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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

C Name of organization
IN-N-OUT BURGERS FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4199 CAMPUS DRIVE 10TH FL

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

D Employer identification number

33-0654550

E Telephone number

(949) 509-6200

G Gross receipts \$ 27,912,029

F Name and address of principal officer:
MICHAEL MRAVLE
4199 CAMPUS DRIVE 10TH FL
IRVINE, CA 92612

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.INO4KIDS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1995

M State of legal domicile: CA

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 4

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4

5 Total number of individuals employed in calendar year 2019 (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 30,669

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,818,895 3,430,924

9 Program service revenue (Part VIII, line 2g) 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,319,927 3,427,978

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -144,975 -227,171

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,993,847 6,631,731

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,771,800 3,010,300

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) ▶113,307

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 358,321 323,892

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,130,121 3,334,192

19 Revenue less expenses. Subtract line 18 from line 12 863,726 3,297,539

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 29,823,523 35,758,295

21 Total liabilities (Part X, line 26) 0 0

22 Net assets or fund balances. Subtract line 21 from line 20 29,823,523 35,758,295

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
MICHAEL MRAVLE CFO
Type or print name and title

2020-11-13
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P00081638

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

Firm's address ▶ 695 TOWN CENTER DR STE 1000 Phone no. (714) 436-7100
COSTA MESA, CA 92626

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,055,746 including grants of \$ 3,010,300) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses ▶ 3,055,746

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Yes
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	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 7220, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ARNOLD WENSINGER 4199 CAMPUS DRIVE 10TH FL IRVINE, CA 92612 (949) 509-6200

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 ☐

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

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

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

[illegible]

Part VII

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	0	0

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

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

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation

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

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c	1,399,753									
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	2,031,171									
	g Noncash contributions included in lines 1a - 1f:\$		1g	10,189									
	h Total. Add lines 1a-1f		3,430,924										
Program Service Revenue	2a		Business Code										
	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)			826,155				30,669		795,486			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	23,048,451									
	b Less: cost or other basis and sales expenses		7b	20,446,628									
	c Gain or (loss)		7c	2,601,823									
	d Net gain or (loss)				2,601,823				2,601,823				
	8a Gross income from fundraising events (not including \$ 1,399,753 of contributions reported on line 1c). See Part IV, line 18		8a	560,709									
	b Less: direct expenses		8b	823,481									
	c Net income or (loss) from fundraising events				-262,772				-262,772				
	9a Gross income from gaming activities. See Part IV, line 19		9a	45,790									
	b Less: direct expenses		9b	10,189									
	c Net income or (loss) from gaming activities				35,601				35,601				
	10a Gross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
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					6,631,731		0		30,669				
									3,170,138				
Form 990 (2019)													

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,010,300	3,010,300		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 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	93,778		93,778	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,208	26,962	23,246	
12 Advertising and promotion				
13 Office expenses	45,237		37,773	7,464
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	46,585	18,301	2,614	25,670
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER OPERATING	56,765	183	7,728	48,854
b OTHER FUNDRAISING	31,319			31,319
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,334,192	3,055,746	165,139	113,307
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,146,068	2	962,915
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,422	4	25,192
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		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	25,277,757	11	29,266,121
	12 Investments—other securities. See Part IV, line 11	3,397,276	12	5,504,067
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,823,523	16	35,758,295	
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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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 FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	29,823,523	27	35,758,295
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,823,523	32	35,758,295
33 Total liabilities and net assets/fund balances	29,823,523	33	35,758,295	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,631,731
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,334,192
3	Revenue less expenses. Subtract line 2 from line 1	3	3,297,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,823,523
5	Net unrealized gains (losses) on investments	5	2,637,233
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	35,758,295

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

THE FOUNDATION CONTRIBUTED \$3,010,300 TO 349 CHARITIES WITHIN ARIZONA, CALIFORNIA, NEVADA, OREGON, TEXAS, AND UTAH ASSISTING THOUSANDS OF CHILDREN WHO HAVE BEEN VICTIMS OF CHILD ABUSE. THE FUNDS WERE USED FOR RESIDENTIAL TREATMENT, EMERGENCY SHELTERS, FOSTER CARE AND PLACEMENT, EDUCATIONAL, INTERVENTION AND TREATMENT PROGRAMS. INNOVATIVE PROGRAMS AND COMPREHENSIVE SERVICES TO PROMOTE SELF-RESPECT, MORALS, VALUES, STRUCTURE AND STRENGTH IN THE FAMILY WERE ALSO PROVIDED BY THE CHARITIES.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

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

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

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,587,832	2,321,098	2,788,406	2,818,895	3,430,924	12,947,155
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	1,587,832	2,321,098	2,788,406	2,818,895	3,430,924	12,947,155
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) . . .						4,512,884
6	Public support. Subtract line 5 from line 4.						8,434,271
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	1,587,832	2,321,098	2,788,406	2,818,895	3,430,924	12,947,155
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	720,833	592,251	687,465	934,461	826,155	3,761,165
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	636,876	597,707	642,807	653,373	606,499	3,137,262
11	Total support. Add lines 7 through 10						19,845,582
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	42.500 %
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	41.780 %
16a	33 1/3% support test—2019. 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—2018. 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—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						
Schedule A (Form 990 or 990-EZ) 2019							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 33-0654550

Name: IN-N-OUT BURGERS FOUNDATION

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493320004720

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

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

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) SOUTHWEST VALUE PARTNERS XVII	696,239	F
(B) MONTAUK TRIGUARD FUND VII LP	516,207	F
(C) SOUTHWEST VALUE PARTNERS XVIII	756,991	F
(D) SOUTHWEST VALUE PARTNERS XIX	838,340	F
(E) MIG INVESTMENTS	1,983,684	F
(F) MONTAUK TRIGUARD FUND VIII LP	108,203	F
(G) SOUTHWEST VALUE PARTNERS XX	278,300	F
(H) INDUSTRY VENTURES PARTNERSHIP HOLDINGS V LP	226,192	F
(I) PHOENIX REAL ESTATE FUND IX LP	99,911	F
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,504,067	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,505,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,637,233
b	Donated services and use of facilities	2b	496,832
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	833,670
e	Add lines 2a through 2d	2e	3,967,735
3	Subtract line 2e from line 1	3	6,537,953
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	93,778
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	93,778
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,631,731

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

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

1	Total expenses and losses per audited financial statements	1	4,570,916
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	496,832
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	833,670
e	Add lines 2a through 2d	2e	1,330,502
3	Subtract line 2e from line 1	3	3,240,414
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	93,778
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	93,778
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,334,192

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
SOUTHWEST VALUE PARTNERS XVII	696,239	F
MONTAUK TRIGUARD FUND VII LP	516,207	F
SOUTHWEST VALUE PARTNERS XVIII	756,991	F
SOUTHWEST VALUE PARTNERS XIX	838,340	F
MIG INVESTMENTS	1,983,684	F
MONTAUK TRIGUARD FUND VIII LP	108,203	F
SOUTHWEST VALUE PARTNERS XX	278,300	F
INDUSTRY VENTURES PARTNERSHIP HOLDINGS V LP	226,192	F
PHOENIX REAL ESTATE FUND IX LP	99,911	F

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RECLASSIFICATION OF EVENT EXPENSES 823,481. RECLASSIFICATION OF GAMING EXPENSES 10,189.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RECLASSIFICATION OF EVENT EXPENSES 823,481. RECLASSIFICATION OF GAMING EXPENSES 10,189.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF TOURNAMENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,960,462			1,960,462
	2 Less: Contributions	1,399,753			1,399,753
	3 Gross income (line 1 minus line 2)	560,709			560,709
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	823,481			823,481
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				823,481
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-262,772	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue			45,790	45,790
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			10,189	10,189
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100.000 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				10,189
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				35,601

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	100.000 %

14

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

Name ▶

JODIE MEDLOCK

Address ▶

4199 CAMPUS DRIVE 10TH FLOOR IRVINE, CA 92612

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$.

c

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

Name ▶

Address ▶

16

Gaming manager information:

Name ▶

Gaming manager compensation ▶

\$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

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

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2019

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

IN-N-OUT BURGERS FOUNDATION

Employer identification number

33-0654550

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 196

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE FOUNDATION REQUIRES THE RECIPIENTS TO FILL OUT A 6 MONTH REPORT QUESTIONNAIRE REGARDING HOW THEY USE THEIR FUNDS. A REPRESENTATIVE REVIEWS THE REPORTS AND STRATEGICALLY VISITS RECIPIENTS AS NEEDED.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVENUE SUITE 200 LOS ANGELES, CA 90018	95-3989251	501(C)(3)	7,500				PROGRAM FOR ABUSED AND EXPLOITED CHILDREN
A HOME WITHIN 1330 BROADWAY 300 OAKLAND, CA 94612	94-3402610	501(C)(3)	10,500				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW LEAF FOUNDATION 868 EAST UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)(3)	7,500				DOMESTIC VIOLENCE SHELTER PROGRAMS
A SAFE PLACE PO BOX 23006 OAKLAND, CA 94623	94-2491881	501(C)(3)	10,000				CHILDREN'S PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A WINDOW BETWEEN WORLDS 710 4TH AVENUE VENICE, CA 90291	95-4448606	501(C)(3)	12,500				WINDOWS PROGRAM - FRESNO COUNTY
A WORLD FOR CHILDREN 9504 N INTERSTATE 35 SAN ANTONIO, TX 78233	74-2811105	501(C)(3)	7,500				BRIDGING THE GAP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACH CHILD AND FAMILY SERVICES 3712 WICHITA STREET FORT WORTH, TX 76119	75-0818140	501(C)(3)	10,000				LIFE PROJECT
ADOPTION EXCHANGE 2500 N BUFFALO DRIVE SUITE 140 LAS VEGAS, NV 89128	84-0793576	501(C)(3)	32,500				INTEGRATED PERMANENCY MODEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOKIDS 5643 PARADISE DRIVE SUITE 12B CORTE MADERA, CA 94925	94-3157218	501(C)(3)	31,500				TRAUMA INFORMED LEGAL ADVOCACY PROGRAM FOR MERCED COUNTY
ALLIANCE AGAINST FAMILY VIOLENCE AND SEXUAL ASSAULT 1921 19TH STREET BAKERSFIELD, CA 93301	95-3604240	501(C)(3)	6,000				CHAT: STAFF TRAINING & PROGRAM SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR CHILDREN 908 SOUTHLAND AVENUE FORT WORTH, TX 76104	75-2363035	501(C)(3)	17,500				EVIDENCE-BASED GROUP THERAPY FOR CHILD SEXUAL ABUSE VICTIMS
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BOULEVARD SUITE 550 LOS ANGELES, CA 90010	95-4358213	501(C)(3)	20,000				FAMILIES FOREVER: ADOPTION AND GUARDIANSHIP FOR CHILDREN IN FOSTER CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR HOPE INTERNATIONAL 101 WEST BROADWAY SUITE 1770 SAN DIEGO, CA 92101	11-3692035	501(C)(3)	12,500				CAMP HOPE AMERICA - CALIFORNIA
ARIZONA FRIENDS OF FOSTER CHILDREN FOUNDATION 360 E CORONADO ROAD SUITE 190 PHOENIX, AZ 85004	86-0468850	501(C)(3)	20,000				FOSTERING SUCCESS FOR CHILDREN IN FOSTER CARE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONANS FOR CHILDREN INC 2435 E LA JOLLA DRIVE TEMPE, AZ 85282	02-0651198	501(C)(3)	20,000				2 CHILDREN'S VISITATION CENTERS
ARIZONA'S CHILDREN ASSOCIATION 3636 N CENTRAL AVENUE PHOENIX, AZ 85012	86-0096772	501(C)(3)	12,500				KINSHIP CARE IN MOHAVE COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART & CREATIVITY FOR HEALING 23011 MOULTON PARKWAY SUITE I-5 LAGUNA HILLS, CA 92653	33-0936136	501(C)(3)	7,000				ART4HEALING KIDS WITH TRAUMA PROGRAM
AUSTIN'S HOUSE - CARSON VALLEY CHILDREN'S CENTER PO BOX 784 MINDEN, NV 89423	03-0533503	501(C)(3)	8,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY AREA CRISIS NURSERY 1506 MENDOCINO DRIVE CONCORD, CA 94521	94-2681676	501(C)(3)	10,000				BAY AREA CRISIS NURSERY
BETHANY CHRISTIAN SERVICES 2610 WEST SHAW LANE SUITE 103 FRESNO, CA 93711	31-1282585	501(C)(3)	10,500				SAFE FAMILIES FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTER CHOICES INC 962 MARAGLIA STREET REDDING, CA 96002	68-0462072	501(C)(3)	7,500				TRAUMA-INFORMED CARE MODEL TRAINING AND IMPLEMENTATION
BOYS TOWN NEVADA 821 NORTH MOJAVE ROAD LAS VEGAS, NV 89101	20-0654472	501(C)(3)	17,500				IN-HOME FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BVCHD FOUNDATION FBO THE MOM & DAD PROJECT PO BOX 1649 BIG BEAR LAKE, CA 92315	33-0714985	501(C)(3)	6,000				NURTURING PARENTING PROGRAM
CAL POLY POMONA FOUNDATION 3801 W TEMPLE AVENUE SSEP POMONA, CA 91768	95-2417645	501(C)(3)	17,500				PEER MENTORING AND SCHOLARSHIP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAL STATE FULLERTON PHILANTHROPIC FOUNDATION 2600 NUTWOOD AVENUE SUITE 850 FULLERTON, CA 92831	33-0567945	501(C)(3)	12,000				GUARDIAN SCHOLARS PROGRAM
CALICO CENTER 524 ESTUDILLO AVENUE SAN LEANDRO, CA 94577	94-3256781	501(C)(3)	17,500				MULTI-DISCIPLINARY CHILD ABUSE INTERVENTION IN ALAMEDA COUNTY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	15,000				ACE SCHOLARS SERVICES
CAMP ALANDALE PO BOX 35 IDYLLWILD, CA 925490035	95-3465382	501(C)(3)	17,500				CAMPER SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA 1000 SAN LEANDRO BOULEVARD SUITE 300 SAN LEANDRO, CA 94577	94-3309728	501(C)(3)	7,500				RECRUITMENT, TRAINING, AND SUPERVISION OF ALAMEDA COUNTY CASA VOLUNTEERS
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)(3)	15,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DE LOS NINOS 1120 N 5TH AVENUE TUCSON, AZ 85705	86-0314595	501(C)(3)	10,000				BEHAVIORAL HEALTH SERVICES
CASA FOUNDATION 4045 S BUFFALO LAS VEGAS, NV 89147	94-2920606	501(C)(3)	15,000				TUTORING SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF CENTRAL TEXAS INC 1619 E COMMON STREET SUITE 301 NEW BRAUNFELS, TX 78666	74-2403373	501(C)(3)	10,000				GENERAL OPERATING
CASA OF COLLIN COUNTY 101 EAST DAVIS STREET MCKINNEY, TX 75069	75-2391961	501(C)(3)	10,000				CHILD ADVOCACY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF DALLAS COUNTY 2757 SWISS AVENUE DALLAS, TX 75204	75-1866204	501(C)(3)	10,000				2020 VOLUNTEER RECRUITMENT, TRAINING, & SUPERVISION PROGRAM
CASA OF FRESNO & MADERA COUNTIES 2300 TULARE STREET SUITE 210 FRESNO, CA 93721	77-0401361	501(C)(3)	7,500				GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF IMPERIAL COUNTY 229 SOUTH 8TH STREET SUITE B EL CENTRO, CA 92243	33-0632963	501(C)(3)	6,000				CASA MENTORSHIP PROGRAM
CASA OF KINGS COUNTY 101 N IRWIN STREET 110B HANFORD, CA 93230	46-2896299	501(C)(3)	10,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF MERCED COUNTY 2824 PARK AVENUE SUITE A MERCED, CA 95348	27-2084694	501(C)(3)	12,000				LIFE, NURTURED HEART, COLLEGE TOURS
CASA OF ORANGE COUNTY 1505 E 17TH STREET SUITE 214 SANTA ANA, CA 92705	33-0069334	501(C)(3)	10,000				MENTOR-ADVOCATE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF PLACER COUNTY 3715 ATHERTON ROAD SUITE 1 ROCKLIN, CA 95765	77-0620948	501(C)(3)	15,000				PLACER CASA AND FAMILY MENTOR PROGRAMS
CASA OF SACRAMENTO COUNTY 301 BICENTENNIAL CIRCLE 220 SACRAMENTO, CA 95826	68-0257139	501(C)(3)	8,500				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SAN BERNARDINO COUNTY PO BOX 519 RIALTO, CA 92377	33-0362613	501(C)(3)	20,000				COURT APPOINTED SPECIAL ADVOCATE C.A.S.A. PROGRAM
CASA OF SAN LUIS OBISPO COUNTY 75 HUGUERA STREET SAN LUIS OBISPO, CA 93401	77-0316227	501(C)(3)	6,000				CHILD ADVOCATE SCREENING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF SAN MATEO COUNTY 330 TWIN DOLPHIN DRIVE SUITE 330 REDWOOD CITY, CA 94065	04-3849393	501(C)(3)	10,000				GENERAL OPERATING
CASA OF STANISLAUS COUNTY 800 11TH STREET MODESTO, CA 95354	91-2168629	501(C)(3)	8,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF TARRANT COUNTY 101 SUMMIT AVENUE SUITE 505 FORT WORTH, TX 76102	75-1895412	501(C)(3)	15,000				GENERAL OPERATING
CASA OF TRAVIS COUNTY 7600 CHEVY CHASE DRIVE SUITE 200 AUSTIN, TX 78752	74-2369123	501(C)(3)	10,000				CHILD ADVOCACY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA PACIFICA 1722 S LEWIS ROAD CAMARILLO, CA 93012	77-0195022	501(C)(3)	15,000				GENERAL OPERATING
CENTER FOR CHILD PROTECTION 8509 FARM TO MARKET ROAD 969 BUILDING 2 AUSTIN, TX 78724	74-2562585	501(C)(3)	6,000				EXPANDING CHILD ABUSE PREVENTION EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE PREVENTION COUNCIL (CASA) OF SAN JOAQUIN COUNTY PO BOX 1257 STOCKTON, CA 95201	94-2497046	501(C)(3)	20,000				CASA PROGRAM
CHILD ABUSE PREVENTION COUNCIL OF CONTRA COSTA COUNTY 2120 DIAMOND BOULEVARD SUITE 120 CONCORD, CA 945205720	68-0046163	501(C)(3)	7,500				NURTURING PARENTING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO 4700 ROSEVILLE ROAD NORTH HIGHLANDS, CA 95660	94-2833431	501(C)(3)	7,500				FOSTER YOUTH INVESTMENT
CHILD ADVOCATES OF FORT BEND 5403 AVENUE N ROSENBERG, TX 77471	76-0337426	501(C)(3)	7,500				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ADVOCATES OF THE SILICON VALLEY 509 VALLEY WAY BUILDING 2 MILPITAS, CA 95035	77-0250773	501(C)(3)	12,500				GENERAL OPERATING
CHILD ADVOCATES SAN ANTONIO 1956 S WW WHITE ROAD SAN ANTONIO, TX 78222	74-2494625	501(C)(3)	7,500				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	86-0324144	501(C)(3)	10,000				GENERAL OPERATING - EMERGENCY CHILDRENS SHELTER PROGRAM
CHILDHELP USA 4350 E CAMELBACK ROAD BUILDING F250 F250 PHOENIX, AZ 85018	95-2884608	501(C)(3)	17,500				CHILDHELP NATIONAL CHILD ABUSE HOTLINE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDNET YOUTH AND FAMILY SERVICES 4155 OUTER TRAFFIC CIRCLE LONG BEACH, CA 90804	95-2666942	501(C)(3)	6,000				WRAPAROUND SERVICES
CHILDREN'S ADVOCACY CENTER FOR CHILD ABUSE ASSESSMENT & TREATMENT 1650 E OLD BADILLO STREET C-3 COVINA, CA 917243163	86-1051258	501(C)(3)	17,500				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY 1854 CAIN DRIVE LEWISVILLE, TX 75077	75-2559765	501(C)(3)	27,500				DENTON OFFICE EXPANSION AT SERVE DENTON
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY 2205 LOS RIOS BOULEVARD PLANO, TX 75074	75-2389095	501(C)(3)	12,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CABINET 1090 S ROCK BOULEVARD RENO, NV 89502	77-0097156	501(C)(3)	6,000				CENTER FOR ASPIRING YOUTH (CAY)
CHILDREN'S CENTER 350 S 400 E SALT LAKE CITY, UT 84111	87-6114073	501(C)(3)	6,000				TRAUMA RECOVERY PROGRAM FOR YOUNG CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CRISIS CENTER OF STANISLAUS COUNTY PO BOX 1062 MODESTO, CA 95353	94-2686499	501(C)(3)	10,000				SAWYER HOUSE RESPITE CHILDCARE AND SHELTER
CHILDREN'S FUND INC 348 W HOSPITALITY LANE SUITE 110 SAN BERNARDINO, CA 92408	33-0193286	501(C)(3)	15,000				COMPUTER CAMP FOR FOSTER YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD 29 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	15,000				AUDREY HEPBURN CHILD ADVOCACY, RESPONSE AND EVALUATION SERVICES (CARES) CENTER
CHILDREN'S INSTITUTE INC 2121 WEST TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501(C)(3)	10,000				SUPPORT SERVICES FOR FAMILIES AT RISK OF ENTERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S LAW CENTER OF CALIFORNIA 101 CENTRE PLAZA DRIVE MONTEREY PARK, CA 91754	95-4252143	501(C)(3)	25,000				EDUCATIONAL ADVOCACY FOR FOSTER YOUTH - LOS ANGELES
CHILDREN'S MEDICAL CENTER DALLAS 2777 STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	75-2062015	501(C)(3)	7,500				THE REFERRAL AND EVALUATION OF AT-RISK CHILDREN (REACH) CLINIC OF CHILDRENS HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S RECEIVING HOME OF SACRAMENTO 3555 AUBURN BOULEVARD SACRAMENTO, CA 95821	94-1322166	501(C)(3)	10,000				SPROUTS TRAUMA-INFORMED PRESCHOOL
CHILDSAFE 3730 INTERSTATE HIGHWAY 10 EAST SAN ANTONIO, TX 78220	74-2633697	501(C)(3)	10,000				SUPPORT OF CORE SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOC FOUNDATION 1201 W LA VETA AVENUE ORANGE, CA 92868	95-6097416	501(C)(3)	7,500				CHOC PANDA CLINIC
CHRISTIAN FAMILY CARE AGENCY 2346 NORTH CENTRAL AVENUE PHOENIX, AZ 85004	86-0430037	501(C)(3)	20,000				SPECIALIZED YOUTH PERMANENCY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS OF DALLAS 7950 ELMBROOK DRIVE DALLAS, TX 75247	75-2468034	501(C)(3)	7,500				GENERAL OPERATING
COMPASS FAMILY SERVICES 37 GROVE STREET SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	14,000				COMPASS CLINICAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COPE FAMILY RESOURCE CENTER 707 RANDOLPH STREET NAPA, CA 94559	94-2322399	501(C)(3)	6,000				GENERAL OPERATING
CORA (COMMUNITY OVERCOMING RELATIONSHIP ABUSE) 2211 PALM AVENUE SAN MATEO, CA 94403	94-2481188	501(C)(3)	10,000				SAFE HOUSES FOR FAMILIES FLEEING INTIMATE PARTNER ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVENUE HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	10,000				SUPPORTIVE SERVICES FOR HOMELESS AND TRAFFICKED YOUTH AGES 18-24
CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY AD-104 SAN BERNARDINO, CA 92407	45-2255077	501(C)(3)	20,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BOULEVARD DALLAS, TX 75228	75-2303404	501(C)(3)	10,000				GENERAL OPERATING
DOOR OF HOPE PO BOX 90455 LOS ANGELES, CA 91109	95-4044568	501(C)(3)	15,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL NIDO FAMILY CENTERS 440 SHATTO PLACE SUITE 417 LOS ANGELES, CA 90020	95-3186429	501(C)(3)	6,000				CHILD ABUSE PREVENTION AND TREATMENT
ELIZABETH HOUSE PO BOX 94077 PASADENA, CA 91109	95-4451243	501(C)(3)	15,000				MATERNAL MENTAL HEALTH/TRAUMA INFORMED CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EMERGE CENTER AGAINST DOMESTIC ABUSE 2545 E ADAMS STREET TUCSON, AZ 85716	86-0312162	501(C)(3)	10,000				GENERAL OPERATING
FAMILY AND CHILD TREATMENT (FACT) 8080 W SAHARA AVENUE SUITE D LAS VEGAS, NV 89117	88-0214362	501(C)(3)	12,500				FACT ART AND PLAY THERAPY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY COMPASS 4210 JUNIUS STREET DALLAS, TX 75246	75-2400158	501(C)(3)	7,500				PARENT AIDE PROGRAM
FAMILY PLACE PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	7,500				EMERGENCY SHELTER SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAMILY SUPPORT CENTER 1760 WEST 4805 SOUTH TAYLORSVILLE, UT 84129	87-0359719	501(C)(3)	7,500				PROGRAM SUPPORT FOR THE FAMILY SUPPORT CENTER CRISIS NURSERIES
FIRST STAR INC - SALT LAKE COUNTY 2049 CENTURY PARK EAST SUITE 4320 LOS ANGELES, CA 90067	31-1719436	501(C)(3)	19,000				FIRST STAR UNIVERSITY OF UTAH ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIVE ACRES 760 W MOUNTAIN VIEW STREET ALTADENA, CA 91001	95-1647810	501(C)(3)	15,000				SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM AND FOSTER/ADOPTION PERMANENCY SERVES
FOOTHILL FAMILY SERVICE 2500 EAST FOOTHILL BOULEVARD SUITE 300 PASADENA, CA 91107	95-1690990	501(C)(3)	7,500				CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOR THE CHILD 4565 CALIFORNIA AVENUE LONG BEACH, CA 90807	95-3601230	501(C)(3)	7,500				GENERAL OPERATING
FOREST HOME INC 40000 VALLEY OF THE FALLS DRIVE FOREST FALLS, CA 92339	95-1855659	501(C)(3)	10,000				CAMP SCHOLARSHIPS FOR CHILDREN AND YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORGET ME NOT CHILDREN'S SERVICES 5435 HIGHWAY 12 SANTA ROSA, CA 95407	26-3464770	501(C)(3)	7,000				GENERAL OPERATING
FOSTER KINSHIP 4344 WEST CHEYENNE AVENUE LAS VEGAS, NV 89032	45-4242425	501(C)(3)	7,000				KINSHIP NAVIGATOR PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GABRIEL'S ANGELS INC 727 E BETHANY HOME ROAD SUITE C-100 C-100 PHOENIX, AZ 85014	86-0991198	501(C)(3)	17,500				PET THERAPY PROGRAM - MARICOPA COUNTY
GENESIS WOMEN'S SHELTER & SUPPORT 4411 LEMMON AVENUE SUITE 201 DALLAS, TX 75219	75-1881365	501(C)(3)	6,000				GENESIS CHILDRENS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES 100 W WALNUT SUITE 375 PASADENA, CA 91124	95-1691005	501(C)(3)	10,000				TRANSITIONAL INDEPENDENT LIVING PROGRAM
HAYNES FAMILY OF PROGRAMS 233 W BASE LINE ROAD PO BOX 400 LA VERNE, CA 91750	95-1506150	501(C)(3)	7,500				LEROY HAYNES SHORT- TERM RESIDENTIAL THERAPEUTIC PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 78751	74-1144638	501(C)(3)	30,000				THE WAY HOME
HELPLINE YOUTH COUNSELING INC 14181 TELEGRAPH ROAD WHITTIER, CA 90604	23-7113824	501(C)(3)	7,000				SOUTHEAST FAMILY PRESERVATION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOMELESS YOUTH CONNECTION 9950 W VAN BUREN STREET SUITE 114 AVONDALE, AZ 85323	27-3182999	501(C)(3)	7,500				EMPOWERING YOUTH FOR THE FUTURE
HOMEWARD BOUND 2302 W COLTER STREET PHOENIX, AZ 85015	86-0660875	501(C)(3)	6,000				HEALTHY RELATIONSHIPS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOUSE OF RUTH 599 N MAIN STREET POMONA, CA 91768	95-3276033	501(C)(3)	15,000				CHILDREN'S PROGRAMS AND SERVICES
HUCKLEBERRY YOUTH PROGRAMS 3450 GEARY BOULEVARD SUITE 107 SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	7,500				HUCKLEBERRYS CHILD ABUSE PREVENTION AND INTERVENTION SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUMAN OPTIONS PO BOX 53745 IRVINE, CA 92619	95-3667817	501(C)(3)	10,000				THERAPEUTIC CHILDREN'S PROGRAM AT EMERGENCY SHELTER FOR DOMESTIC VIOLENCE VICTIMS
ILLUMINATION FOUNDATION OF ORANGE COUNTY 1091 N BATAVIA ORANGE, CA 92867	71-1047686	501(C)(3)	10,000				HOMELESS CHILDREN AND FAMILIES PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INSPIRE LIFE SKILLS TRAINING INC 2279 EAGLE GLEN PARKWAY 112-131 CORONA, CA 92883	20-1647743	501(C)(3)	15,000				INSPIRING HOPE
INTERFACE CHILDREN & FAMILY SERVICES 4001 MISSIONS OAKS BOULEVARD SUITE I CAMARILLO, CA 93012	95-2944459	501(C)(3)	15,000				MY BODY BELONGS TO ME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INTERFAITH SHELTER NETWORK 3530 CAMINO DEL RIO NORTH SUITE 301 301 SAN DIEGO, CA 92108	95-2630300	501(C)(3)	7,500				EL NIDO DV TRANSITIONAL HOUSING PROGRAM
INTERVAL HOUSE PO BOX 3356 SEAL BEACH, CA 90740	95-3389113	501(C)(3)	20,000				CHILDREN & YOUTH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 SAN DIEGO, CA 92160	20-5448416	501(C)(3)	12,500				BASIC NEEDS
KAMALI'I FOSTER FAMILY AGENCY 31772 CASINO DRIVE SUITE A B LAKE ELSINORE, CA 92530	31-1591798	501(C)(3)	12,500				H.O.P.E. INDEPENDENT LIVING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KERN COUNTY NETWORK FOR CHILDREN 1300 17TH STREET BAKERSFIELD, CA 93301	33-0552738	501(C)(3)	9,000				SELF SUFFICIENCY PROJECT
KIDPOWER TEENPOWER FULLPOWER 3100 WEST CLARK AVENUE BURBANK, CA 91505	77-2206712	501(C)(3)	16,000				'VACCINE AGAINST CHILD ABUSE' INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KINGDOM CAUSES BELLFLOWER 16429 BELLFLOWER BOULEVARD BELLFLOWER, CA 90706	95-4849998	501(C)(3)	6,000				GENERAL OPERATING
KOINONIA FOSTER HOMES PO BOX 1403 LOOMIS, CA 95650	94-2792265	501(C)(3)	10,000				EMDR THERAPY FOR TRAUMATIZED FOSTER TEENS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LA CASA DE LAS MADRES 1269 HOWARD STREET SAN FRANCISCO, CA 94103	94-2330864	501(C)(3)	30,000				CAPITAL IMPROVEMENTS
LAURA'S HOUSE 33 JOURNEY SUITE 150 ALISO VIEJO, CA 92656	33-0621826	501(C)(3)	10,000				CHILDREN'S THERAPEUTIC SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LAUREL HOUSE DBA HOPE HARBOR 1 HOPE DRIVE TUSTIN, CA 92782	33-0098433	501(C)(3)	10,000				GENERAL OPERATING
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL FOUNDATION 24887 TAYLOR STREET SUITE 202 LOMA LINDA, CA 92350	33-0565591	501(C)(3)	11,000				RESILIENCY INSTITUTE FOR CHILDHOOD ADVERSITY (RICA)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LONE STAR CASA 108 KENWAY STREET ROCKWALL, TX 75087	75-2425980	501(C)(3)	7,500				GENERAL OPERATING
MAGGIE'S PLACE INC 4001 N 30TH STREET PHOENIX, AZ 85016	86-0972675	501(C)(3)	10,000				STRENGTHENING FAMILIES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MARY'S PATH 18221 EAST 17TH STREET SANTA ANA, CA 92705	33-0203768	501(C)(3)	7,000				GENERAL OPERATING
MARYVALE 7600 EAST GRAVES AVENUE ROSEMEAD, CA 91770	95-3889412	501(C)(3)	7,500				SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM FOR GIRLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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METHODIST CHILDREN'S HOME 1111 HERRING AVENUE WACO, TX 76708	74-1109750	501(C)(3)	6,000				MCH FAMILY OUTREACH PROGRAMS: KILLEEN
MILLER CHILDREN'S HOSPITAL LONG BEACH 2801 ATLANTIC AVENUE LONG BEACH, CA 90806	95-6105984	501(C)(3)	10,000				MILLER CHILDREN'S CHILD ABUSE PREVENTION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOSES HOUSE MINISTRIES PO BOX 2033 VICTORVILLE, CA 92393	33-0568537	501(C)(3)	5,500				GENERAL OPERATING
MY NEW RED SHOES 330 TWIN DOLPHIN DRIVE SUITE 135 REDWOOD CITY, CA 94065	20-4683289	501(C)(3)	15,000				CLOTHING FOR CONFIDENCE PROGRAM - ON DEMAND INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91361	95-4671812	501(C)(3)	31,000				2020 CLARK COUNTY MY STUFF BAGS PROJECT
NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501(C)(3)	10,000				CHILD ABUSE & NEGLECT CENTER OPTIMIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN PHOENIX, AZ 85009	86-0809052	501(C)(3)	20,000				PARENTING POR VIDA (PARENTING FOR LIFE)
NEVADA PARTNERSHIP FOR HOMELESS YOUTH 4981 SHIRLEY STREET LAS VEGAS, NV 89119	88-0476452	501(C)(3)	20,000				NPHY DROP-IN CENTER FOR HOMELESS YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW MORNING YOUTH & FAMILY SERVICES 6765 GREEN VALLEY ROAD PLACERVILLE, CA 95667	94-2159659	501(C)(3)	7,500				GENERAL OPERATING SUPPORT FOR NEW MORNING'S EMERGENCY CHILDREN'S SHELTER
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 E GISH ROAD SUITE 200 SAN JOSE, CA 95112	94-2420708	501(C)(3)	15,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH COUNTY LIFELINE INC 3142 VISTA WAY SUITE 400 OCEANSIDE, CA 92056	95-2794253	501(C)(3)	7,500				LIFESPRING YOUTH TRANSITIONAL HOUSING PROGRAM
NORTHERN CALIFORNIA YOUTH & FAMILY PROGRAMS 2577 CALIFORNIA PARK DRIVE CHICO, CA 95928	68-0027507	501(C)(3)	10,000				TRANSITIONAL HOUSING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BOULEVARD NORTHRIDGE, CA 91328	23-7444901	501(C)(3)	15,000				CENTER FOR ASSAULT TREATMENT SERVICES (CATS)
OCJ KIDS 524 W WESTCOTT DRIVE PHOENIX, AZ 85027	86-1040833	501(C)(3)	15,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLIVE CREST 2130 E FOURTH STREET SUITE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	52,500				SAFE FAMILIES FOR CHILDREN IN CLARK COUNTY, NV
ON THE MOVE (VOICES) 780 LINCOLN AVENUE NAPA, CA 95448	75-3149095	501(C)(3)	12,500				GENERAL OPERATING FOR VOICES NAPA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE COUNTY RESCUE MISSION 1 HOPE DRIVE TUSTIN, CA 92782	95-2479552	501(C)(3)	10,000				PARENT CHILD ENRICHMENT CENTER
PACIFIC LIFELINE FOR PREVENTION OF HOMELESSNESS PO BOX 1424 UPLAND, CA 917851424	94-6103171	501(C)(3)	20,000				CHILDREN'S PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PEACE4KIDS PO BOX 5347 COMPTON, CA 90224	33-0920234	501(C)(3)	10,000				GENERAL OPERATING
PENNY LANE 15305 RAYEN STREET NORTH HILLS, CA 91343	95-2633765	501(C)(3)	10,000				PARENT TRAINING ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIVOTAL 75 EAST SANTA CLARA STREET SUITE 1450 SAN JOSE, CA 95113	77-0166138	501(C)(3)	30,000				EMERGING SCHOLARS PROGRAM - SAN MATEO COUNTY
PRECIOUS LIFE SHELTER PO BOX 414 LOS ALAMITOS, CA 90720	51-1187577	501(C)(3)	7,500				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREVENT CHILD ABUSE ARIZONA PO BOX 26495 PRESCOTT VALLEY, AZ 863126495	86-0832901	501(C)(3)	7,500				YAVAPAI FAMILY ADVOCACY CENTER
PROJECT SISTER FAMILY SERVICES PO BOX 1369 POMONA, CA 917691369	23-7116161	501(C)(3)	10,000				YOUTH SERVICES PROGRAM TO PREVENT AND TREAT CHILD ABUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PROMISES 2 KIDS 9400 RUFFIN COURT SUITE A SAN DIEGO, CA 92123	95-3655288	501(C)(3)	15,000				GENERAL OPERATING
PUBLIC COUNSEL LAW CENTER 610 S ARDMORE AVENUE LOS ANGELES, CA 90005	23-7105149	501(C)(3)	12,500				FAMILIES FOREVER PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW DAYS 8150 N CENTRAL EXPRESSWAY SUITE M1003 DALLAS, TX 75206	75-1844908	501(C)(3)	7,500				FAMILY CONNECTION PROGRAM FOR HOMELESS CHILDREN
RAINBOW SERVICES 453 W 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)(3)	12,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RANCHO DAMACITAS 38950 MESA ROAD TEMECULA, CA 925928753	95-3551068	501(C)(3)	10,000				PROJECT INDEPENDENCE AND EMPOWERMENT VILLAGE
REBEKAH CHILDREN'S HOME 290 IOOF AVENUE GILROY, CA 95020	94-1167402	501(C)(3)	15,000				RESILIENT FAMILIES PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE MISSION ALLIANCE 315 NORTH A STREET OXNARD, CA 93030	23-7278002	501(C)(3)	15,000				GENERAL OPERATING - SAN FERNANDO VALLEY RESCUE MISSION
RIVER STONES RESIDENTIAL TREATMENT SERVICES PO BOX 7340 REDLANDS, CA 92375	33-0737878	501(C)(3)	20,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERSIDE AREA RAPE CRISIS CENTER 1845 CHICAGO AVENUE SUITE A RIVERSIDE, CA 92507	95-3245057	501(C)(3)	12,500				CHILD ABUSE PREVENTION/CHILD ABUSE DIRECT SERVICES
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501(C)(3)	12,500				SACRAMENTO CHILDREN'S HOME CRISIS NURSERY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG STREET SAN DIEGO, CA 92111	95-1661089	501(C)(3)	29,000				SUCCESSFUL TRANSITIONS
SAN DIEGO RESCUE MISSION 120 ELM STREET SAN DIEGO, CA 92101	95-1874073	501(C)(3)	7,500				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SENECA FAMILY OF AGENCIES 1801 PARK COURT PLACE H SANTA ANA, CA 92701	94-2971761	501(C)(3)	15,000				PLACEMENT PROGRAM
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE SUITE 100 SACRAMENTO, CA 95826	68-0002878	501(C)(3)	6,000				WONDER MENTORING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF NEVADA 4285 N RANCHO DRIVE SUITE 130 LAS VEGAS, NV 89130	88-0326450	501(C)(3)	6,000				SAFY OF NV'S OLDER YOUTH SERVICES
SPIRIT REINS INC 2055 COUNTY ROAD 284 LIBERTY HILL, TX 78642	06-1692909	501(C)(3)	12,000				SPIRIT REINS: REINING IN TRAUMA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ANNE'S FOUNDATION 155 N OCCIDENTAL BOULEVARD LOS ANGELES, CA 90026	95-1691306	501(C)(3)	8,000				NEW SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM
ST JUDE'S RANCH FOR CHILDREN 200 WILSON CIRCLE BOULDER CITY, NV 89005	20-2917263	501(C)(3)	7,000				SIBLING PRESERVATION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STARVISTA 610 ELM STREET SUITE 212 SAN CARLOS, CA 94070	94-3094966	501(C)(3)	6,000				DAYBREAK TRANSITIONAL HOUSING FOR HOMELESS YOUTH
TEEN LEADERSHIP FOUNDATION PO BOX 7342 NEWPORT BEACH, CA 92658	20-8708656	501(C)(3)	7,500				THE LAUNCH PAD TRANSITIONAL HOUSING PROGRAM FOR EMANCIPATED FOSTER YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY 180 E OCEAN BOULEVARD LONG BEACH, CA 90802	94-1156347	501(C)(3)	7,500				SANTA FE SPRINGS TRANSITIONAL LIVING CENTER (TLC)
TOGETHER WE RISE 580 W LAMBERT ROAD SUITE A BREA, CA 92821	26-3043727	501(C)(3)	12,500				SWEET CASES & TEEN DUFFELS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC RIVERSIDE GUARDIAN SCHOLARS PROGRAM 3637 CANYON CREST DRIVE K101 RIVERSIDE, CA 92507	23-7433570	501(C)(3)	17,500				GUARDIAN SCHOLARS PROGRAM
UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1100 1100 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	8,000				GENERAL OPERATING FOR TIES FOR FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMOM NEW DAY CENTERS 3333 E VAN BUREN STREET PHOENIX, AZ 85008	86-0521062	501(C)(3)	15,000				MOVING CHILDREN FROM HOMELESSNESS TO PERMANENT HOUSING
UNION RESCUE MISSION 545 S SAN PEDRO STREET LOS ANGELES, CA 90023	95-1079293	501(C)(3)	12,500				WOMEN, CHILDREN & FAMILY PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BOULEVARD PASADENA, CA 91104	95-3958741	501(C)(3)	12,500				HOMELESS FAMILY SERVICES
UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BOULEVARD SUITE 1955 LOS ANGELES, CA 90017	95-3665186	501(C)(3)	20,000				GENERAL OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK HAHN UNIVERSITY CENTER 232 SAN DIEGO, CA 92110	95-2544535	501(C)(3)	10,000				TORERO RENAISSANCE SCHOLARS SUMMER INTERNSHIP PROGRAM (2020)
UTAH COUNTY CHILDREN'S JUSTICE CENTER 315 SOUTH 100 EAST PROVO, UT 84606	87-0491594	501(C)(3)	10,000				CHILDREN'S JUSTICE CENTER CHILD ABUSE TREATMENT PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTAH FOSTER CARE FOUNDATION 5296 COMMERCE DRIVE SUITE 400 MURRAY, UT 84107	87-0619181	501(C)(3)	10,000				SUPPORTING SERVICES
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PLACE MADERA, CA 93636	94-2797447	501(C)(3)	7,500				THE CHILD ABUSE PREVENTION AND TREATMENT (CAPT) CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VALLEY TEEN RANCH 2610 W SHAW LANE SUITE 105 FRESNO, CA 93711	94-2901078	501(C)(3)	44,500				RANCH BATHROOM REMODEL/ADOPT-A-ROOM
VIP COMMUNITY MENTAL HEALTH CENTER 1721 GRIFFIN AVENUE LOS ANGELES, CA 90031	30-0017808	501(C)(3)	20,000				EDUCATIONAL ENRICHMENT PROGRAM FOR HIGH RISK YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VOICES FOR CHILDREN PO BOX 7219 RIVERSIDE, CA 92513	95-3786047	501(C)(3)	35,000				CASA PROGRAM: IMPROVING THE QUALITY OF LIFE FOR THE YOUNGEST CHILDREN IN FOSTER CARE
WASHOE LEGAL SERVICES 299 SOUTH ARLINGTON AVENUE RENO, NV 89501	88-6005362	501(C)(3)	10,000				CHILD ADVOCACY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WILLIAMSON COUNTY CHILDREN'S ADVOCACY CENTER 1811 SE INNER LOOP GEORGETOWN, TX 78626	74-2834639	501(C)(3)	6,000				COMMUNITY ENGAGEMENT AND PREVENTION EDUCATION PROGRAM
WOMEN OF SUBSTANCE & MEN OF HONOR PO BOX 771 NEWBURY PARK, CA 91319	84-1642746	501(C)(3)	7,800				ALPHA LEADERSHIP AND AL EMBRACING HEARTS PROGRAM FOR CROSS OVER FOSTER YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL STREET FORT WORTH, TX 761101516	75-1501868	501(C)(3)	12,500				COUNSELING FOR CHILD VICTIMS OF SEXUAL AND OTHER VIOLENCE
WOMEN'S CRISIS SUPPORT TEAM 560A NORTHEAST F STREET 430 GRANTS PASS, OR 97526	93-0763734	501(C)(3)	10,000				SCHOOL-BASED PROGRAM WINGS "WHERE INDIVIDUALS NAVIGATE GROWTH AND SAFETY"

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 958110600	03-0520643	501(C)(3)	8,000				EARLY ABUSE AND TRAUMA INTERVENTION AND PREVENTION FOR HOMELESS CHILDREN
YAVAPAI REGIONAL MEDICAL CENTER FAMILY RESOURCE CENTER 1003 WILLOW CREEK ROAD PRESCOTT, AZ 86301	86-0098923	501(C)(3)	7,500				YRMC FAMILY RESOURCE CENTER - HEALTHY FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YOUTH EMERGING STRONGER 1857 TAFT AVENUE LOS ANGELES, CA 90028	95-3953979	501(C)(3)	7,500				GENERAL OPERATING
YOUTH FUTURES 2760 ADAMS AVENUE OGDEN, UT 84403	45-3245622	501(C)(3)	7,500				YOUTH FUTURES OGDEN PROGRAM OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YOUTH HOMES INC 3480 BUSKIRK AVENUE SUITE 210 PLEASANT HILL, CA 94523	94-6132571	501(C)(3)	7,500				RESOURCE FAMILY PROGRAM
YOUTH VILLAGES OREGON 2507 CHRISTIE DRIVE LAKE OSWEGO, OR 97034	58-1716970	501(C)(3)	20,000				YVLIFESET

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

33-0654550

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	LYNSI SNYDER-ELLINGSON, MICHAEL MRVLE, ARNOLD WENSINGER, JONATHON COHEN, AND LYNDASNYDER HAVE A BUSINESS RELATIONSHIP. LYNSI SNYDER-ELLINGSON AND LYNDASNYDER HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 AND THE 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE GENERAL COUNSEL REVIEWED THE CONFLICT OF INTEREST POLICY WITH EACH DIRECTOR, OFFICER, AND STAFF MEMBER OF THE ORGANIZATION. ONCE COMPLIANCE IS CONFIRMED, 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ARMY OF LOVE 4199 CAMPUS DRIVE 10TH FLOOR IRVINE, CA 92612 90-0932694	RELIGIOUS ACTIVITIES	CA	501(C)(3)	PF	N/A		No
(2)SLAVE 2 NOTHING FOUNDATION 4199 CAMPUS DRIVE 10TH FLOOR IRVINE, CA 92612 47-4712082	SUBSTANCE ABUSE AND HUMAN TRAFFICKING ACTIVITIES	CA	501(C)(3)	LINE 7	N/A		No

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

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

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	No

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

No

1p

No

1q

No

1r

No

1s

No

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

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

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation