUAL SUSPECTS THEATRE COMPANY 617 S. OLIVE STREET, STE. 812 LOS ANGELES, CA 90014	95-4661312	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
VALLEY CARES FAMILY JUSTICE CENTER 18111 NORDHOFF STREET NORTHRIDGE, CA 91330	95-6196006	501(C)3	3,000.	0.			PROGRAM - CHILDREN'S SURVIVORS ACADEMY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE FAMILY SERVICES 6736 LAUREL CANYON BLVD., STE. 200 NORTH HOLLYWOOD, CA 91606	95-4625826	501(C)3	2,500.	0.			PROGRAM - COMMUNITY BASED MENTORING
WHOLE CHILD 10155 COLIMA ROAD WHITTIER, CA 90603	95-2031148	501(C)3	5,000.	0.			PROGRAM - CAMP SPONSORSHIP FOR 15 CHILDREN
WOMEN'S AND CHILDREN'S CRISIS SHELTER - 13305 PENN STREET, SUITE 202 - WHITTIER, CA 90602	95-3315186	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
YWCA SANTA MONICA/WESTSIDE 2019 14TH STREET SANTA MONICA, CA 90405	95-1643398	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
HUCKLEBERRY YOUTH PROGRAMS 3310 GEARY BOULEVARD SAN FRANCISCO, CA 94118	94-1687559	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
KLAASKIDS FOUNDATION P.O. BOX 925 SAUSALITO, CA 94966	68-0340916	501(C)3	2,000.	0.			PROGRAM - PREVENTION WORKS PROGRAM
MARIN ADVOCATES FOR CHILDREN - MARIN CHILD ABUSE PREV. COUNCIL - 30 NORTH SAN PEDRO ROAD, #275 - SAN RAFAEL, CA 94903	68-0170143	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
PROJECT AVARY 385 BEL MARIN KEYS BLVD., STE. G NOVATO, CA 94949	68-0433289	501(C)3	5,000.	0.			PROGRAM - ORANGE COUNTY CAMP TO BELONG
CASA OF MONTEREY COUNTY - VOICES FOR CHILDREN - 945 S. MAIN STREET, SUITE 107 - SALINAS, CA 93901	77-0398079	501(C)3	2,500.	0.			PROGRAM - TEEN MOM PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HUMAN SERVICES P.O. BOX 3076 MONTEREY, CA 93942	94-6367167	501(C)3	5,000.	0.			PROGRAM - CHILDREN'S THERAPIST
NATIVIDAD MEDICAL FOUNDATION P.O. BOX 4427 SALINAS, CA 93912	77-0194989	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	2,500.	0.			PROGRAM - STAFF SALARIES FOR TEEN DATING VIOLENCE AND CHILDREN'S PROGRAM
ON THE MOVE (VOICES) 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)3	6,000.	0.			GENERAL OPERATING EXPENSES
BIG BROTHERS BIG SISTERS OF ORANGE COUNTY - 14131 YORBA STREET - TUSTIN, CA 92780	95-1992707	501(C)3	5,000.	0.			PROGRAM - CHILDREN'S THERAPEUTIC PROGRAM
CALIFORNIA STATE UNIVERSITY, FULLERTON-GUARDIAN SCHOLARS PROGRAM - 2600 E. NUTWOOD AVE., STE. 850 - FULLERTON, CA 92831	33-0567945	501(C)3	10,000.	0.			PROGRAM - CHILDREN'S THERAPEUTIC PROGRAM
CAMP ALANDALE P.O. BOX 35 IDYLLWILD, CA 92549	95-3465382	501(C)3	7,500.	0.			PROGRAM - REGINA HOUSE SHELTER
CASA OF ORANGE COUNTY 1505 E. 17TH STREET, STE. 214 SANTA ANA, CA 92705	33-0069334	501(C)3	5,000.	0.			PROGRAM - SAFE FAMILIES
CASA YOUTH SHELTER 10911 REAGAN STREET LOS ALAMITOS, CA 90720	95-3218061	501(C)3	7,500.	0.			PROGRAM - TRANSITIONAL HOUSING PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD S.H.A.R.E. 1544 W. GLENOAKS BLVD. GLENDALE, CA 91201	95-4036890	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA - 50 S. ANAHEIM BLVD., STE. 241 - ANAHEIM, CA 92805	95-1690975	501(C)3	3,000.	0.			PROGRAM - VILLAGE OF HOPE
EDDIE NASH FOUNDATION 1717 W. ORANGEWOOD AVE., STE. I ORANGE, CA 92868	61-1536987	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
FINALLY HOME FOUNDATION P.O. BOX 2110 ORANGE, CA 92859	26-2687095	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
FRISTERS 17971 SKY PARK CIRCLE, STE. B., BLD IRVINE, CA 92614	80-0280166	501(C)3	2,500.	0.			PROGRAM - ESTABLISHMENT OF TWO NEW SUMMER YOUTH CAMPS
HANDS TOGETHER - A CENTER FOR CHILDREN - 201 E. CIVIC CENTER DRIVE - SANTA ANA, CA 92701	33-0857087	501(C)3	2,000.	0.			CAPITAL - PURCHASE OR REPAIR OF HVAC SYSTEMS IN THREE GROUP HOMES
HUMAN OPTIONS P.O. BOX 53745 IRVINE, CA 92619	95-3667817	501(C)3	10,000.	0.			PROGRAM - MENTORING PROGRAM
ILLUMINATION FOUNDATION 2691 RICHTER AVENUE, STE. 107 IRVINE, CA 92606	71-1047686	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
INTERVAL HOUSE P.O. BOX 3356 SEAL BEACH, CA 90740	95-3389113	501(C)3	20,000.	0.			PROGRAM- TRANSITIONAL SHELTER

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINSHIP CENTER 18302 IRVINE BLVD., #300 TUSTIN, CA 92780	94-2971761	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
LAURA'S HOUSE 999 CORPORATE DRIVE, STE. 225 LADERA RANCH, CA 92694	33-0621826	501(C)3	7,500.	0.			PROGRAM - RECREATIONAL THERAPY PROGRAM
LAUREL HOUSE 13722 FAIRMONT WAY TUSTIN, CA 92780	33-0098433	501(C)3	10,000.	0.			PROGRAM - CHILDREN'S PROGRAM
MERCY HOUSE LIVING CENTERS P.O. BOX 1905 SANTA ANA, CA 92702	33-0315864	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES & FUNDING TO ALLOW FOR 15 CHILDREN FROM RIVERSIDE COUNTY TO
OLIVE CREST 2130 E. FOURTH STREET, STE. 200 SANTA ANA, CA 92705	95-2877102	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
ORANGE COAST INTERFAITH SHELTER 1963 WALLACE AVENUE COSTA MESA, CA 92627	95-3613254	501(C)3	4,000.	0.			GENERAL OPERATING EXPENSES
ORANGE COUNTY CHILD ABUSE PREVENTION CENTER, INC. - 500 S. MAIN STREET, STE. 1100 - ORANGE, CA 92868	33-0013237	501(C)3	5,000.	0.			PROGRAM - TUTORING
ORANGE COUNTY FAMILY JUSTICE CNTR FNDTN - ANAHEIM FAMILY JUSTICE CENTER FND - 150 W. VERMONT AVENUE - ANAHEIM, CA 92805	20-4088652	501(C)3	5,000.	0.			PROGRAM - EARLY INTERVENTION PROGRAM
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782	95-2479552	501(C)3	7,000.	0.			PROGRAM - TRANSITIONAL HOUSING PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRECIOUS LIFE SHELTER, INC. 10881 REAGAN STREET LOS ALAMITOS, CA 90720	51-0187577	501(C)3	2,500.	0.			PROGRAM - CHILD ABUSE PREVENTION PROGRAM
RAISE FOUNDATION 1920 E. WARNER AVE., STE. A SANTA ANA, CA 92705	33-0240178	501(C)3	2,000.	0.			PROGRAM - GUARDIAN SCHOLARS PROGRAM
SOUTH COAST CHILDREN'S SOCIETY, INC. - 3611 S. HARBOR BLVD., STE. 100 - SANTA ANA, CA 92704	33-0521169	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
CHILD ADVOCATES OF PLACER COUNTY - CASA - 11641 BLOCKER DR., #220 - AUBURN, CA 95603	77-0620948	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
KOINONIA GROUP HOMES P.O. BOX 1403 LOOMIS, CA 95650	94-2792265	501(C)3	3,500.	0.			PROGRAM - ENOUGH ABUSE CAMPAIGN
PEACE FOR FAMILIES (STAND UP PLACER) - P.O. BOX 5462 - AUBURN, CA 95604	94-2578871	501(C)3	10,000.	0.			PROGRAM - HOME VISITATION PROGRAM
ROSEVILLE HOME START 410 RIVERSIDE AVENUE ROSEVILLE, CA 95678	91-1657990	501(C)3	5,000.	0.			PROGRAM - CRISIS NURSERY PROGRAM
BARBARA SINATRA CHILDREN'S CENTER AT EISENHOWER - 39000 BOB HOPE DRIVE - RANCHO MIRAGE, CA 92270	33-0136550	501(C)3	15,000.	0.			PROGRAM - WONDER MENTORING
CAMP ALANDALE P.O. BOX 35 IDYLLWILD, CA 92549	95-3465382	501(C)3	7,500.	0.			PROGRAM - FOSTER CARE PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF RIVERSIDE COUNTY 44199 MONROE STREET INDIO, CA 92201	33-0596888	501(C)3	20,000.	0.			GENERAL OPERATING EXPENSES
CHILD S.H.A.R.E. 1544 W. GLENOAKS BLVD. GLENDALE, CA 91201	95-4036890	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
INSPIRE LIKE SKILLS TRAINING, INC. 2279 EAGLE GLEN PKWY., #112, PMB 13 CORONA, CA 92883	20-1647743	501(C)3	15,000.	0.			PROGRAM - CHILDREN'S ASSESSMENT CENTER
KAMALI'L FOSTER FAMILY AGENCY, INC. - 31772 CASINO DRIVE, STE. B - LAKE ELSINORE, CA 92530	31-1591798	501(C)3	12,500.	0.			PROGRAM - STEP PARENTING CLASS AND ART HEALING
MARTHA'S VILLAGE AND KITCHEN, INC. 83-791 DATE AVENUE INDIO, CA 92201	33-0777892	501(C)3	4,000.	0.			PROGRAM - THERAPY SERVICES PROGRAM
RAPE CRISIS CENTER 1845 CHICAGO AVENUE, STE. A RIVERSIDE, CA 92507	95-3245057	501(C)3	7,500.	0.			PROGRAM - CARING KIDS CLUB
SAFE HOUSE 9685 HAYES STREET RIVERSIDE, CA 92503	33-0326090	501(C)3	3,500.	0.			PROGRAM - HEALTH LEADERS PROGRAM
UNIVERSITY OF CALIFORNIA, RIVERSIDE (GUARDIAN SCHOLARS) - 900 UNIVERSITY AVENUE, 1100 HINDERAKER HALL - RIVERSIDE, CA	23-7433570	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
CALIFORNIA YOUTH CONNECTION 604 MISSION STREET, 9TH FLOOR SAN FRANCISCO, CA 94105	94-3141616	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SACRAMENTO COUNTY P.O. BOX 278383 SACRAMENTO, CA 95827	68-0257139	501(C)3	7,500.	0.			PROGRAM - I'M AGING OUT PROGRAM
CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO - 4700 ROSEVILLE ROAD, STE. 102 - NORTH HIGHLANDS, CA 95660	94-2833431	501(C)3	5,000.	0.			PROGRAM - ANGELS FUND
CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BOULEVARD - SACRAMENTO, CA 95821	94-1322166	501(C)3	2,500.	0.			PROGRAM - ACE SCHOLARS PROGRAM
RIVER OAK CENTER FOR CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2519001	501(C)3	15,000.	0.			GENERAL OPERATING EXPENSES
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501(C)3	15,000.	0.			PROGRAM - EL NIDO TRANSITIONAL HOUSING PROGRAM
WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811	03-0520643	501(C)3	2,000.	0.			PROGRAM - BASIC NEEDS PROGRAM
ARK HOMES FOSTER FAMILY AGENCY 9645 ARROW ROUTE, BLDG. 5, STE. A RANCHO CUCAMONGA, CA 91730	20-0088130	501(C)3	3,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SAN BERNARDINO COUNTY P.O. BOX 519 RIALTO, CA 92376	33-0362613	501(C)3	20,000.	0.			PROGRAM - SDFJC CHILDREN'S PROGRAM
CHILDREN'S FUND 348 WEST HOSPITALITY LANE, SUITE 11 SAN BERNARDINO, CA 92408	33-0193286	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOPE OF CALIFORNIA 1106 W. 22ND STREET UPLAND, CA 91784	27-1074953	501(C)3	5,000.	0.			PROGRAM - GUARDIAN SCHOLARS PROGRAM
FAMILY SERVICE AGENCY OF SAN BERNARDINO - 1669 NORTH E STREET - SAN BERNARDINO, CA 92405	95-1644136	501(C)3	12,000.	0.			PROGRAM - TRANSPORTATION COSTS
FOOTHILL FAMILY SHELTER 1501 W. NINTH STREET, STE. D UPLAND, CA 91786	33-0341818	501(C)3	5,000.	0.			PROGRAM - TRADITIONAL FAMILY UNIT PROGRAM
LOMA LIND UNIVERSITY CHILDREN'S HOSPITAL FOUNDATION - 11175 MOUNTAIN VIEW AVENUE, SUITE A - LOMA LINDA, CA 92354	33-0565591	501(C)3	10,000.	0.			PROGRAM - THEIR PRESCHOOL
PACIFIC LIFELINE FOR THE PREVENTION OF HOMELESSNESS - P.O. BOX 1424 - UPLAND, CA 91785	94-6103171	501(C)3	15,000.	0.			PROGRAM - INFANT AND TODDLER PROGRAM
RESCUE MISSION ALLIANCE - VICTOR VALLEY RESCUE MISSION - P.O. BOX 5545 - OXNARD, CA 93031	23-7278002	501(C)3	2,000.	0.			PROGRAM - INDEPENDENT FUTURES PROGRAM
RIVER STONES RESIDENTIAL SERVICES, INC. - P.O. BOX 7340 - REDLANDS, CA 92375	33-0737878	501(C)3	12,500.	0.			PROGRAM - CHILDREN'S TRAUMA THERAPY
TOGETHER WE RISE 4110 EDISON AVENUE, STE. 203 CHINO, CA 91710	26-3043727	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
ANGELS FOSTER FAMILY NETWORK 4420 HOTEL CIRCLE COURT, STE. 100 SAN DIEGO, CA 92108	33-0825875	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, SAN MARCOS - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)3	10,000.	0.			PROGRAM - TENDERLOIN CHILDCARE CENTER
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)3	17,500.	0.			PROGRAM - HEALTH EDUCATION AND COUNSELING
CASA OF SAN DIEGO COUNTY - VOICES FOR CHILDREN - 2851 MEADOW LARK DRIVE - SAN DIEGO, CA 92123	95-3786047	501(C)3	20,000.	0.			PROGRAM - EMERGENCY SHELTER
CENTER FOR COMMUNITY SOLUTIONS 4508 MISSION BAY DRIVE SAN DIEGO, CA 92109	95-6379598	501(C)3	2,000.	0.			PROGRAM - RESPITE CARE PROGRAM
GENERATEHOPE 4025 CAMION DEL RIO SOUTH, STE. 300 SAN DIEGO, CA 92108	26-3405689	501(C)3	4,000.	0.			PROGRAM - CHILD ABUSE THERAPEUTIC INTERVENTION PROGRAM
HOME START 5005 TEXAS ST., STE. 203 SAN DIEGO, CA 92108	95-3138268	501(C)3	2,500.	0.			PROGRAM - TALKING ABOUT TOUCH AND PARENT EDUCATION
INTERFAITH SHELTER NETWORK OF SAN DIEGO - 3530 CAMINO DEL RIO NORTH, STE. 301 - SAN DIEGO, CA 92108	95-2630300	501(C)3	5,000.	0.			PROGRAM - CASA PROGRAM
JUST IN TIME FOR FOSTER YOUTH P.O. BOX 81292 SAN DIEGO, CA 92138	20-5448416	501(C)3	4,000.	0.			PROGRAM - EMERGENCY SHELTER PROGRAM
NATIONAL CENTER FOR DEAF ADVOCACY 5520 WELLESLEY STREET, STE. 204 LA MESA, CA 91942	92-0180335	501(C)3	2,500.	0.			PROGRAM - MENTOR SERVICES FOR YOUTH

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALOMAR POMERADO HEALTH 121 NORTH FIG STREET ESCONDIDO, CA 92025	20-2356830	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
PROMISES2KIDS FOUNDATION (THE CHILD ABUSE PREVENTION FNDTN) - 9400 RUFFIN COURT, STE. A - SAN DIEGO, CA 92123	95-3655288	501(C)3	15,000.	0.			PROGRAM - CHILDREN AND FAMILY THERAPY SUPPORT
SAN DIEGO RESCUE MISSION P.O. BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)3	2,500.	0.			PROGRAM - DAYBREAK PROGRAM
SAN DIEGO YOUTH SERVICES 3255 WING STREET SAN DIEGO, CA 92110	95-2648050	501(C)3	3,000.	0.			PROGRAM - CHILD ABUSE & FAMILY VIOLENCE TREATMENT PROGRAM
SAN PASQUAL ACADEMY P.O. BOX 8202 RANCHO SANTA FE, CA 92067	20-0296623	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
WALDEN FAMILY SERVICES 6150 MISSION GORGE RD., STE. 210 SAN DIEGO, CA 92120	91-2160214	501(C)3	6,000.	0.			PROGRAM - RESIDENTIAL COUNSELING PROGRAM
WOMEN'S RESOURCE CENTER 1963 APPLE STREET OCEANSIDE, CA 92054	95-2932237	501(C)3	3,500.	0.			GENERAL OPERATING EXPENSES
YWCA OF SAN DIEGO COUNTY 1012 C STREET SAN DIEGO, CA 92101	95-1661119	501(C)3	2,500.	0.			PROGRAM - LEARNING SKILLS TO SUCCESS
CALIFORNIA YOUTH CONNECTION 604 MISSION STREET, 9TH FLOOR SAN FRANCISCO, CA 94105	94-3141616	501(C)3	2,500.	0.			PROGRAM - ON-CAMPUS COUNSELING PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SAN FRANCISCO COUNTY 100 BUSH STREET, STE. 650 SAN FRANCISCO, CA 94104	94-3039028	501(C)3	2,000.	0.			PROGRAM - CAPA COMMUNITY ACCESS FOR PREVENTION ACTIVITIES PROGRAM
COMPASS FAMILY SERVICES 49 POWELL STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
HUCKLEBERRY YOUTH PROGRAMS 3310 GEARY BOULEVARD SAN FRANCISCO, CA 94118	94-1687559	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
LA CASA DE LAS MADRES 1663 MISSION STREET, STE. 225 SAN FRANCISCO, CA 94103	94-2330864	501(C)3	2,500.	0.			PROGRAM - MOBILE CRISIS TEAM
ST. VINCENT DE PAUL SOCIETY 1237 VAN NESS AVE., STE. 200 SAN FRANCISCO, CA 94109	94-1571017	501(C)3	2,500.	0.			PROGRAM - VACCINE AGAINST CHILD ABUSE PROGRAM
CHILD ABUSE PREVENTION COUNCIL OF SAN JOAQUIN COUNTY - CASA - P.O. BOX 1257 - STOCKTON, CA 95201	94-2497046	501(C)3	15,000.	0.			PROGRAM - RESIDENTIAL PROGRAM AND CHILDREN & YOUTH PROGRAM
HAVEN OF PEACE 7070 S. HARLAN ROAD FRENCH CAMP, CA 95231	94-1505847	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
WOMEN'S CENTER - YOUTH AND FAMILY SERVICES - 620 N. SAN JOAQUIN STREET - STOCKTON, CA 95202	94-2341360	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SAN LUIS OBISPO COUNTY P.O. BOX 1168 SAN LUIS OBISPO, CA 93406	77-0316227	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY CARE NETWORK, INC. 3765 SOUTH HIGUERA ST., STE. 100 SAN LUIS OBISPO, CA 93401	77-0159090	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
SAN LUIS OBISPO COUNTY CHILD ABUSE PREVENTION COUNCIL - P.O. BOX 16036 - SAN LUIS OBISPO, CA 93406	77-0206822	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA) - 2211 PALM AVENUE - SAN MATEO, CA 94403	94-2481188	501(C)3	3,000.	0.			PROGRAM - FAMILY TRANSITIONAL HOUSING PROGRAM
FRIENDS FOR YOUTH 1741 BROADWAY REDWOOD CITY, CA 94063	94-2961034	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
SHELTER NETWORK OF SAN MATEO (INNVISION) - 181 CONSTITUTION DRIVE - MENLO PARK, CA 94025	77-0160469	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
STARVISTA 610 ELM STREET, STE. 212 SAN CARLOS, CA 94070	94-3094966	501(C)3	10,000.	0.			PROGRAM - YOUTH AND FAMILY CRISIS COUNSELING
CALM (CHILD ABUSE LISTENING & MEDIATION) - 1236 CHAPALA STREET - SANTA BARBARA, CA 93101	23-7097910	501(C)3	7,500.	0.			PROGRAM - CHILD ABUSE PREVENTION PROGRAM
CASA OF SANTA BARBARA COUNTY 119 EAST FIGUEROA SANTA BARBARA, CA 93101	33-0662734	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - P.O. BOX 1536 - SANTA BARBARA, CA 93102	95-3495141	501(C)3	3,000.	0.			PROGRAM - LISA PROJECT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINCARES P.O. BOX 2894 ORCUTT, CA 93457	45-4565477	501(C)3	2,000.	0.			PROGRAM - RESPITE CHILD SHELTER PROGRAM
NORTH COUNTY RAPE CRISIS & CHILD PROTECTION CENTER - P.O. BOX 148 - LOMPOC, CA 93438	95-2994637	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
ADOLESCENT COUNSELING SERVICES 1717 EMBARCADERO ROAD, STE. 4000 PALO ALTO, CA 94303	51-0192551	501(C)3	10,000.	0.			PROGRAM - VOLUNTEER TRAINING & SUPPORT PROGRAM
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
COMMUNITY SOLUTIONS FOR CHILDREN, FAMILIES AND INDIVIDUALS - 9015 MURRAY AVENUE, #100 - GILROY, CA 95020	23-7351215	501(C)3	10,000.	0.			PROGRAM - MY BODY BELONGS TO ME PROGRAM
KIDPOWER 2741 MIDDLEFIELD ROAD, STE. 101 PALO ALTO, CA 94303	77-0267120	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, STE. 200 - SAN JOSE, CA 95112	94-2420708	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
SILICON VALLEY CHILDREN'S FUND 1871 THE ALAMEDA, STE. 335 SAN JOSE, CA 95126	77-0166138	501(C)3	5,000.	0.			PROGRAM - YOLO CRISIS NURSERY
CHILD ABUSE PREVENTION COORDINATING COUNCIL - 2280 BENTON DRIVE, BLDG. C, STE. B - REDDING, CA 96003	68-0151867	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE SAFE PLACE - SHASTA COUNTY WOMEN'S REFUGE (SHASTA FAMILY JUSTICE CNTR) - 1670 MARKET ST., STE. 300 - REDDING, CA 96001	94-2663045	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SOLANO COUNTY 600 UNION AVENUE, #204 FAIRFIELD, CA 94533	20-2551209	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
CHILD HAVEN 801 EMPIRE STREET FAIRFIELD, CA 94533	94-2907637		2,500.	0.			GENERAL OPERATING EXPENSES
FOSTER A DREAM (VOLUNTEERS OF AMERICA NORTHERN CA & NORTHERN NV) - 672 THIRTEENTH STREET, STE. 100 - OAKLAND, CA 94612	94-6001984		7,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SONOMA COUNTY P.O. BOX 1418 KENWOOD, CA 95452	68-0404770		3,000.	0.			GENERAL OPERATING EXPENSES
COMMITTEE ON THE SHELTERLESS (COTS) - P.O. BOX 2744 - PETALUMA, CA 94953	68-0176855		2,000.	0.			GENERAL OPERATING EXPENSES
ON THE MOVE (VOICES) 714 MENDOCINO AVENUE SANTA ROSA, CA 95401	75-3149095		5,000.	0.			GENERAL OPERATING EXPENSES
SANTA ROSA JUNIOR COLLEGE 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401	94-1735861		3,000.	0.			GENERAL OPERATING EXPENSES
SOCIAL ADVOCATES FOR YOUTH (SAY) 3440 AIRWAY DR., STE. E SANTA ROSA, CA 95403	94-1711490		5,000.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERITY (FORMERLY UNITED AGAINST SEXUAL ASSAULT) - 835 PINER ROAD, STE. D - SANTA ROSA, CA 95403	94-2437947		4,000.	0.			GENERAL OPERATING EXPENSES
WOMEN'S JUSTICE CENTER P.O. BOX 7510 SANTA ROSA, CA 95407	68-0334309		2,000.	0.			GENERAL OPERATING EXPENSES
CASA OF STANISLAUS COUNTY 800 11TH STREET, 4TH FLOOR MODESTO, CA 95354	91-2168629		10,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S CRISIS CENTER P.O. BOX 1062 MODESTO, CA 95353	94-2684990		2,500.	0.			GENERAL OPERATING EXPENSES
SIERRA VISTA CHILD & FAMILY SERVICES - 100 POPLAR AVENUE - MODESTO, CA 95354	94-2158023		5,000.	0.			GENERAL OPERATING EXPENSES
CASA OF TULARE COUNTY 1146 N. CHINOWTH VISALIA, CA 93291	77-0105876		6,000.	0.			GENERAL OPERATING EXPENSES
CASA OF VENTURA COUNTY P.O. BOX 1135 CAMARILLO, CA 93011	45-1649286		2,000.	0.			GENERAL OPERATING EXPENSES
CASA PACIFICA 1722 S. LEWIS ROAD CAMARILLO, CA 93012	77-0195022		20,000.	0.			GENERAL OPERATING EXPENSES
INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD., STE. I - CAMARILLO, CA 93012	95-2944459		10,000.	0.			GENERAL OPERATING EXPENSES

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE MISSION ALLIANCE - LIGHTHOUSE FOR WOMEN & CHILDREN - P.O. BOX 5545 - OXNARD, CA 93031	23-7278002		7,500.	0.			GENERAL OPERATING EXPENSES
ARK PRESCHOOL 850 GIBSON ROAD WOODLAND, CA 95695	20-4387538		2,000.	0.			GENERAL OPERATING EXPENSES
EMQ FAMILIESFIRST - YOLO CRISIS NURSERY - 2100 FIFTH STREET - DAVIS, CA 95618	94-2295953		7,500.	0.			GENERAL OPERATING EXPENSES
SEXUAL ASSAULT AND DOMESTIC VIOLENCE CENTER - 175 WALNUT STREET - WOODLAND, CA 95695	94-3027535		2,000.	0.			GENERAL OPERATING EXPENSES
UC DAVIS - GUARDIAN SCHOLARS PROGRAM - EOP, ONE SHIELD AVENUE - DAVIS, CA 95616	94-3067788		7,500.	0.			GENERAL OPERATING EXPENSES
WOODLAND YOUTH SERVICES P.O. BOX 996 WOODLAND, CA 95776	68-0072174		5,000.	0.			GENERAL OPERATING EXPENSES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

PART I, LINE 2:

EXPLANATION: THE FOUNDATION REQUIRES THE RECIPIENTS TO FILL OUT A 6 MONTH REPORT QUESTIONNAIRE REGARDING HOW THEY USE THEIR FUNDS. A REPRESENTATIVE RANDOMLY VISITS SOME OF THE RECIPIENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PHOENIX RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING EXPENSES, FOSTER CARE AND ADOPTION PROGRAM, INDEPENDENT LIVING PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TMM FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM - TEEN CRISIS INTERVENTION AND CHILDREN'S VICTIMS PROGRAM & GENERAL OPERATING EXPENSES.

NAME OF ORGANIZATION OR GOVERNMENT: MERCY HOUSE LIVING CENTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING EXPENSES & FUNDING TO ALLOW FOR 15 CHILDREN FROM RIVERSIDE COUNTY TO ATTEND CAMP.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number: 33-0654550

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: LYNSI L. SNYDER AND LYNDA SNYDER-KELBAUGH HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 AND THE ORGANIZATION'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.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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, THE FORM WAS EXECUTED BY EACH PERSON AND THE DOCUMENTS WERE STORED ACCORDING TO DOCUMENT RETENTION POLICIES.

THE FOUNDATION'S COMPLIANCE OFFICER, ARNOLD M. WENSINGER (OR CURRENT GENERAL COUNSEL OF THE FOUNDATION), IS RESPONSIBLE FOR INVESTIGATING AND RESOLVING ALL REPORTED COMPLAINTS AND ALLEGATIONS CONCERNING ETHICAL VIOLATIONS AND, AT HIS DISCRETION, SHALL ADVISE THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: FORM 990, PART VI, SECTION B, LINES 15A AND 15B: NO SUCH REVIEW IS REQUIRED BECAUSE NO OFFICERS ARE COMPENSATED.

Name of the organization IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number 33-0654550

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: UPON REQUEST, THE FOUNDATION WILL PROVIDE COPIES OF THE DOCUMENTS.

FORM 990, SCHEDULE R, PART VI, LINE 2A

EXPLANATION: AMOUNTS WERE DETERMINED BASED ON THE ORGANIZATION'S BOOKS AND RECORDS THAT ARE PREPARED UNDER GAAP AND AUDITED BY THE INDEPENDENT AUIDTOR.

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. ▶ See separate instructions.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

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) 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) Disproportionate 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
IN-N-OUT BURGERS, INC. - 95-2246829 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612	RESTAURANTS	CA	N/A	S CORP					X

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization 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		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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
(1)	IN-N-OUT BURGERS	C	387,146.	ORGANIZATION'S BOOKS AND RECORDS
(2)				
(3)				
(4)				
(5)				
(6)				

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 section 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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

Schedule R (Form 990) 2013

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. IN-N-OUT BURGERS FOUNDATION C/O ROGER KOTCH	Employer identification number (EIN) or 33-0654550
	Number, street, and room or suite no. If a P.O. box, see instructions. 4199 CAMPUS DR, 9TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRVINE, CA 92612	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ROGER KOTCH 4199 CAMPUS DRIVE - IRVINE, CA 92612
  Telephone No ▶ 949-509-6200 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2014.

5 For calendar year 2013, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE RELEVANT INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶