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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type. See Specific Instructions.

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

Doing Business As

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

City or town, state or country, and ZIP + 4
IRVINE, CA 92612

D Employer identification number
33-0654550

E Telephone number
(949) 509-6200

G Gross receipts $ 1,630,160.

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶ N/A

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

J Website: ▶ N/A

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

L Year of formation 1995 | **M** State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities. SPONSORSHIP OF PROGRAMS TO BENEFIT CHILDREN AND PREVENT CHILD ABUSE.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	230,647.	232,190.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	960,983.	477,363.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	860,287.	920,607.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,051,917.	1,630,160.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,505,800.	1,452,500.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		81,498.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,505,800.	1,533,998.
19	Revenue less expenses. Subtract line 18 from line 12	546,117.	96,162.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,484,898.	21,163,965.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	16,484,898.	21,163,965.

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OGDEN, UT
IRS-OSC 068

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 — 11-10-10 Date

▶ ROGER KOTCH, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date 11/28/10 | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions) P00081878

Firm's name (or yours if self-employed), address, and ZIP + 4
DELOITTE TAX LLP
695 TOWN CENTER DRIVE, SUITE 1200
COSTA MESA, CA 92626

EIN ▶

Phone no ▶ (714)436-7100

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

SCANNED DEC 09 2010

9110 22

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SPONSORSHIP OF PROGRAMS TO BENEFIT CHILDREN AND PREVENT CHILD ABUSE.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code.) (Expenses $ 1,452,500. including grants of $ 1,452,500.) (Revenue $)
THE FOUNDATION CONTRIBUTED $1,452,500 TO 205 CHARITIES WITHIN CALIFORNIA, NEVADA, ARIZONA, AND UTAH ASSISTING THOUSANDS OF CHILDREN WHO HAVE BEEN VICTIMS OF CHILD ABUSE. THE FUNDS WERE USED FOR RESIDENTIAL TREATMENT, EMERGENCY SHELTERS, FOSTER CARE AND PLACEMENT, EDUCATIONAL, INTERVENTION AND TREATMENT PROGRAMS. INNOVATIVE PROGRAMS AND COMPREHENSIVE SERVICES TO PROMOTE SELF-RESPECT, MORALS, VALUES, STRUCTURE AND STRENGTH IN THE FAMILY WERE ALSO PROVIDED BY THE CHARITIES.

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

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

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

4e **Total program service expenses** ▶ $ 1,452,500.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — / X)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	X	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns 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	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		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?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	3		
b	Enter the number of voting members that are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

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

ROGER KOTCH - 949-509-6200

4199 CAMPUS DRIVE, IRVINE, CA 92612

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LYNSI L. MARTINEZ PRESIDENT	1.00	X		X				0.	0.	0.
ROGER KOTCH CFO & SECRETARY	1.00	X		X				0.	0.	0.
LYNDA SNYDER-KELBAUGH DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	200,000.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,190.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	232,190.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	477,363.			477,363.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ 200,000. of contributions reported on line 1c). See Part IV, line 18	a 809,047.				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶	809,047.			809,047.
	9a Gross income from gaming activities. See Part IV, line 19	a 111,560.				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶	111,560.			111,560.
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions	▶	1,630,160.	0.	0.	1397970.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,452,500.	1,452,500.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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 contributions (include section 401(k) and section 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	81,498.		81,498.	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 **Total functional expenses.** Add lines 1 through 24f	1,533,998.	1,452,500.	81,498.	0.
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	584,698.	2	587,977.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	15,898,460.	12	20,573,587.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,740.	15	2,401.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	16,484,898.	16	21,163,965.
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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	16,484,898.	27	21,163,965.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	16,484,898.	33	21,163,965.
	34	Total liabilities and net assets/fund balances	16,484,898.	34	21,163,965.

Form **990** (2009)

Part XI Financial Statements and Reporting

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
IN-N-OUT BURGERS FOUNDATION C/O ROGER KOTCH	33-0654550

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	794,737.	849,936.	21403885.	888,435.	952,798.	24889791.
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	794,737.	849,936.	21403885.	888,435.	952,798.	24889791.
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)						362,787.
6 **Public support.** Subtract line 5 from line 4						24527004.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	794,737.	849,936.	21403885.	888,435.	952,798.	24889791.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,858.	535,080.	1243047.	960,983.	477,363.	3243331.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	244,492.	241,156.	224,141.	265,421.	252,310.	1227520.
11 **Total support.** Add lines 7 through 10						29360642.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	83.54 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	85.64 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number 33-0654550

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

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

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
CHARLES SCHWAB AND CO;		
INVESTMENTS	18,463,054.	END-OF-YEAR MARKET VALUE
PAAMCO	1,029,765.	END-OF-YEAR MARKET VALUE
STRATEGIC COMMODITIES FUND	1,080,768.	END-OF-YEAR MARKET VALUE
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	20,573,587.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,630,160.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,533,998.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	96,162.
4	Net unrealized gains (losses) on investments	4	4,582,905.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	4,582,905.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,679,067.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,155,567.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	4,582,905.		
b	Donated services and use of facilities	2b	24,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	4,606,905.
3	Subtract line **2e** from line **1**			3	1,548,662.
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	81,498.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	81,498.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,630,160.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,476,500.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	24,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	24,000.
3	Subtract line **2e** from line **1**			3	1,452,500.
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	81,498.		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	81,498.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	1,533,998.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

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

Employer identification number: 33-0654550

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 IN STORE FUNDRAISERS (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	353,690.	610,825.	44,533.	1,009,048.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	353,690.	610,825.	44,533.	1,009,048.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	( )
	11 Net income summary. Combine line 3, column (d), and line 10			▶	1,009,048.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue			111,560.	111,560.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7			▶	111,560.

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities. CA		
9a	a Is the organization licensed to operate gaming activities in each of these states?	X	
	b If "No," explain:		
10a	10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
	b If "Yes," explain:		
11	11 Does the organization operate gaming activities with nonmembers?		X
12	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?		X

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	100.00 %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶ JODIE MEDLOCK				
Address ▶ 4199 CAMPUS DRIVE, 9TH FLOOR - IRVINE, CA 92612				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			X
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?	17a			X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number 33-0654550

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A & A COTTAGES P. O. BOX 2992 MESA, AZ 85214-2992	86-0820084	501(C)(3)	15,000.	0.			PROGRAM SUPPORT - RESIDENTIAL SERVICES
A NEW LEAF 868 EAST UNIVERSITY DRIVE MESA, AZ 85203-8033	86-0470300	501(C)(3)	6,500.	0.			PROGRAM SUPPORT - CLIMBING EQUIPMENT FOR CHILDRENS PLAYGROUND
ARIZONANS FOR CHILDREN 2435 EAST LA JOLLA DRIVE TEMPE, AZ 85282	02-0651198	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
ASSISTANCE LEAGUE OF EAST VALLEY 1950 NORTH ARIZONA AVENUE, SUITE 3 CHANDLER, AZ 85225	86-0659387	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - ASSAULT SURVIVOR KIT PROGRAM
CHILD CRISIS CENTER (EAST VALLEY) P.O. BOX 4114 MESA, AZ 85211	86-0407090	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - EMERGENCY SHELTER PROGRAM IN MESA
CHRYSALIS 1010 E. MCDOWELL RD. SUITE 301 PHOENIX, AZ 85006	86-0447620	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 205.

3 Enter total number of other organizations ▶

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

Schedule I (Form 990) 2009

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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 RANDOMLY VISITS SOME OF THE RECIPIENTS.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

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

Employer identification number 33-0654550

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEVEREUX ARIZONA 11000 NORTH SCOTTSDALE ROAD, STE 26 SCOTTSDALE, AZ 85254	23-1390618	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FLORENCE CRITTENTON SERVICES OF ARIZONA - 715 WEST MARIPOSA - PHOENIX, AZ 85016-3638	86-0103282	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - RESIDENTIAL THERAPEUTIC GROUP HOME
FREE ARTS OF ARIZONA 103 WEST HIGHLAND AVENUE, SUITE #20 PHOENIX, AZ 85013	86-0739613	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - 20-WEEK MENTOR PROGRAM
GABRIEL'S ANGELS 220 SOUTH MULBERRY STREET MESA, AZ 85202	86-0991198	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - EXPANSION OF THE PET THERAPY PROGRAM
HOMEWARD BOUND 2302 WEST COLTER STREET PHOENIX, AZ 85015-2750	86-0660875	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - KIDS IN TRAUMA (KIT) PROGRAM
JEWISH FAMILY & CHILDREN SERVICES 4747 NORTH 7TH STREET, SUITE 100 PHOENIX, AZ 85014	86-0096781	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - CREATING PEACEFUL FAMILIES PROGRAM
CHILD AND FAMILY ADVOCACY CENTER - SARAH'S HOUSE - 1770 AIRWAY AVENUE - KINGMAN, AZ 86409	86-0998104	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - GOOD TOUCH, BAD TOUCH PROGRAM
ARIZONA FAMILIES FOR CHILDREN 1011 NORTH CRAYCROFT, SUITE 470 TUCSON, AZ 85711	94-2778413	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - FOREVER HOMES PROGRAM

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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2009
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Name of the organization IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number 33-0654550

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DE LOS NINOS 1101 NORTH 4TH AVENUE TUCSON, AZ 85705-7467	86-0314595	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NEW BEGINNINGS FOR WOMEN AND CHILDREN - 2590 NORTH ALVERNON WAY - TUCSON, AZ 85712	86-0597073	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - SHELTER PROGRAM
SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER - 2329 E. AJO WAY - TUCSON, AZ 85713	86-0854248	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - POST-TRAUMA ADVOCACY SERVICES FOR CHILDREN
TMM FAMILY SERVICES P.O. BOX 13318 TUCSON, AZ 85732	86-0379677	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - AFTER SCHOOL PROGRAMS
COMMUNITY ALLIANCE AGAINST FAMILY ABUSE - P.O. BOX 3778 - APACHE JUNCTION, AZ 85117	86-0912044	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
YAVAPAI FAMILY ADVOCACY CENTER P.O. BOX 26495 PRESCOTT, AZ 86312	86-0832901	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ADOPTION EXCHANGE 333 NORTH RANCHO DRIVE, SUITE 750 LAS VEGAS, NV 89106	84-0793576	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - FAMILY RECRUITMENT PROGRAM
BOYS TOWN NEVADA 821 NORTH MOJAVE ROAD LAS VEGAS, NV 89101	20-0654472	501(C)(3)	15,000.	0.			PROGRAM SUPPORT - IN-HOME FAMILY SERVICES PROGRAM

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
Open to Public Inspection

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

Employer identification number 33-0654550

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FACT (FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA - 1050 SOUTH RAINBOW BLVD. - LAS VEGAS, NV 89145	88-0214362	501(C)(3)	8,000.	0.			PROGRAM SUPPORT - FAMILY ADVOCATE POSITIONS
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - P.O. BOX 20135 - LAS VEGAS, NV 89112	88-0476452	501(C)(3)	8,000.	0.			PROGRAM SUPPORT - SAFE PLACE DROP-IN CENTER
S.A.F.E. HOUSE 921 AMERICAN PACIFIC DRIVE, SUITE 3 HENDERSON, NV 89014	88-0314066	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - COUNSELING SERVICES
SHADE TREE P.O. BOX 669 LAS VEGAS, NV 89125	88-0253276	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT/PROGRAM SUPPORT FOR THE ACTIVITY CENTER PROGRAMS
CHILDRENS CABINET 1090 SOUTH ROCK BOULEVARD RENO, NV 89502	77-0097156	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT - SAFE PLACE EMERGENCY YOUTH SHELTER
CARSON VALLEY CHILDRENS CENTER (AUSTINS HOUSE) - P.O. BOX 784 - MINDEN, NV 89423	03-0533503	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ADOPTION EXCHANGE 975 EAST WOODOAK LANE, SUITE 220 MURRAY, UT 84117	84-0793576	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - FAMILY RECRUITMENT PROGRAM
FAMILY SUPPORT CENTER - CRISIS NURSERY - 1760 WEST 4805 SOUTH - TAYLORSVILLE, UT 84118	87-0359719	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - CRISIS NURSERY

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Name of the organization IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number 33-0654550

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE SALT LAKE COUNTY CHILDREN'S JUSTICE CENTER - 8282 SOUTH 2200 WEST - WEST JORDAN, UT 84088	87-0489250	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON COUNTY CHILDREN'S JUSTICE CENTER - 463 EAST 500 SOUTH - ST. GEORGE, UT 84770	87-0560725	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ALAMEDA POINT COLLABORATIVE 677 WEST RANGER AVENUE ALAMEDA, CA 94501	94-3361464	501(C)(3)	2,000.	0.			PROGRAM SUPPORT
ANN MARTIN CENTER 1250 GRAND AVENUE PIEDMONT, CA 94610	94-6099000	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - OUTREACH COUNSELING AND LEARNING ASSISTANCE PROGRAMS
CALICO CENTER 524 ESTUDILLO AVENUE SAN LEANDRO, CA 94577	94-3256781	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - FORENSIC INTERVIEWING AND FAMILY SUPPORT PROGRAM
CHILDRENS HOSPITAL FOUNDATION 2201 BROADWAY, SUITE #600 OAKLAND, CA 94612	94-1657474	501(C)(3)	12,500.	0.			PROGRAM SUPPORT - EXPANSION OF A ONE-WEEK SUMMER DAY CAMP PROGRAM
FAMILY PATHS 1727 MARTIN LUTHER KING JR. WAY, #1 OAKLAND, CA 94612	23-7181846	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT - CHILDRENS COUNSELING CENTER
FIRST PLACE FOR YOUTH 519 17TH STREET, SUITE 600 OAKLAND, CA 94612	94-3341034	501(C)(3)	3,000.	0.			PROGRAM SUPPORT - EDUCATIONAL NEEDS OF YOUTH LIVING IN GROUP HOMES

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

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

Employer identification number 33-0654550

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD ABUSE PREVENTION COUNCIL P.O. BOX 569 CHICO, CA 95927	94-3139132	501(C)(3)	3,500.	0.			PROGRAM SUPPORT - SHAKEN BABY PREVENTION PROGRAM
YOUTH & FAMILY PROGRAMS 2577 CALIFORNIA PARK DRIVE CHICO, CA 95928	68-0027507	501(C)(3)	3,500.	0.			PROGRAM SUPPORT - CHILDRENS FUND
BAY AREA RESCUE MISSION P.O. BOX 1112 RICHMOND, CA 94802	94-6124054	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT - EMERGENCY SHELTERS
CASA 2020 NORTH BROADWAY, SUITE 204 WALNUT CREEK, CA 94596-3756	94-2897531	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
CHILD ABUSE PREVENTION COUNCIL OF CONTRA COSTA COUNTY - 1410 DANZIG PLAZA, SUITE #110 - CONCORD, CA 94520	68-0046163	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - NEWBORN CONNECTIONS PROGRAM
CASA OF EL DORADO COUNTY 347 MAIN STREET PLACERVILLE, CA 95667	68-0299245	501(C)(3)	7,000.	0.			PROGRAM SUPPORT - ENRICHMENT FUNDS FOR THE CHILDREN CASA SERVES
NEW MORNING 6765 GREEN VALLEY ROAD PLACERVILLE, CA 95667	94-2159659	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT - EMERGENCY SHELTER
SOUTH LAKE TAHOE WOMENS CENTER 2941 LAKE TAHOE BLVD. SOUTH LAKE TAHOE, CA 96150	94-2598256	501(C)(3)	2,000.	0.			GENERAL OPERATING SUPPORT

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
Open to Public Inspection

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

Employer identification number 33-0654550

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF FRESNO/MADERA COUNTY 1252 FULTON MALL FRESNO, CA 93721	77-0401361	501(C)(3)	4,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S HOSPITAL CENTRAL CALIFORNIA - 9300 VALLEY CHILDREN'S PLACE - MADERA, CA 93636-8762	94-2797447	501(C)(3)	4,000.	0.			GENERAL OPERATING SUPPORT
MARJAREE MASON CENTER 1600 M STREET FRESNO, CA 93721	94-1156639	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - CHILDRENS ENRICHMENT CENTER
VALLEY TEEN RANCH 2610 W. SHAW AVE., SUITE 105 FRESNO, CA 93711	94-2901078	501(C)(3)	12,500.	0.			PROGRAM SUPPORT - SPORTS PROGRAMS
IMPERIAL COUNTY CHILD ABUSE PREVENTION COUNCIL (CASA) - 563 WEST MAIN STREET - EL CENTRO, CA 92243	95-3422004	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - VOLUNTEER TRAINING AND FIELD TRIPS FOR THE CHILDREN
CASA OF KERN COUNTY 2000 24TH STREET, SUITE #130 BAKERSFIELD , CA 93301	77-0344298	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT - FULL TIME RECRUITER-TRAINER
HENRIETTA WEILL MEMORIAL CHILD GUIDANCE CLINIC - 3628 STOCKDALE HIGHWAY - BAKERSFIELD , CA 93309	95-1643391	501(C)(3)	4,000.	0.			PROGRAM SUPPORT - M.A.R.E. TWO-HOUR THERAPEUTIC RIDING SESSIONS
KERN BRIDGES YOUTH HOMES 1321 STINE ROAD BAKERSFIELD , CA 93309	77-0168444	501(C)(3)	3,000.	0.			GENERAL OPERATING SUPPORT - RESURFACE PARKING LOT

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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C/O ROGER KOTCH

Employer identification number 33-0654550

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KERN CHILD ABUSE PREV. COUNCIL (HAVEN COUNSELING CENTER) - 730 CHESTER AVENUE - BAKERSFIELD , CA 93301	95-3434566	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - COMPREHENSIVE PARENTING PROGRAM
KINGS COMMUNITY ACTION ORGANIZATION - 1130 N. 11TH AVENUE - HANFORD, CA 93230	94-1604455	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR CHILDRENS RIGHTS 3333 WILSHIRE BOULEVARD, SUITE #550 LOS ANGELES, CA 90010-4110	95-4358213	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - ADOPTION PROGRAM
ASSISTANCE LEAGUE OF SOUTHERN CALIFORNIA - 1370 NORTH ST. ANDREWS PLACE - HOLLYWOOD, CA 90028	95-1641960	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - FOSTER CHILDRENS RESOURCE CENTER
AVIVA FAMILY AND CHILDREN'S SERVICES - 7120 FRANKLIN AVENUE - LOS ANGELES, CA 90046	95-1693616	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - RESIDENTIAL TREATMENT PROGRAM
B.O.N.D. P.O. BOX 35090 LOS ANGELES, CA 90035	95-4278723	501(C)(3)	8,000.	0.			PROGRAM SUPPORT - ANGER & VOCATIONAL COUNSELING PROJECT
CHILD & FAMILY CENTER FOUNDATION P.O. BOX 801330 SANTA CLARITA, CA 91350	95-3941342	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN OF THE NIGHT 14530 SYLVAN STREET VAN NUYS, CA 91411	95-3130408	501(C)(3)	15,000.	0.			PROGRAM SUPPORT AND EXPANSION

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CHILDREN YOUTH AND FAMILY COLLABORATIVE - 1200 WEST 37TH PLACE - LOS ANGELES, CA 90007	95-4415115	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
CHILDRENS ADVOCACY CTR FOR CHILD ABUSE ASSESSMENT & TRTMNT - 363 SOUTH PARK AVENUE, SUITE 202 - POMONA, CA 91766	86-1051258	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
CHILDRENS CENTER OF THE ANTELOPE VALLEY - 45111 FERN AVENUE - LANCASTER, CA 93534	95-4212759	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - PARENT CHILD INTERACTIVE THERAPY
CHILDRENS INSTITUTE 711 SOUTH NEW HAMPSHIRE AVENUE LOS ANGELES, CA 90005	95-1641424	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
COMFORT FOR COURT KIDS 201 CENTRE PLAZA DRIVE, SUITE 3 MONTEREY PARK, CA 91754	95-4336698	501(C)(3)	4,000.	0.			GENERAL OPERATING SUPPORT
COVENANT HOUSE 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	13-3391210	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
DAVID & MARGARET HOME 1350 THIRD STREET LA VERNE, CA 91750	95-1660346	501(C)(3)	15,000.	0.			CAPITAL GRANT - PURCHASE OF A PASSENGER VAN
DUBNOFF CENTER FOR CHILD DEVELOPMENT - 10526 DUBNOFF WAY - NORTH HOLLYWOOD, CA 91606	95-2098863	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - TEAMS SPORTS PROGRAM

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EL NIDO FAMILY CENTERS 10200 SEPULVEDA BLVD., SUITE #350 MISSION HILLS, CA 91345	95-3186429	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - CHILD ABUSE PREVENTION & TREATMENT PROGRAM
ELIZABETH HOUSE P.O. BOX 94077 PASADENA, CA 91109	95-4451243	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - ALUMNI SERVICES FOLLOW-UP PROGRAM
ETTIE LEE YOUTH & FAMILY SERVICES P.O. BOX 339 BALDWIN PARK, CA 91706-0339	95-1949862	501(C)(3)	17,500.	0.			PROGRAM SUPPORT - GETTING READY FOR THE WORLD PROGRAM
FIVE ACRES 760 WEST MOUNTAIN VIEW STREET ALTADENA, CA 91001-4996	95-1647810	501(C)(3)	17,500.	0.			PROGRAM SUPPORT - THERAPEUTIC TREATMENT, ACTIVITIES AND OUTINGS
FOOTHILL FAMILY SERVICE 2500 E. FOOTHILL BLVD., SUITE #300 PASADENA, CA 91107	95-1690990	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT - FAMILIES OF CHILDREN UNDER STRESS (FOCUS) PROGRAM
FOR THE CHILD 4001 LONG BEACH BOULEVARD LONG BEACH, CA 90807	95-3601230	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FREE ARTS FOR ABUSED CHILDREN 12095 W. WASHINGTON BLVD. #104 LOS ANGELES, CA 90066	95-3252001	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - FOUR CORE PROGRAMS
FRIENDS OF THE FAMILY 15350 SHERMAN WAY, SUITE #140 VAN NUYS, CA 91406	95-2765505	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

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GRANDPARENTS AS PARENTS 22048 SHERMAN WAY, #217 CANOGA PARK, CA 91303	33-0592916	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT - VITAL SERVICES
HELPLINE YOUTH COUNSELING 12440 E. FIRESTONE BLVD., SUITE 100 NORWALK, CA 90650	23-7113824	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - SEFP PROGRAM
HILLSIDES HOME FOR CHILDREN 940 AVENUE 64 PASADENA, CA 91105-2711	95-1644002	501(C)(3)	15,000.	0.			PROGRAM SUPPORT - RESIDENTIAL TREATMENT PROGRAM
HOLLYGROVE 815 NORTH EL CENTRO AVENUE LOS ANGELES, CA 90038	94-1254641	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
HOPE AGAIN 5121 W. SUNSET BOULEVARD LOS ANGELES, CA 91401	31-1715246	501(C)(3)	3,000.	0.			GENERAL OPERATING SUPPORT
HOUSE OF RUTH P.O. BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT - RESIDENTIAL CHILDRENS SERVICE PROGRAM
LEROY HAYNES CENTER 233 WEST BASELINE ROAD, BOX 400 LA VERNE, CA 91750-0400	95-1506150	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT - RESIDENTIAL TREATMENT PROGRAM
MCKINLEY CHILDRENS CENTER 762 WEST CYPRESS STREET SAN DIMAS, CA 91773-3599	95-2016696	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - NEW CLOTHING FOR THE CHILDREN

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MILLER CHILDRENS HOSPITAL 2865 ATLANTIC AVENUE, SUITE #110 LONG BEACH, CA 90806	95-6105984	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - PURCHASE OF PROGRAM RELATED MATERIALS AND EQUIPMENT
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91361	95-4671812	501(C)(3)	6,000.	0.			PROGRAM SUPPORT - PROVIDE BAGS TO CHILDREN IN CRISIS
NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BOULEVARD NORTHRIDGE, CA 91328	23-7444901	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - CHILDRENS ASSAULT TREATMENT SERVICES (CATS) PROGRAM
PARA LOS NINOS 500 SOUTH LUCAS AVENUE LOS ANGELES, CA 90017	95-3443276	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - YOUTH DEVELOPMENT SERVICES
PROJECT SISTER FAMILY SERVICES P.O. BOX 1369 POMONA, CA 91769-1369	23-7116161	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - YOUTH SERVICES PROGRAM
RAINBOW SERVICES 453 WEST 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)(3)	6,000.	0.			PROGRAM SUPPORT - CHILDRENS ENRICHMENT PROGRAM
RICHSTONE FAMILY CENTER 13620 CORDARY AVENUE HAWTHORNE, CA 90250	23-7373745	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - REACH PROGRAM
ROSEMARY CHILDRENS SERVICES 36 SOUTH KINNELOA AVENUE, SUITE 200 PASADENA, CA 91107	95-1661683	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT

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SALVATION ARMY SANTA FE SPRINGS TRANSITIONAL LIVING CENTER - P.O. BOX 15899 - LOS ANGELES, CA 90015	94-1156347	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SCOTT NEWMAN CENTER 23440 HAWTHORNE BLVD., BLDG. 2, STE TORRANCE, CA 90505	95-4145762	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - CAMP ROWDY RIDGE PROGRAM
SU CASA FAMILY CRISIS & SUPPORT CENTER - 3840 WOODRUFF AVENUE, SUITE #203 - LONG BEACH, CA 90808	95-3495175	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
TRAVELERS AID SOCIETY OF LOS ANGELES - 1507 WINONA BLVD. - LOS ANGELES, CA 90027	95-1691323	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT - EMERGENCY SERVICES
UNION STATION FOUNDATION 825 E. ORANGE GROVE BLVD. PASADENA, CA 91104	95-3958741	501(C)(3)	8,000.	0.			PROGRAM SUPPORT - FAMILY CENTER
VIP COMMUNITY MENTAL HEALTH CENTER 1721 GRIFFIN AVENUE LOS ANGELES, CA 90031	30-0017808	501(C)(3)	15,000.	0.			PROGRAM SUPPORT - VIP EDUCATIONAL ENRICHMENT, MENTORING AND TUTORING PROGRAM
VISTA DEL MAR CHILD AND FAMILY SERVICES - 3200 MOTOR AVENUE - LOS ANGELES, CA 90034	95-1647832	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT - CHILD AND FAMILY SERVICES
WEINGART CENTER ASSOCIATION - ACCESS CENTER - 566 SOUTH SAN PEDRO STREET - LOS ANGELES, CA 90013	95-6054617	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT - ACCESS CENTER

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WEST COVINA FOSTER FAMILY AGENCY DBA HOMES OF HOPE - 1107 SOUTH GLENDORA AVENUE - WEST COVINA, CA 91790	95-4485307	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - B.E.E.S. PROGRAM
YWCA OF THE SAN GABRIEL VALLEY 943 NORTH GRAND AVENUE COVINA, CA 91724-2046	95-1641967	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - WINGS PROGRAM
YWCA SANTA MONICA - WESTSIDE 2019 14TH STREET SANTA MONICA, CA 90405	95-1643398	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT - TRANSITIONAL HOUSING AND EDUCATION PROGRAM
FAMILY & CHILDREN'S LAW CENTER 30 NORTH SAN PEDRO ROAD, SUITE 245 SAN RAFAEL, CA 94903	68-0072378	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
MARIN ADVOCATES FOR CHILDREN 30 NORTH SAN PEDRO ROAD #275 SAN RAFAEL, CA 94903	68-0170143	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - MARIN CHILD ABUSE PREVENTION COUNCIL PROGRAM
CASA OF MONTEREY COUNTY 201 MONTEREY-SALINAS HIGHWAY, STE F SALINAS, CA 93908	77-0398079	501(C)(3)	3,500.	0.			GENERAL OPERATING SUPPORT/PROGRAM SUPPORT
COMMUNITY HUMAN SERVICES P.O. BOX 3076 MONTEREY, CA 93942	94-6367167	501(C)(3)	3,500.	0.			PROGRAM SUPPORT - RUNAWAY AND HOMELESS YOUTH PROGRAMS
NATIVIDAD MEDICAL FOUNDATION P.O. BOX 4427 SALINAS, CA 93912	77-0194989	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - TRAINING OF ADDITIONAL PHYSICIANS/NURSE EXAMINERS

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ON THE MOVE 1801 OAK STREET NAPA, CA 94559	75-3149095	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
BOYS TOWN CALIFORNIA 2740 NORTH GRAND AVENUE, 2ND FLOOR SANTA ANA, CA 92705	76-0720675	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
CAMP ALANDALE P.O. BOX 35 IDYLLWILD, CA 92549	95-3465382	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - SPONSOR CHILDREN TO ATTEND CAMP
CANYON ACRES 1845 W. ORANGEWOOD AVE., STE #300 ORANGE, CA 92868	95-3593905	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - FAMILY CONNECTIONS, TRTMNT CNTR, & THERAPEUTIC PROGRAM
CASA OF ORANGE COUNTY 1615 E. SEVENTEENTH SUITE #100 SANTA ANA, CA 92705	33-0069334	501(C)(3)	4,000.	0.			GENERAL OPERATING SUPPORT
CASA YOUTH SHELTER 10911 REAGAN STREET LOS ALAMITOS, CA 90720	95-3218061	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - FAMILY & DOMESTIC VIOLENCE PROGRAM
COLETTES CHILDRENS HOME 17301 BEACH BOULEVARD, SUITE #23 HUNTINGTON BEACH, CA 92647	91-1939140	501(C)(3)	6,000.	0.			PROGRAM SUPPORT - CHILDRENS PROGRAM
COMMUNITY SERVICE PROGRAMS 1821 EAST DYER ROAD, SUITE 200 SANTA ANA, CA 92705	95-3167866	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT

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HUMAN OPTIONS P.O. BOX 53745 IRVINE, CA 92620	95-3667817	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - CHILDRENS COUNSELING PROGRAM
INTERVAL HOUSE P.O. BOX 3356 SEAL BEACH, CA 90740-2356	95-3389113	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - TEEN DATING VIOLENCE PREVENTION & CHILDRENS PROGRAM
INTERVAL HOUSE - CAPITAL CAMPAIGN P.O. BOX 3356 SEAL BEACH, CA 90740-2356	95-3389113	501(C)(3)	25,000.	0.			CAPITAL - DOMESTIC VIOLENCE SHELTER EXPANSION
LAURAS HOUSE 999 CORPORATE DRIVE, SUITE 225 LADERA RANCH, CA 92694	33-0621826	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT - CHILDRENS PROGRAM FACILITATOR
LAUREL HOUSE P.O. BOX 3182 TUSTIN, CA 92781	33-0098433	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - CRITICAL SERVICES
OLIVE CREST 2130 EAST FOURTH STREET, SUITE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - SAFE FAMILIES FOR CHILDREN PROGRAM
ORANGE COAST INTERFAITH SHELTER 1963 WALLACE AVENUE COSTA MESA, CA 92627	95-3613254	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - TRANSITIONAL HOUSING
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782	95-2479552	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT - CHILD DEVELOPMENT CENTER

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RAISE FOUNDATION 1920 EAST WARNER AVENUE, SUITE A SANTA ANA, CA 92705	33-0240178	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - PARENT EDUCATION PROGRAM
ROYAL FAMILY KIDS' CAMPS' 3000 WEST MACARTHUR BOULEVARD, #412 SANTA ANA, CA 92704	33-0380021	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT - FUNDING FOR CAMPS
SOUTH COAST CHILDREN'S SOCIETY 3100 SOUTH HARBOR BOULEVARD, STE 20 SANTA ANA, CA 92704	33-0521169	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - GROUP HOME PROGRAM
TEEN PROJECT 22431 B160 ANTONIO PARKWAY, STE 527 - RANCHO SANTA MARGARITA, CA 92688	30-0421837	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - HOUSE MANAGER
THOMAS HOUSE TEMPORARY SHELTER P.O. BOX 2737 GARDEN GROVE, CA 92842-2737	33-0204757	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
TOBY'S HOUSE 415 N. SYCAMORE AVE, SUITE 200 SANTA ANA, CA 92701	33-0871193	501(C)(3)	6,000.	0.			PROGRAM SUPPORT - HEALING HEARTS, MINDS AND BODIES PROGRAM
YOUTH EMPLOYMENT SERVICE OF THE HARBOR AREA - 114 EAST 19TH STREET - COSTA MESA, CA 92627	95-2704522	501(C)(3)	2,000.	0.			
PEACE FOR FAMILIES P.O. BOX 5462 AUBURN, CA 95604	94-2578871	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT

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ROSEVILLE HOME START 410 RIVERSIDE AVENUE ROSEVILLE, CA 95678	91-1657990	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
ASSISTANCE LEAGUE OF TEMECULA 28720 VIA MONTEZUMA TEMECULA, CA 92590	33-0360419	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - CLOTHING, SCHOOL SUPPLIES, AND HYGIENE KITS FOR THE CHILDREN
CASA OF RIVERSIDE COUNTY P.O. BOX 3008 INDIO, CA 92202-3008	33-0596888	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
FAMILY SERVICES ASSOCIATION 21250 BOX SPRINGS ROAD, STE #201 MORENO VALLEY, CA 92557	95-1803694	501(C)(3)	4,000.	0.			PROGRAM SUPPORT - SAFE AND STABLE FAMILIES PROGRAM
HEALTHY FAMILY FOUNDATION 73555 SAN GORGONIO WAY PALM DESERT, CA 92260	33-0071613	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
KAMALII FOSTER FAMILY AGENCY 31772 CASINO DRIVE, SUITE B LAKE ELSINORE, CA 92530	31-1591798	501(C)(3)	13,000.	0.			PROGRAM SUPPORT - INDEPENDENT LIVING SKILLS PROGRAM
MARTHA'S VILLAGE AND KITCHEN, INC. 83791 DATE AVENUE INDIO, CA 92201-4737	33-0777892	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
RIVERSIDE AREA RAPE CRISIS CENTER 1845 CHICAGO AVENUE, SUITE A RIVERSIDE, CA 92507	95-3245057	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - CHILD ABUSE PREVENTION PROGRAM

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

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

Employer identification number 33-0654550

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HOUSE 9685 HAYES STREET RIVERSIDE, CA 92503	33-0326090	501(C)(3)	13,000.	0.			GENERAL OPERATING SUPPORT
THESSALONIKA FAMILY SERVICES P.O. BOX 890326 TEMECULA, CA 92589	95-3551068	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
CASA OF SACRAMENTO P.O. BOX 278383 SACRAMENTO, CA 95827-8383	68-0257139	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
DIOGENES YOUTH SERVICES 9719 LINCOLN VILLAGE DRIVE, STE 502 SACRAMENTO, CA 95827	23-7348227	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - PROJECT DIGNITY PROGRAM
RIVER OAK CENTER FOR CHILDREN 5030 EL CAMINO AVENUE CARMICHAEL, CA 95608	94-2519001	501(C)(3)	15,000.	0.			PROGRAM SUPPORT - EVIDENCE-BASED TRIPLE-P POSITIVE PARENTING PROGRAM
SACRAMENTO CHILDRENS HOME (CRISIS NURSERY) - 2750 SUTTERVILLE ROAD - SACRAMENTO, CA 95820	94-1156588	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
STANFORD HOME 8912 VOLUNTEER LANE SACRAMENTO, CA 95826	68-0065690	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - FOSTER CARE PROGRAM
CASA OF SAN BERNARDINO COUNTY 555 NORTH D STREET, SUITE #100 SAN BERNARDINO, CA 92401	33-0362613	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT

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CHILDREN'S HOPE OF CALIFORNIA 1843 NORTH SECOND AVENUE UPLAND, CA 91784	95-2056630	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FAMILY SERVICE AGENCY 1669 NORTH E STREET SAN BERNARDINO, CA 92405	95-1641436	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - THERAPY AND AT-RISK PROGRAMS
GREATER HOPE FOUNDATION FOR CHILDREN - P.O. BOX 544 - BARSTOW, CA 92312	90-0111715	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
HILLVIEW ACRES 3683 CHINO AVENUE CHINO, CA 91710	94-1497687	501(C)(3)	15,000.	0.			PROGRAM SUPPORT - EQUINE THERAPY PROGRAM
PACIFIC LIFELINE FOR THE PREVENTION OF HOMELESSNESS - P.O. BOX 1424 - UPLAND, CA 91786-1424	94-6103171	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
CASA DE AMPARO 3355 MISSION AVENUE, SUITE 238 OCEANSIDE, CA 92058	95-3315571	501(C)(3)	17,500.	0.			GENERAL OPERATING SUPPORT
COMMUNITY RESOURCE CENTER 650 SECOND STREET ENCINITAS, CA 92024	95-3497926	501(C)(3)	3,500.	0.			GENERAL OPERATING SUPPORT - THERAPEUTIC CHILDRENS CENTER
HOME START 5005 TEXAS STREET, SUITE 203 SAN DIEGO, CA 92108	95-3138268	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - MATERNITY SHELTER PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH SHELTER NETWORK 3530 CAMINO DEL RIO NORTH, STE #301 SAN DIEGO, CA 92108	95-2630300	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - NEW WALL HEATERS AND FRONT DOORS FOR APARTMENT UNITS
KAMALI'I FOSTER FAMILY AGENCY 145 VALLECITOS DE ORO, SUITE 210 SAN MARCOS, CA 92069	31-1591798	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - ENRICHMENT ACTIVITIES
PROMISES 2 KIDS (FORMERLY THE CHILD ABUSE PREVENTION FNDTN) - 9440 RUFFIN COURT, SUITE 2 - SAN DIEGO, CA 92123	95-3655288	501(C)(3)	15,000.	0.			GENERAL OPERATING AND PROGRAM SUPPORT - GUARDIAN SCHOLARS PROGRAM
SAINT CLARE'S HOME 243 SOUTH ESCONDIDO BOULEVARD, #120 ESCONDIDO, CA 92025	33-0002350	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
SAN DIEGO CENTER FOR CHILDREN FOUNDATION - 3002 ARMSTRONG STREET - SAN DIEGO, CA 92111-5798	95-1661089	501(C)(3)	12,500.	0.			PROGRAM SUPPORT - UNFUNDED NEEDS OF THE CAMPUS AND THE CHILDREN THAT THEY SERVE
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501(C)(3)	12,500.	0.			PROGRAM SUPPORT - CASA PROGRAM
WALDEN FAMILY SERVICES 3517 CAMINO DEL RIO SOUTH, STE 215 SAN DIEGO, CA 92108-4028	91-2160214	501(C)(3)	6,000.	0.			PROGRAM SUPPORT - INDEPENDENT FUTURES PROGRAM
WOMENS RESOURCE CENTER 1963 APPLE STREET OCEANSIDE, CA 92054	95-2932237	501(C)(3)	3,500.	0.			PROGRAM SUPPORT - PREVENTION EDUCATION SERVICES FOR CHILDREN AND TEENS

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

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CALIFORNIA YOUTH CONNECTION 604 MISSION STREET, NINTH FLOOR SAN FRANCISCO, CA 94105	94-3141616	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - FEES FOR FOSTER YOUTH TO ATTEND ANNUAL LEADERSHIP AND POLICY CONFERENCE
COMPASS COMMUNITY SERVICES 49 POWELL STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
HUCKLEBERRY YOUTH PROGRAMS 3310 GEARY BLVD. SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
RAPHAEL HOUSE 1065 SUTTER STREET SAN FRANCISCO, CA 94109	94-3141608	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
CHILD ABUSE PREVENTION COUNCIL (CASA) - P.O. BOX 1257 - STOCKTON, CA 95201-1257	94-2497046	501(C)(3)	15,000.	0.			GENERAL OPERATING AND PROGRAM SUPPORT - RECRUITMENT ACTIVITIES AND SUPPLIES
WOMENS CENTER OF SAN JOAQUIN COUNTY - 620 NORTH SAN JOAQUIN STREET - STOCKTON, CA 95202	94-2341360	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - SEXUAL ASSAULT CHILDRENS PROGRAM
CASA OF SAN LUIS OBISPO P.O. BOX 1168 SAN LUIS OBISPO, CA 93406	77-0316227	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - COSTS ASSOCIATED WITH SERVING COURT DEPENDENT CHILDREN
SAN LUIS OBISPO CHILD DEVELOPMENT CENTER - 1720 BISHOP STREET - SAN LUIS OBISPO, CA 93401	23-7111804	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - CHILD ABUSE THERAPEUTIC INTERVENTION PROGRAM

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Employer identification number 33-0654550

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

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SAN LUIS OBISPO COUNTY CHILD ABUSE PREVENTION COUNCIL - P.O. BOX 16036 - SAN LUIS OBISPO, CA 93406	77-0206822	501(C)(3)	3,000.	0.			PROGRAM SUPPORT - TALKING ABOUT TOUCH (TAT) PROGRAM
SOLID ROCK RANCH P.O. BOX 2416 NIPOMO, CA 93444	74-3070979	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - UNFUNDEED NEEDS OF THE CHILDREN IN THEIR CARE.
FRIENDS FOR YOUTH 1741 BROADWAY, FIRST FLOOR REDWOOD CITY, CA 94063-2403	94-2961034	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - MENTORING SERVICES PROGRAM
SAMARITAN HOUSE 1511 SOUTH CLAREMONT STREET SAN MATEO, CA 94402	23-7416272	501(C)(3)	3,500.	0.			GENERAL OPERATING SUPPORT
YOUTH AND FAMILY ENRICHMENT SERVICES - 610 ELM STREET, SUITE 212 - SAN CARLOS, CA 94070	94-3094966	501(C)(3)	4,000.	0.			PROGRAM SUPPORT - DAYBREAK PROGRAM
CALM CHILD ABUSE LISTENING & MEDIATION - 1236 CHAPALA ST. - SANTA BARBARA, CA 93101	23-7097910	501(C)(3)	7,000.	0.			PROGRAM SUPPORT - CHILD ABUSE/FAMILY VIOLENCE TREATMENT PROGRAM
CASA OF SANTA BARBARA COUNTY 118 E. FIGUEROA STREET SANTA BARBARA, CA 93101	33-0662734	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT - RECRUIT/TRAIN VOLUNTEER ADVOCATES
NORTH COUNTY RAPE CRISIS AND CHILD PROTECTION CENTER - P.O. BOX 148 - LOMPOC, CA 93439	95-2994637	501(C)(3)	2,000.	0.			PROGRAM SUPPORT - INTERVENTION AND EDUCATION/PREVENTION PROGRAMS

SCHEDULE I-1 (Form 990)
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Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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ADOLESCENT COUNSELING SERVICES 4000 MIDDLEFIELD ROAD, ROOM FH PALO ALTO, CA 94303	51-0142551	501(C)(3)	5,000.	0.			PROGRAM SUPPORT - ON-CAMPUS COUNSELING PROGRAM
CHILD ADVOCATES OF SILICON VALLEY (CASA) - 509 VALLEY WAY - MILPITAS, CA 95035	77-0250773	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT - RECRUIT/TRAIN VOLUNTEER ADVOCATES
COMMUNITY SOLUTIONS 16264 CHURCH STREET, #103 MORGAN HILL, CA 95037-7114	23-7351215	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT - CHILDRENS GROUPS
EMQ CHILDREN & FAMILY SERVICES 232 EAST GISH ROAD SAN JOSE, CA 95112	94-1254641	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - MENTAL HEALTH SERVICES
KIDPOWER 987 FREMONT AVENUE LOS ALTOS, CA 94024	77-0226712	501(C)(3)	7,000.	0.			PROGRAM SUPPORT - EXPANSION OF SERVICES TO OTHER COUNTIES
REBEKAH CHILDRENS SERVICES P.O. BOX 155 GILROY, CA 95021-0155	94-1167402	501(C)(3)	20,000.	0.			PROGRAM SUPPORT - SCHOOL-BASED STEPUP SMALL GROUPS INTERVENTION SCHOOL PROGRAM
CHILD ABUSE PREVENTION COORDINATING COUNCIL OF SHASTA COUNTY - 2280 BENTON DRIVE, BUILDING C, STE B - REDDING, CA	68-0151867	501(C)(3)	8,000.	0.			PROGRAM SUPPORT - COMMUNITY OUTREACH PROGRAMS/PROJECTS
CASA OF SONOMA COUNTY P.O. BOX 1418 KENWOOD, CA 95452	68-0404770	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT - PROVIDE SCHLRSHPS, BOOKS, TUITION, TUTORING, TRANSPORTATION

SCHEDULE I-1
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CHILDRENS VILLAGE OF SONOMA COUNTY - 1321 LIA LANE - SANTA ROSA, CA 95404	68-0412763	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
KID STREET LEARNING CENTER P.O. BOX 6784 SANTA ROSA, CA 95406	68-0306527	501(C)(3)	3,000.	0.			PROGRAM SUPPORT - CHILD ABUSE COUNSELING PROGRAM
ON THE MOVE (VOICES) 1801 OAK STREET NAPA, CA 94559	75-3149095	501(C)(3)	2,500.	0.			GENERAL OPERATING SUPPORT
SOCIAL ADVOCATES FOR YOUTH (SAY) 3440 AIRWAY DRIVE, SUITE E SANTA ROSA, CA 95403	94-1711490	501(C)(3)	10,000.	0.			PROGRAM SUPPORT - COFFEE HOUSE SHELTER FOR YOUTH
UNITED AGAINST SEXUAL ASSAULT 835 PINER ROAD, SUITE D SANTA ROSA, CA 95403	94-2437947	501(C)(3)	4,000.	0.			GENERAL OPERATING SUPPORT
CASA OF STANISLAUS COUNTY P.O. BOX 3488 MODESTO, CA 95353	91-2168629	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SIERRA VISTA CHILD & FAMILY SERVICES - 1400 K STREET, SUITE F - MODESTO, CA 95354	94-2158023	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
CASA OF TULARE COUNTY 1146 N. CHINOWTH VISALIA, CA 93291	77-0105876	501(C)(3)	2,500.	0.			PROGRAM SUPPORT - TARGETED EDUCATIONAL ADVOCACY

SCHEDULE I-1 (Form 990)
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FAMILY SERVICES OF TULARE COUNTY 815 W. OAK VISALIA, CA 93291	94-2897970	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
CASA PACIFICA 1722 S. LEWIS ROAD CAMARILLO, CA 93012	77-0195022	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
INTERFACE CHILDREN FAMILY SERVICES 1305 DEL NORTE ROAD, SUITE 130 CAMARILLO, CA 93010-8366	95-2944459	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
RESCUE MISSION ALLIANCE 150 NORTH HAYES AVENUE OXNARD, CA 93031	23-7278002	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT - FACILITY RENOVATION & IMPROVEMENTS
CASA OF YOLO COUNTY 327 COLLEGE STREET, SUITE 204 WOODLAND, CA 95695	68-0362495	501(C)(3)	6,000.	0.			PROGRAM SUPPORT - EXPANSION OF SERVICES
EMQ FAMILIES FIRST YOLO CRISIS NURSERY - 2100 FIFTH STREET - DAVIS, CA 95618	94-2295953	501(C)(3)	7,500.	0.			PROGRAM SUPPORT - YOLO CRISIS NURSERY PROGRAM
SEXUAL ASSAULT AND DOMESTIC VIOLENCE CENTER - 933 COURT STREET - WOODLAND, CA 95695	94-3027535	501(C)(3)	5,000.	0.			GENERAL OPERATING AND PROGRAM SUPPORT - PURCHASE SUPPLIES & PROVIDE ADDTL THERAPY

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
IN-N-OUT BURGERS FOUNDATION C/O ROGER KOTCH	33-0654550

FORM 990, PART VI, SECTION A, LINE 2: LYNSI L. MARTINEZ AND LYNDA SNYDER-KELBAUGH HAVE A FAMILY RELATIONSHIP.

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

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

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

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

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 O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
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Name of the organization: IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number: 33-0654550

FORM 990, PART VI, SECTION B, LINE 12A

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.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

Open to Public Inspection

Name of the organization IN-N-OUT BURGERS FOUNDATION
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Employer identification number 33-0654550

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

(a) Name, address, and EIN 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" to 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

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

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
IN-N-OUT BURGERS, INC. - 95-2246829 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612	RESTAURANTS	CA	N/A	S CORP	0.	0.	.00%

Part V ***Transactions With Related Organizations*** *(Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)*

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

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	IN-N-OUT BURGERS	C	200,000.
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

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

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

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

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

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	IN-N-OUT BURGERS FOUNDATION C/O ROGER KOTCH		33-0654550
	Number, street, and room or suite no If a P.O box, see instructions 4199 CAMPUS DR, 9TH FLOOR		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions IRVINE, CA 92612		

Check type of return to be filed (File a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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

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

4 I request an additional 3-month extension of time until NOVEMBER 15, 2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

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

Signature and Verification

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

Signature ▶ Title ▶ CFO Date ▶