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EXTENDED TO NOVEMBER 16, 2015

Form **990****Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning**

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationIN-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 DRIVE, 9TH FLOORCity or town, state or province, country, and ZIP or foreign postal code
IRVINE, CA 92612**F** Name and address of principal officer ROGER KOTCH
SAME AS C ABOVE**D** Employer identification number

33-0654550

E Telephone number

(949) 509-6200

G Gross receipts \$

15,631,087.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included?☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

N/A

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.IN-N-OUT.COM/FOUNDATION**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1995**M** State of legal domicile: CA**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
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)						
4	Number of independent voting members of the governing body (Part VI, line 1b)						
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)						
6	Total number of volunteers (estimate if necessary)						
7a	Total unrelated business revenue from Part VIII, column (C), line 12						
b	Net unrelated business taxable income from Form 990-T, line 34						
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	1,280,429.	1,253,883.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,492,074.	2,374,576.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	415,759.	426,776.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,188,262.	4,055,235.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,814,000.	1,921,000.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	116,898.	127,688.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,930,898.	2,048,688.				
19	Revenue less expenses. Subtract line 18 from line 12	1,257,364.	2,006,547.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	27,103,400.	27,945,797.				
22	Net assets or fund balances. Subtract line 21 from line 20	0.	0.				
		27,103,400.	27,945,797.				

Part II Signature Block

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

Sign Here	Signature of officer	Date	
	ROGER KOTCH, CFO	11-6-15	
Paid	Print/Type preparer's name	Date	Check if self-employed
Preparer Use Only	BRAD PETERSON	10/28/15	PTIN P00081638
	Firm's name	Firm's EIN	
	DELOITTE TAX LLP	86-1065772	
	Firm's address	Phone no. (714) 436-7100	
	695 TOWN CENTER DRIVE, SUITE 1200		
	COSTA MESA, CA 92626		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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C/O ROGER KOTCH

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,921,000. including grants of \$ 1,921,000.) (Revenue \$)
THE FOUNDATION CONTRIBUTED \$1,921,000 TO 299 CHARITIES WITHIN
CALIFORNIA, NEVADA, ARIZONA, TEXAS AND UTAH ASSISTING THOUSANDS OF
CHILDREN WHO HAVE BEEN VICTIMS OF CHILD ABUSE. THE FUNDS WERE USED FOR
RESIDENTIAL TREATMENT, EMERGENCY SHELTERS, FOSTER CARE AND PLACEMENT,
EDUCATIONAL, INTERVENTION AND TREATMENT PROGRAMS. INNOVATIVE PROGRAMS
AND COMPREHENSIVE SERVICES TO PROMOTE SELF-RESPECT, MORALS, VALUES,
STRUCTURE AND STRENGTH IN THE FAMILY WERE ALSO PROVIDED BY THE
CHARITIES.

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 1,921,000.

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Part IV Checklist of Required Schedules

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

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C/O ROGER KOTCH**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	3													
b Enter the number of voting members included in line 1a, above, who are independent		3												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			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?				X										
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					X									
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X								
6 Did the organization have members or stockholders?							X							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								X						
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X					
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										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												X		

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?							X							
14 Did the organization have a written document retention and destruction policy?								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														X
b Other officers or key employees of the organization														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?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **ROGER KOTCH - 949-509-6200**
4199 CAMPUS DRIVE, IRVINE, CA 92612

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C/O ROGER KOTCH

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	762,697.				
	d Related organizations	1d	250,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	241,186.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1,253,883.			
Program Service Revenue	Business Code						
	2 a						
	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)			745,393.			745,393.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			1,629,183.			1,629,183.
	8 a Gross income from fundraising events (not including \$ 762,697. of contributions reported on line 1c) See Part IV, line 18	a		368,645.			
	b Less direct expenses	b		0.			
	c Net income or (loss) from fundraising events			368,645.			368,645.
	9 a Gross income from gaming activities See Part IV, line 19	a		58,131.			
	b Less direct expenses	b		0.			
	c Net income or (loss) from gaming activities			58,131.			58,131.
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				4,055,235.	0.	0.	2,801,352.

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11-07-14

Form **990** (2014)

IN-N-OUT BURGERS FOUNDATION

C/O ROGER KOTCH

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Form 990 (2014)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,921,000.	1,921,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	127,688.		127,688.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,048,688.	1,921,000.	127,688.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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Form 990 (2014)

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IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Form 990 (2014)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,339,964.	2	1,950,140.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11.	25,763,201.	12	25,994,749.
	13 Investments - program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	235.	15	908.
16 Total assets. Add lines 1 through 15 (must equal line 34).	27,103,400.	16	27,945,797.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties.		23	
	24 Unsecured notes and loans payable to unrelated third parties.		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	27,103,400.	27	27,945,797.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	27,103,400.	33	27,945,797.
34 Total liabilities and net assets/fund balances.	27,103,400.	34	27,945,797.	

Form **990** (2014)

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C/O ROGER KOTCH

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,055,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,048,688.
3	Revenue less expenses Subtract line 2 from line 1	3	2,006,547.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,103,400.
5	Net unrealized gains (losses) on investments	5	<1,164,150.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,945,797.

Part XII Financial Statements and Reporting

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

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

Form **990** (2014)

Department of the Treasury
Internal Revenue Service

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.

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

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number	33-0654550
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Form 990 or 990-EZ 432021 09-17-14

IN-N-OUT BURGERS FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014 C/O ROGER KOTCH

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	596,427.	702,975.	673,350.	1030429.	1003882.	4007063.
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	596,427.	702,975.	673,350.	1030429.	1003882.	4007063.
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)						977,412.
6 Public support. Subtract line 5 from line 4						3029651.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	596,427.	702,975.	673,350.	1030429.	1003882.	4007063.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	417,521.	531,485.	802,026.	618,648.	745,393.	3115073.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	253,018.	263,676.	287,282.	387,146.	316,140.	1507262.
11 Total support. Add lines 7 through 10						8629398.
12 Gross receipts from related activities, etc. (see instructions)					12	240,858.

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 2014 (line 6, column (f) divided by line 11, column (f))	14	35.11 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	36.63 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 ☐

IN-N-OUT BURGERS FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014 C/O ROGER KOTCH

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information (See instructions).

Supplemental information area with horizontal lines for text entry.

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

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization **IN-N-OUT BURGERS FOUNDATION**
C/O ROGER KOTCHEmployer 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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

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

IN-N-OUT BURGERS FOUNDATION

Schedule D (Form 990) 2014

C/O ROGER KOTCH

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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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ No

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

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

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

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Temporarily restricted endowment ☐ _____ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) ☐

0.

Schedule D (Form 990) 2014

IN-N-OUT BURGERS FOUNDATION

Schedule D (Form 990) 2014

C/O ROGER KOTCH

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Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHARLES SCHWAB AND CO;		
(B) INVESTMENTS	23,798,908.	END-OF-YEAR MARKET VALUE
(C) AURORA INVESTMENTS	1,134,304.	END-OF-YEAR MARKET VALUE
(D) STRATEGIC COMMODITIES		
(E) FUND	1,061,537.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,994,749.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2014

C/O ROGER KOTCH

Schedule D (Form 990) 2014

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Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
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Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

		1	3,940,047.
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	12,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	12,500.
3	Subtract line 2e from line 1	3	3,927,547.
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	127,688.
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	127,688.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,055,235.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
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Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	3,097,650.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 12,500.		
b	Prior year adjustments	2b		
c	Other losses	2c 1,164,150.		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	1,176,650.
3	Subtract line 2e from line 1		3	1,921,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 127,688.		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	127,688.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,048,688.

Part XIII Supplemental Information.

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

[illegible]

IN-N-OUT BURGERS FOUNDATION

Schedule G (Form 990 or 990-EZ) 2014 C/O ROGER KOTCH

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))
		IN STORE FUNDRAISERS (event type)	GOLF TOURNAMENT (event type)	2 (total number)	
Revenue	1 Gross receipts	213,092.	880,797.	336,769.	1,430,658.
	2 Less Contributions	213,092.	512,152.	336,769.	1,062,013.
	3 Gross income (line 1 minus line 2)		368,645.		368,645.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				368,645.

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			58,131.	58,131.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				58,131.

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

a Is the organization licensed to conduct gaming activities in each of these states?

☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

b If "Yes," explain:

IN-N-OUT BURGERS FOUNDATION

Schedule G (Form 990 or 990-EZ) 2014 C/O ROGER KOTCH

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- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► JODIE MEDLOCK

Address ► 4199 CAMPUS DRIVE, 9TH FLOOR - IRVINE, CA 92612

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

IN-N-OUT BURGERS FOUNDATION

Schedule G (Form 990 or 990-EZ)

C/O ROGER KOTCH

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Part IV Supplemental Information (continued)

Lined area for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

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

Open to Public
Inspection

2014

OMB No. 1545-0047

Employer identification number
33-0654550

Part I General Information on Grants and Assistance

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

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

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

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

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) (2014)

**IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH**

33-0654550 Page 1

Schedule I (Form 990)

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

(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
CRISIS NURSERY, INC. 2334 EAST POLK STREET PHOENIX, AZ 85006	86-0324144	501(C)3	10,000.	0.			PROGRAM SUPPORT - EMPLOYMENT SKILLS PROGRAM & CRISIS CENTER
DEVEREUX ARIZONA 11000 N. SCOTTSDALE RD., STE. 260 SCOTTSDALE, AZ 85254	23-1390618	501(C)3	3,000.	0.			PROGRAM SUPPORT - CHILDREN'S EMERGENCY SHELTER PROGRAM
FREE ARTS FOR ABUSED CHILDREN OF ARIZONA - 103 W. HIGHLAND AVENUE, STE. 200 - PHOENIX, AZ 85013	86-0739613	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
GABRIEL'S ANGELS 1550 E. MARYLAND AVE., STE. 1 PHOENIX, AZ 85014	86-0991198	501(C)3	10,500.	0.			PROGRAM - "SOCK IT TO ME DRIVE"
HOMELESS YOUTH CONNECTION 15655 W. ROOSEVELT STREET, STE. 100 GOODYEAR, AZ 85338	27-3182999	501(C)3	3,000.	0.			PROGRAM - PROJECT SOAR (STARTING OUT ALL RIGHT)
HOPE & A FUTURE P.O. BOX 61172 PHOENIX, AZ 85082	42-1651764	501(C)3	3,000.	0.			PROGRAM - PROTECTING CHILDREN BY STRENGTHENING FAMILIES
JEWISH FAMILY & CHILDREN'S SERVICE 4747 N. 7TH STREET, STE. 100 PHOENIX, AZ 85014	86-0096781	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
OCJ KIDS (OPPORTUNITY, COMMUNITY, AND JUSTICE FOR KIDS) - 524 W. WESTCOTT DRIVE - PHOENIX, AZ 85027	86-1040833	501(C)3	2,500.	0.			PROGRAM - FAMILY ENRICHMENT PROGRAM
PHOENIX CHILDREN'S HOSPITAL 1919 E. THOMAS RD., EAST BLDG., RM PHOENIX, AZ 85016	74-2425149	501(C)3	10,000.	0.			PROGRAM - GOOD FIT COUNSELING CENTER

Schedule I (Form 990)

IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Schedule I (Form 990) **33-0654550** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE THE FAMILY FOUNDATION 450 W. 4TH PLACE MESA, AZ 85201	86-0665712	501(C)3	2,500.	0.			PROGRAM - LAS FAMILIAS PROGRAM
SOUTHWEST HUMAN DEVELOPMENT 2850 N. 24TH STREET PHOENIX, AZ 85008	86-0407179	501(C)3	2,500.	0.			PROGRAM - CRISIS SHELTER PROGRAM
UNITED METHODIST OUTREACH MINISTRIES (UMOM) NEW DAY CENTERS, INC. - 3333 E. VAN BUREN STREET - PHOENIX, AZ 85008	86-0521062	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
ARIZONA'S CHILDREN ASSOCIATION 711 E. MISSOURI AVE., STE. 300 PHOENIX, AZ 85014	86-0096772	501(C)3	10,000.	0.			PROGRAM - COLLEGE PREP PROGRAM
CASA DE LOS NIOS, INC. 1101 N. 4TH AVENUE TUCSON, AZ 85705	86-0314595	501(C)3	10,000.	0.			PROGRAM - SAFE FAMILY SERVICES REUNION HOUSE
EMERGE! CENTER AGAINST DOMESTIC ABUSE - 2545 E. ADAMS STREET - TUCSON, AZ 85716	86-0312162	501(C)3	5,000.	0.			PROGRAM - AYUDA PARA NINOS PROGRAM
GABRIEL'S ANGELS 1550 E. MARYLAND AVE., STE. 1 PHOENIX, AZ 85014	86-0991198	501(C)3	3,500.	0.			GENERAL OPERATING EXPENSES
OUR FAMILY SERVICES - REUNION HOUSE - 2590 N. ALVERNON WAY - TUCSON, AZ 85712	94-2598560	501(C)3	5,000.	0.			PROGRAM - INDEPENDENT LIVING PROGRAM & GENERAL OPERATING EXPENSES.
SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER - 2329 EAST AJO WAY - TUCSON, AZ 85713	26-3208123	501(C)3	15,000.	0.			GENERAL OPERATING EXPENSES

Schedule I (Form 990)

IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Schedule I (Form 990) **33-0654550** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GABRIEL'S ANGELS 1550 E. MARYLAND AVE., STE. 1 PHOENIX, AZ 85014	86-0991198	501(C)3	2,000.	0.			PROGRAM - FAMILY CONFLICT PREVENTION
YAVAPAI FAMILY ADVOCACY CENTER P.O. BOX 26495 PRESCOTT VALLEY, AZ 86312	86-0832901	501(C)3	7,500.	0.			PROGRAM - CHILDREN'S ACTIVITY CENTER
ADOPTION EXCHANGE 51 NORTH PECOS ROAD, STE. 110 LAS VEGAS, NV 89101	84-0793576	501(C)3	10,000.	0.			PROGRAM - FOSTER PARENT RECRUITMENT AND TRAINING
BOYS TOWN NEVADA 821 NORTH MOJAVE ROAD LAS VEGAS, NV 89101	20-0654472	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - 4981 SHIRLEY STREET - LAS VEGAS, NV 89119	88-0476452	501(C)3	10,000.	0.			PROGRAM - VIP'S PROGRAM
PREVENT CHILD ABUSE NEVADA - UNLV - NEVADA INST. FOR CHILDREN'S RESEARCH AND P - 4505 S. MARYLAND PKWY., BOX 453030 - LAS VEGAS, NV	88-6000024	501(C)3	2,000.	0.			PROGRAM - CHILD ADVOCACY PROGRAM
S.A.F.E. HOUSE 921 AMERICAN PACIFIC DRIVE, #300 HENDERSON, NV 89014	88-0314066	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH (SAFY) OF NEVADA - 4285 NORTH RANCHO DRIVE, STE. 130 - LAS VEGAS, NV 89130	88-0326450	501(C)3	12,000.	0.			PROGRAM - FAMILY CONNECTIONS PROGRAM
ST. JUDE'S RANCH FOR CHILDREN 200 WILSON CIRCLE BOULDER CITY, NV 89005	20-2917263	501(C)3	2,500.	0.			PROGRAM - RECRUITMENT PROGRAM

Schedule I (Form 990)

**IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH**

Schedule I (Form 990) **33-0654550** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDREN'S CABINET 1090 S. ROCK BLVD. RENO, NV 89502	77-0097156	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES		
RENO RODEO FOUNDATION 500 RYLAND STREET, SUITE 200 RENO, NV 89502	88-0230538	501(C)3	5,000.	0.			PROGRAM - SCHOOL-BASED CHILD ABUSE PREVENTION PROGRAM		
WASHOE LEGAL SERVICES 299 SOUTH ARLINGTON AVENUE RENO, NV 89501	88-6005362	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES		
CASA OF COLLIN COUNTY 101 EAST DAVIS STREET MCKINNEY, TX 75069	75-2391961	501(C)3	10,000.	0.			PROGRAM - WISHING WELL PROGRAM		
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY - 2205 LOS RIOS BLVD. - PLANO, TX 75074	75-2389095	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES		
BUCKNER CHILDREN & FAMILY SERVICES - NORTH TEXAS FOSTER CARE - 600 NORTH PEARL STREET, STE. 2000 - DALLAS, TX 75201	75-2571395	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES		
CAPTAIN HOPE'S KIDS 10555 NEWKIRK, STE. 580 DALLAS, TX 75220	75-2284779	501(C)3	4,000.	0.			PROGRAM - CHILDREN'S PROGRAM		
CHILD PROTECTIVE SERVICES COMMUNITY PARTNERS DBS COMMUNITY PARTNERS OF DALL - 1215 SKILES STREET - DALLAS, TX 75204	75-2468034	501(C)3	6,000.	0.			GENERAL OPERATING EXPENSES		
CHILDREN'S MEDICAL CENTER 2777 STEMMONS FREEWAY, SUITE 700 DALLAS, TX 75207	75-2062017	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES		

Schedule I (Form 990)

IN-N-OUT BURGERS FOUNDATION

C/O ROGER KOTCH

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Schedule I (Form 990) 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
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BLVD. DALLAS, TX 75228	75-2303404	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
FAMILY COMPASS (FORMERLY CHILD ABUSE PREVENTION CENTER) - 4210 JUNIUS STREET - DALLAS, TX 75246	75-2400158	501(C)3	2,500.	0.			PROGRAM - THERAPY PROGRAM
MOSAIC FAMILY SERVICES 4144 N. CENTRAL EXPRESSWAY, STE. 51 DALLAS, TX 75204	75-2484565	501(C)3	2,500.	0.			PROGRAM - FOSTERING PROGRAM
RAINBOW DAYS 8150 N. CENTRAL EXPRESSWAY, STE. 16 DALLAS, TX 75206	75-1844908	501(C)3	10,000.	0.			PROGRAM - FAMILY CONNECTIONS PROGRAM
ACH CHILD AND FAMILY SERVICES 1424 SUMMIT AVENUE FORT WORTH, TX 76102	75-0818140	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
ALLIANCE FOR CHILDREN 908 SOUTHLAND AVENUE FORT WORTH, TX 76104	75-2363035	501(C)3	15,000.	0.			PROGRAM - EMERGENCY SHELTER
CASA OF TARRANT COUNTY 101 SUMMIT AVENUE, STE. 505 FORT WORTH, TX 76102	75-1895402	501(C)3	10,000.	0.			PROGRAM - STEWARDS OF CHILDREN PROGRAM
AUSTIN CHILDREN'S SHELTER 4800 MANOR ROAD AUSTIN, TX 78723	74-2320657	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
CASA OF TRAVIS COUNTY 7701 N. LAMAR BLVD., STE. 301 AUSTIN, TX 78752	74-2359123	501(C)3	5,000.	0.			PROGRAM - COUNSELING AND LEARNING ASSISTANCE PROGRAM

Schedule I (Form 990)

IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Schedule I (Form 990) **33-0654550** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
CENTER FOR CHILD PROTECTION 8509 FM 969, BLDG. 2 AUSTIN, TX 78724	74-2562585	501(C)3	5,000.	0.			PROGRAM - FORENSIC INTERVIEWING AND FAMILY SUPPORT PROGRAM
FAMILY CONNECTION CENTER 1360 E. 1450 SOUTH CLEARFIELD, UT 84015	87-0421105	501(C)3	3,000.	0.			PROGRAM - KIDS CONNECT CAMP
ADOPTION EXCHANGE 975 E. WOODOAK LANE, STE. 220 MURRAY, UT 84117	84-0793576	501(C)3	15,000.	0.			PROGRAM - EDUCATION ADVOCACY PROGRAM
CHILDREN'S SERVICE SOCIETY 124 SOUTH 400 EAST, STE. 400 SALT LAKE CITY, UT 84111	87-0212451	501(C)3	7,500.	0.			PROGRAM - FOSTER CARE & SPECIAL NEEDS PROGRAM
FAMILY SUPPORT CENTER - CRISIS NURSERY - 1760 WEST 4805 SOUTH - TAYLORSVILLE, UT 84129	87-0359719	501(C)3	10,000.	0.			PROGRAM - YOUTH INTERVENTION PROGRAM
ABODE SERVICES 40849 FREMONT BLVD. FREMONT, CA 94538	94-3087060	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
ANN MARTIN CENTER 1375 55TH STREET EMERYVILLE, CA 94608	94-6099000	501(C)3	5,000.	0.			PROGRAM - SART TEAM
CALICO 524 ESTUDILLO AVENUE SAN LEANDRO, CA 94577	94-3256781	501(C)3	12,500.	0.			PROGRAM - SUMMER INTERNSHIP PROGRAM
CASA OF ALAMEDA COUNTY 1000 SAN LEANDRO BLVD., STE. 300 SAN LEANDRO, CA 94577	94-3309728	501(C)3	5,000.	0.			CAPITAL - PURCHASE OF FURNITURE FOR TRAINING ROOMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND - 747 52ND STREET - OAKLAND, CA 94609	94-0382330	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
BAY AREA RESCUE MISSION 2114 MACDONALD AVENUE RICHMOND, CA 94802	94-6124054	501(C)3	7,500.	0.			PROGRAM - COMPREHENSIVE PARENTING PROGRAM
CHILD ABUSE PREVENTION COUNCIL OF CONTRA COSTA COUNTY - 2120 DIAMOND BLVD., STE. 120 - CONCORD, CA 94520	68-0046163	501(C)3	5,000.	0.			PROGRAM - CHILDREN'S WINDOW PROGRAM
STAND! FOR FAMILIES FREE OF VIOLENCE - 1410 DANZIG PLAZA - CONCORD, CA 94520	94-2476576	501(C)3	5,000.	0.			PROGRAM - AVIVA HIGH SCHOOL
CASA OF FRESNO/MADERA COUNTIES 1252 FULTON MALL FRESNO, CA 93721	77-0401361	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
FRESNO COUNCIL ON CHILD ABUSE PREVENTION (FCCAP) - 924 N. VAN NESS AVENUE - FRESNO, CA 93728	94-2788744	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
VALLEY TEEN RANCH 2610 W. SHAW LANE, STE. 105 FRESNO, CA 93711	94-2901078	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
CASA OF IMPERIAL COUNTY 229 SOUTH 8TH STREET, STE. B EL CENTRO, CA 92243	33-0632963	501(C)3	6,500.	0.			PROGRAM - EDUCATIONAL PILOT PROGRAM
ALLIANCE AGAINST FAMILY VIOLENCE AND SEXUAL ASSAULT - 1921 19TH STREET - BAKERSFIELD, CA 93301	95-3604240	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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KERN BRIDGES YOUTH HOMES 1321 STINE ROAD BAKERSFIELD, CA 93309	77-0168444	501(C)3	3,500.	0.			GENERAL OPERATING EXPENSES
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD., SUITE 550 LOS ANGELES, CA 90010	95-4358213	501(C)3	20,000.	0.			GENERAL OPERATING EXPENSES
CHILD & FAMILY CENTER FOUNDATION 21545 CENTRE POINTE PARKWAY SANTA CLARITA, CA 91350	95-3941342	501(C)3	5,000.	0.			PROGRAM - PROJECT PREVENTION
CHILD S.H.A.R.E. 1544 W. GLENOAKS BLVD. GLENDALE, CA 91201	95-4036890	501(C)3	7,500.	0.			PROGRAM - CHILD ABUSE PREVENTION AND TREATMENT PROGRAM
CHILDREN YOUTH AND FAMILY COLLABORATIVE - 1200 W. 37TH PLACE - LOS ANGELES, CA 90007	95-4415115	501(C)3	7,500.	0.			PROGRAM ALUMNI SERVICES PROGRAM
CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD., MS #29 LOS ANGELES, CA 90039	95-1690977	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
COMMUNITY FAMILY GUIDANCE CENTER 10929 SOUTH STREET, SUITE 208B CERRITOS, CA 90703	95-3083776	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
COMMUNITY'S CHILD, INC. 25520 WOODWARD AVENUE LOMITA, CA 90717	20-2871854	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
DAVID & MARGARET YOUTH AND FAMILY SERVICES - 1950 THIRD STREET - LA VERNE, CA 91750	95-1660346	501(C)3	15,000.	0.			GENERAL OPERATING EXPENSES

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DOOR OF HOPE P.O. BOX 90455 PASADENA, CA 91109	95-4044568	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
DREAM CENTER 2301 BELLEVUE AVENUE LOS ANGELES, CA 90026	95-1803686	501(C)3	10,000.	0.			PROGRAM - FAMILY SERVICES PROGRAM
EL NIDO FAMILY CENTERS 10200 SEPULVEDA BLVD., STE. 350 MISSION HILLS, CA 91345	95-3186429	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
ELIZABETH HOUSE P.O. BOX 94077 PASADENA, CA 91109	95-4451243	501(C)3	7,500.	0.			PROGRAM - RESIDENTIAL TREATMENT PROGRAM
FAMILIES UNITING FAMILIES 525 E. SEVENTH STREET LONG BEACH, CA 90813	73-1696751	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
FIVE ACRES 760 WEST MOUNTAIN VIEW STREET ALTADENA, CA 91001	95-1647810	501(C)3	17,500.	0.			PROGRAM - PERIOD OF PURPLE CRYING PROGRAM
FOOTHILL FAMILY SERVICE 2500 E. FOOTHILL BLVD., STE. 300 PASADENA, CA 91107	95-1690990	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
FOR THE CHILD 4565 CALIFORNIA AVENUE LONG BEACH, CA 90807	95-3601230	501(C)3	5,000.	0.			PROGRAM - FOSTERING NEW VISIONS PROGRAM
FRIENDS OF THE FAMILY 15350 SHERMAN WAY, STE. 140 VAN NUYS, CA 91406	95-2765505	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES

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Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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GRANDPARENTS AS PARENTS 2048 SHERMAN WAY, #217 CANOGA PARK, CA 91303	33-0592916	501(C)3	7,500.	0.			PROGRAM - TO SUPPORT THE SALARY/BENEFITS OF THE CHILDREN'S PROGRAM COORDINATOR
HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES - 210 S. DE LACEY AVENUE, STE. 110 - PASADENA, CA 91105	95-1691005	501(C)3	5,000.	0.			PROGRAM - FOSTER YOUTH SCHOLARSHIP PROGRAM
HELPLINE YOUTH COUNSELING, INC. 12440 FIRESTONE BLVD., STE. 1000 NORWALK, CA 90650	23-7113824	501(C)3	5,000.	0.			PROGRAM - YOUTH SERVICES PROGRAM
HOUSE OF RUTH P.O. BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)3	15,000.	0.			PROGRAM - REACH PROGRAM
LEROEY HAYNES CENTER FOR CHILDREN AND FAMILY SERVICES - 233 WEST BASELINE ROAD, BOX 400 - LA VERNE, CA 91750	95-1506150	501(C)3	17,500.	0.			GENERAL OPERATING EXPENSES
MILLER CHILDREN'S HOSPITAL 2801 ATLANTIC AVENUE LONG BEACH, CA 90803	95-6105984	501(C)3	15,000.	0.			PROGRAM - HIGH RISK YOUTH PROGRAM
MY FRIEND'S PLACE P.O. BOX 3867 HOLLYWOOD, CA 90078	95-4834034	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DR. WESTLAKE VILLAGE, CA 91361	95-4671812	501(C)3	12,000.	0.			GENERAL OPERATING EXPENSES
NORTHEDGE HOSPITAL FOUNDATION 18300 ROSCOE BOULEVARD NORTHEDGE, CA 91325	23-7444901	501(C)3	15,000.	0.			GENERAL OPERATING EXPENSES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
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OUR SAVIOUR CENTER 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES		
PREVENT CHILD ABUSE CALIFORNIA (CHILD ABUSE PREVENTION COUNCIL) - 4700 ROSEVILLE ROAD, STE. 102 - NORTH HIGHLANDS, CA 95660	94-2860387	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES		
PROJECT SISTER FAMILY SERVICES P.O. BOX 1369 POMONA, CA 91769	23-7116161	501(C)3	10,000.	0.			PROGRAM - CHILDREN'S PROGRAM		
PUBLIC COUNSEL 610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005	23-7105149	501(C)3	2,500.	0.			PROGRAM - WINGS PROGRAM		
RAINBOW SERVICES 453 WEST 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES		
ROSEMARY CHILDREN'S SERVICES 36 S. KINNEOLA AVE., STE. 200 PASADENA, CA 91107	95-1661683	501(C)3	10,000.	0.			PROGRAM - FAMILY SUPPORT PROGRAM		
SABAN FREE CLINIC (LOS ANGELES FREE CLINIC) - 8405 BEVERLY BLVD. - LOS ANGELES, CA 90048	95-2539105	501(C)3	5,000.	0.			PROGRAM - HOMELESS AND RUNAWAY YOUTH PROGRAM		
SAN FERNANDO VALLEY RESCUE MISSION P.O. BOX 8073 VAN NUYS, CA 91409	23-7278002	501(C)3	5,000.	0.			CAPITAL - DIGITAL CAMERA FOR SEXUAL/PHYSICAL ABUSE CASES		
UNION RESCUE MISSION 545 S. SAN PEDRO STREET LOS ANGELES, CA 90013	95-1709293	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES		

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UNION STATION HOMELESS SERVICES 825 E. ORANGE GROVE BLVD. PASADENA, CA 91104	95-3958741	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
UNUSUAL SUSPECTS THEATRE COMPANY 617 S. OLIVE STREET, STE. 812 LOS ANGELES, CA 90014	95-4661312	501(C)3	4,000.	0.			GENERAL OPERATING EXPENSES
WOMEN'S AND CHILDREN'S CRISIS SHELTER - 13305 PENN STREET, SUITE 202 - WHITTIER, CA 90602	95-3315186	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
HUCKLEBERRY YOUTH PROGRAMS 3310 GEARY BOULEVARD SAN FRANCISCO, CA 94118	94-1687559	501(C)3	4,000.	0.			GENERAL OPERATING EXPENSES
KLAASKIDS FOUNDATION P.O. BOX 925 SAUSALITO, CA 94966	68-0340916	501(C)3	4,000.	0.			PROGRAM - PREVENTION WORKS PROGRAM
CASA OF MONTEREY COUNTY - VOICES FOR CHILDREN - 945 S. MAIN STREET, SUITE 107 - SALINAS, CA 93901	77-0398079	501(C)3	2,000.	0.			PROGRAM - TEEN MOM PROGRAM
COMMUNITY HUMAN SERVICES P.O. BOX 3076 MONTEREY, CA 93942	94-6367167	501(C)3	3,000.	0.			PROGRAM - CHILDREN'S THERAPIST
NATIVIDAD MEDICAL FOUNDATION P.O. BOX 4427 SALINAS, CA 93912	77-0194989	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
COPE FAMILY CENTER 1340 FOURTH STREET NAPA, CA 94559	94-2322399	501(C)3	3,000.	0.			PROGRAM - STAFF SALARIES FOR TEEN DATING VIOLENCE AND CHILDREN'S PROGRAM

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ON THE MOVE (VOICES) 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)3	6,000.	0.			GENERAL OPERATING EXPENSES
BIG BROTHERS BIG SISTERS OF ORANGE COUNTY - 14131 YORBA STREET - TUSTIN, CA 92780	95-1992707	501(C)3	2,500.	0.			PROGRAM - CHILDREN'S THERAPEUTIC PROGRAM
CALIFORNIA STATE UNIVERSITY, FULLERTON-GUARDIAN SCHOLARS PROGRAM - 2600 E. NUTWOOD AVE., STE. 850 - FULLERTON, CA 92831	33-0567945	501(C)3	10,000.	0.			PROGRAM - CHILDREN'S THERAPEUTIC PROGRAM
CAMP ALANDALE P.O. BOX 35 IDYLLWILD, CA 92549	95-3465382	501(C)3	7,500.	0.			PROGRAM - REGINA HOUSE SHELTER
CASA OF ORANGE COUNTY 1505 E. 17TH STREET, STE. 214 SANTA ANA, CA 92705	33-0069334	501(C)3	5,000.	0.			PROGRAM - SAFE FAMILIES
CASA YOUTH SHELTER 10911 REAGAN STREET LOS ALAMITOS, CA 90720	95-3218061	501(C)3	7,500.	0.			PROGRAM - TRANSITIONAL HOUSING PROGRAM
CHILD S.H.A.R.E. 1544 W. GLENOAKS BLVD. GLENDALE, CA 91201	95-4036890	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA - 50 S. ANAHEIM BLVD., STE. 241 - ANAHEIM, CA 92805	95-1690975	501(C)3	2,000.	0.			PROGRAM - VILLAGE OF HOPE
PRISTERS 17971 SKY PARK CIRCLE, STE. B., BLD IRVINE, CA 92614	80-0280166	501(C)3	2,500.	0.			PROGRAM - ESTABLISHMENT OF TWO NEW SUMMER YOUTH CAMPS

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HUMAN OPTIONS P.O. BOX 53745 IRVINE, CA 92619	95-3667817	501(C)3	10,000.	0.			PROGRAM - MENTORING PROGRAM
ILLUMINATION FOUNDATION 2691 RICHTER AVENUE, STE. 107 IRVINE, CA 92606	71-1047686	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
INTERVAL HOUSE P.O. BOX 3356 SEAL BEACH, CA 90740	95-3389113	501(C)3	20,000.	0.			PROGRAM- TRANSITIONAL SHELTER
LAURA'S HOUSE 999 CORPORATE DRIVE, STE. 225 LADERA RANCH, CA 92694	33-0621826	501(C)3	7,500.	0.			PROGRAM - RECREATIONAL THERAPY PROGRAM
MERCY HOUSE LIVING CENTERS P.O. BOX 1905 SANTA ANA, CA 92702	33-0315864	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES & FUNDING TO ALLOW FOR 15 CHILDREN FROM RIVERSIDE COUNTY TO
OLIVE CREST 2130 E. FOURTH STREET, STE. 200 SANTA ANA, CA 92705	95-2877102	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
ORANGE COAST INTERFAITH SHELTER 1963 WALLACE AVENUE COSTA MESA, CA 92627	95-3613254	501(C)3	4,000.	0.			GENERAL OPERATING EXPENSES
ORANGE COUNTY CHILD ABUSE PREVENTION CENTER, INC. - 500 S. MAIN STREET, STE. 1100 - ORANGE, CA 92668	33-0013237	501(C)3	4,000.	0.			PROGRAM - TUTORING
ORANGE COUNTY FAMILY JUSTICE CNTR FNDTN - ANAHEIM FAMILY JUSTICE CENTER FND - 150 W. VERMONT AVENUE - ANAHEIM, CA 92805	20-4088652	501(C)3	7,500.	0.			PROGRAM - EARLY INTERVENTION PROGRAM

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ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782	95-2479552	501(C)3	7,000.	0.			PROGRAM - TRANSITIONAL HOUSING PROGRAM
PRECIOUS LIFE SHELTER, INC. 10881 REAGAN STREET LOS ALAMITOS, CA 90720	51-0187577	501(C)3	5,000.	0.			PROGRAM - CHILD ABUSE PREVENTION PROGRAM
CHILD ADVOCATES OF PLACER COUNTY - CASA - 11641 BLOCKER DR., #220 - AUBURN, CA 95603	77-0620948	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
CAMP ALAN DALE P.O. BOX 35 IDYLLWILD, CA 92549	95-3465382	501(C)3	9,000.	0.			PROGRAM - FOSTER CARE PROGRAM
CHILD S.H.A.R.E. 1544 W. GLENOAKS BLVD. GLENDALE, CA 91201	95-4036890	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
INSPIRE LIKE SKILLS TRAINING, INC. 2279 EAGLE GLEN PKWY., #112, PMB 113 CORONA, CA 92883	20-1647743	501(C)3	20,000.	0.			PROGRAM - CHILDREN'S ASSESSMENT CENTER
KAMALI'L FOSTER FAMILY AGENCY, INC. - 31772 CASINO DRIVE, STE. B - LAKE ELSINORE, CA 92530	31-1591798	501(C)3	14,000.	0.			PROGRAM - STEP PARENTING CLASS AND ART HEALING
MARTHA'S VILLAGE AND KITCHEN, INC. 83-791 DATE AVENUE INDIO, CA 92201	33-0777892	501(C)3	4,000.	0.			PROGRAM - THERAPY SERVICES PROGRAM
RAPE CRISIS CENTER 1845 CHICAGO AVENUE, STE. A RIVERSIDE, CA 92507	95-3245057	501(C)3	5,000.	0.			PROGRAM - CARING KIDS CLUB

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UNIVERSITY OF CALIFORNIA, RIVERSIDE (GUARDIAN SCHOLARS) - 900 UNIVERSITY AVENUE, 1100 HINDERAKER HALL - RIVERSIDE, CA	23-7433570	501(C)3	12,000.	0.			GENERAL OPERATING EXPENSES
CALIFORNIA YOUTH CONNECTION 604 MISSION STREET, 9TH FLOOR SAN FRANCISCO, CA 94105	94-3141616	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
CASA OF SACRAMENTO COUNTY P.O. BOX 278383 SACRAMENTO, CA 95827	68-0257139	501(C)3	10,000.	0.			PROGRAM - I'M AGING OUT PROGRAM
CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO - 4700 ROSEVILLE ROAD, STE. 102 - NORTH HIGHLANDS, CA 95660	94-2833431	501(C)3	5,000.	0.			PROGRAM - ANGELS FUND
RIVER OAK CENTER FOR CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2519001	501(C)3	15,000.	0.			GENERAL OPERATING EXPENSES
WOMEN'S EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811	03-0520643	501(C)3	2,500.	0.			PROGRAM - BASIC NEEDS PROGRAM
CASA OF SAN BERNARDINO COUNTY P.O. BOX 519 RIALTO, CA 92376	33-0362613	501(C)3	20,000.	0.			PROGRAM - SDFJC CHILDREN'S PROGRAM
CHILDREN'S FUND 348 WEST HOSPITALITY LANE, SUITE 11 SAN BERNARDINO, CA 92408	33-0193286	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S HOPE OF CALIFORNIA 1106 W. 22ND STREET UPLAND, CA 91784	27-1074953	501(C)3	5,000.	0.			PROGRAM - GUARDIAN SCHOLARS PROGRAM

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FAMILY SERVICE AGENCY OF SAN BERNARDINO - 1669 NORTH E STREET - SAN BERNARDINO, CA 92405	95-1644136	501(C)3	12,000.	0.			PROGRAM - TRANSPORTATION COSTS
LOMA LIND UNIVERSITY CHILDREN'S HOSPITAL FOUNDATION - 11175 MOUNTAIN VIEW AVENUE, SUITE A - LOMA LINDA, CA 92354	33-0565591	501(C)3	7,000.	0.			PROGRAM - THEIR PRESCHOOL
PACIFIC LIFELINE FOR THE PREVENTION OF HOMELESSNESS - P.O. BOX 1424 - UPLAND, CA 91785	94-6103171	501(C)3	16,000.	0.			PROGRAM - INFANT AND TODDLER PROGRAM
RESCUE MISSION ALLIANCE - VICTOR VALLEY RESCUE MISSION - P.O. BOX 5545 - OXNARD, CA 93031	23-7278002	501(C)3	2,000.	0.			PROGRAM - INDEPENDENT FUTURES PROGRAM
RIVER STONES RESIDENTIAL SERVICES, INC. - P.O. BOX 7340 - REDLANDS, CA 92375	33-0737878	501(C)3	12,500.	0.			PROGRAM - CHILDREN'S TRAUMA THERAPY
ANGELS FOSTER FAMILY NETWORK 4420 HOTEL CIRCLE COURT, STE. 100 SAN DIEGO, CA 92108	33-0825875	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
CALIFORNIA STATE UNIVERSITY, SAN MARCOS - 333 S. TWIN OAKS VALLEY ROAD - SAN MARCOS, CA 92096	80-0390564	501(C)3	10,000.	0.			PROGRAM - TENDERLOIN CHILDCARE CENTER
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)3	12,500.	0.			PROGRAM - HEALTH EDUCATION AND COUNSELING
CASA OF SAN DIEGO COUNTY - VOICES FOR CHILDREN - 2851 MEADOW LARK DRIVE - SAN DIEGO, CA 92123	95-3786047	501(C)3	20,000.	0.			PROGRAM - EMERGENCY SHELTER

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(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
GENERATEHOPE 4025 CAMION DEL RIO SOUTH, STE. 300 SAN DIEGO, CA 92108	26-3405689	501(C)3	4,000.	0.			PROGRAM - CHILD ABUSE THERAPEUTIC INTERVENTION PROGRAM
HOME START 5005 TEXAS ST., STE. 203 SAN DIEGO, CA 92108	95-3138268	501(C)3	2,500.	0.			PROGRAM - TALKING ABOUT TOUCH AND PARENT EDUCATION
INTERFAITH SHELTER NETWORK OF SAN DIEGO - 3530 CAMINO DEL RIO NORTH, STE. 301 - SAN DIEGO, CA 92108	95-2630300	501(C)3	5,000.	0.			PROGRAM - CASA PROGRAM
JUST IN TIME FOR FOSTER YOUTH P.O. BOX 81292 SAN DIEGO, CA 92138	20-5448416	501(C)3	7,500.	0.			PROGRAM - EMERGENCY SHELTER PROGRAM
PALOMAR POMERADO HEALTH 121 NORTH FIG STREET ESCONDIDO, CA 92025	20-2356830	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
PROMISES2KIDS FOUNDATION (THE CHILD ABUSE PREVENTION FNDTN) - 9400 RUFFIN COURT, STE. A - SAN DIEGO, CA 92123	95-3655288	501(C)3	15,000.	0.			PROGRAM - CHILDREN AND FAMILY THERAPY SUPPORT
SAN DIEGO RESCUE MISSION P.O. BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)3	2,500.	0.			PROGRAM - DAYBREAK PROGRAM
SAN PASQUAL ACADEMY P.O. BOX 8202 RANCHO SANTA FE, CA 92067	20-0296623	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
WALDEN FAMILY SERVICES 6150 MISSION GORGE RD., STE. 210 SAN DIEGO, CA 92120	91-2150214	501(C)3	6,000.	0.			PROGRAM - RESIDENTIAL COUNSELING PROGRAM

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WOMEN'S RESOURCE CENTER 1963 APPLE STREET OCEANSIDE, CA 92054	95-2932237	501(C)3	3,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SAN FRANCISCO COUNTY 100 BUSH STREET, STE. 650 SAN FRANCISCO, CA 94104	94-3039028	501(C)3	2,000.	0.			PROGRAM - CAPA COMMUNITY ACCESS FOR PREVENTION ACTIVITIES PROGRAM
COMPASS FAMILY SERVICES 49 POWELL STREET, 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501(C)3	2,000.	0.			GENERAL OPERATING EXPENSES
LA CASA DE LAS MADRES 1663 MISSION STREET, STE. 225 SAN FRANCISCO, CA 94103	94-2330864	501(C)3	2,500.	0.			PROGRAM - MOBILE CRISIS TEAM
CHILD ABUSE PREVENTION COUNCIL OF SAN JOAQUIN COUNTY - CASA - P.O. BOX 1257 - STOCKTON, CA 95201	94-2497046	501(C)3	15,000.	0.			PROGRAM - RESIDENTIAL PROGRAM AND CHILDREN & YOUTH PROGRAM
WOMEN'S CENTER - YOUTH AND FAMILY SERVICES - 620 N. SAN JOAQUIN STREET - STOCKTON, CA 95202	94-2341360	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SAN LUIS OBISPO COUNTY P.O. BOX 1168 SAN LUIS OBISPO, CA 93406	77-0316227	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES
FAMILY CARE NETWORK, INC. 3765 SOUTH HIGUERA ST., STE. 100 SAN LUIS OBISPO, CA 93401	77-0159090	501(C)3	2,500.	0.			GENERAL OPERATING EXPENSES
SAN LUIS OBISPO COUNTY CHILD ABUSE PREVENTION COUNCIL - P.O. BOX 16036 - SAN LUIS OBISPO, CA 93406	77-0206822	501(C)3	5,000.	0.			GENERAL OPERATING EXPENSES

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COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA) - 2211 PALM AVENUE - SAN MATEO, CA 94403	94-2481188	501(C)3	5,000.	0.			PROGRAM - FAMILY TRANSITIONAL HOUSING PROGRAM
STARVISTA 610 ELM STREET, STE. 212 SAN CARLOS, CA 94070	94-3094966	501(C)3	10,000.	0.			PROGRAM - YOUTH AND FAMILY CRISIS COUNSELING
CALM (CHILD ABUSE LISTENING & MEDIATION) - 1236 CHAPALA STREET - SANTA BARBARA, CA 93101	23-7097910	501(C)3	7,500.	0.			PROGRAM - CHILD ABUSE PREVENTION PROGRAM
CASA OF SANTA BARBARA COUNTY 119 EAST FIGUEROA SANTA BARBARA, CA 93101	33-0662734	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
DOMESTIC VIOLENCE SOLUTIONS FOR SANTA BARBARA COUNTY - P.O. BOX 1536 - SANTA BARBARA, CA 93102	95-3495141	501(C)3	3,000.	0.			PROGRAM - LISA PROJECT
KINCARES P.O. BOX 2894 ORCUTT, CA 93457	45-4565477	501(C)3	2,000.	0.			PROGRAM - RESPITE CHILD SHELTER PROGRAM
NORTH COUNTY RAPE CRISIS & CHILD PROTECTION CENTER - P.O. BOX 148 - LOMPOC, CA 93438	95-2994637	501(C)3	3,000.	0.			GENERAL OPERATING EXPENSES
ADOLESCENT COUNSELING SERVICES 1717 EMBARCADERO ROAD, STE. 4000 PALO ALTO, CA 94303	51-0192551	501(C)3	10,000.	0.			PROGRAM - VOLUNTEER TRAINING & SUPPORT PROGRAM
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES

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KIDPOWER 2741 MIDDLEFIELD ROAD, STE. 101 PALO ALTO, CA 94303	77-0267120	501(C)3	7,500.	0.			GENERAL OPERATING EXPENSES
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, STE. 200 - SAN JOSE, CA 95112	94-2420708	501(C)3	10,000.	0.			GENERAL OPERATING EXPENSES
SILICON VALLEY CHILDREN'S FUND 1871 THE ALAMEDA, STE. 335 SAN JOSE, CA 95126	77-0166138	501(C)3	10,000.	0.			PROGRAM - YOLO CRISIS NURSERY
CASA OF SONOMA COUNTY P.O. BOX 1418 KENWOOD, CA 95452	68-0404770		3,000.	0.			GENERAL OPERATING EXPENSES
COMMITTEE ON THE SHELTERLESS (COTS) - P.O. BOX 2744 - PETALUMA, CA 94953	68-0176855		2,000.	0.			GENERAL OPERATING EXPENSES
ON THE MOVE (VOICES) 714 MENDOCINO AVENUE SANTA ROSA, CA 95401	75-3149095		5,000.	0.			GENERAL OPERATING EXPENSES
SANTA ROSA JUNIOR COLLEGE 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401	94-1735861		3,000.	0.			GENERAL OPERATING EXPENSES
SOCIAL ADVOCATES FOR YOUTH (SAY) 3440 AIRWAY DR., STE. E SANTA ROSA, CA 95403	94-1711490		2,000.	0.			GENERAL OPERATING EXPENSES
VERITY (FORMERLY UNITED AGAINST SEXUAL ASSAULT) - 835 PINER ROAD, STE. D - SANTA ROSA, CA 95403	94-2437947		4,000.	0.			GENERAL OPERATING EXPENSES

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CASA OF STANISLAUS COUNTY 800 11TH STREET, 4TH FLOOR MODESTO, CA 95354	91-2186629		10,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S CRISIS CENTER P.O. BOX 1062 MODESTO, CA 95353	94-2684990		5,000.	0.			GENERAL OPERATING EXPENSES
CASA OF TULARE COUNTY 1146 N. CHINOWTH VISALIA, CA 93291	77-0105876		6,000.	0.			GENERAL OPERATING EXPENSES
CASA OF VENTURA COUNTY P.O. BOX 1135 CAMARILLO, CA 93011	45-1649286		2,000.	0.			GENERAL OPERATING EXPENSES
CASA PACIFICA 1722 S. LEWIS ROAD CAMARILLO, CA 93012	77-0195022		20,000.	0.			GENERAL OPERATING EXPENSES
INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD., STE. I - CAMARILLO, CA 93012	95-2944459		10,000.	0.			GENERAL OPERATING EXPENSES
RESCUE MISSION ALLIANCE - LIGHTHOUSE FOR WOMEN & CHILDREN - P.O. BOX 5545 - OXNARD, CA 93031	23-7278002		7,500.	0.			GENERAL OPERATING EXPENSES
UC DAVIS - GUARDIAN SCHOLARS PROGRAM - EOP, ONE SHIELD AVENUE - DAVIS, CA 95616	94-3067788		12,000.	0.			GENERAL OPERATING EXPENSES
WOODLAND YOUTH SERVICES P.O. BOX 996 WOODLAND, CA 95776	68-0072174		7,000.	0.			GENERAL OPERATING EXPENSES

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CHICANOS FOR LA CAUSA, INC. 1112 E. BUCKEYE ROAD PHOENIX, AZ 85034	86-0227210		2,500.	0.			PROGRAM- CHILDREN'S PROGRAM
CHILD CRISIS CENTER P.O. BOX 4114 MESA, AZ 85211	86-0407090		7,500.	0.			PROGRAM- EMERGENCY SHELTER
HELEN'S HOPE CHEST, A SERVICE OF MESA UNITED WAY - 137 E. UNIVERSITY DR. - MESA, AZ 85201	86-0198599		2,000.	0.			PROGRAM- JUST THE BASICS, PJS AND UNDERWEAR
NEW LIFE CENTER P.O. BOX 5005 GOODYEAR, AZ 85338	86-0635950		2,000.	0.			PROGRAM - FAMILY ADVOCACY
WEST VALLEY CHILD CRISIS CENTER 14050 N. 83RD AVE., SUITE #120 PEORIA, AZ 85381	86-0589516		5,000.	0.			PROGRAM - FOSTER CARE AND ADOPTION PROGRAM-PROVIDES 24 HOUR CARE, SUPERVISION AND SUPPORT SERVICES
ARIZONA'S CHILDREN ASSOCIATION 711 E. MISSOURI AVE., SUITE 200 PHOENIX, AZ 85014	86-0096772		6,000.	0.			PROGRAM - INDEPENDENT LIVING PROGRAM FOR EMMANCIPATED FOSTER YOUTH
AMBERLY'S PLACE 1350 W. COLORADO ST. YUMA, AZ 85364	86-0952115		3,000.	0.			PROGRAM - CRISIS COUNSELING
CATHOLIC COMMUNITY SERVICES 690 E. 32ND STREET YUMA, AZ 85365	86-0100880		3,000.	0.			PROGRAM - SAFE HOUSE VIOLENCE SHELTER/COUNSELING
FAMILY AND CHILD TREATMENT 6431 WEST SAHARA AVE., SUITE 200 LAS VEGAS, NV 89146	88-0214362		7,500.	0.			PROGRAM - FACT VICTIMS SERVICES PROGRAMS AND GENERAL OPERATING SUPPORT

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NEVADA CHILD SEEKERS 3230 E. CHARLESTON BLVD., SUITE 118 LAS VEGAS, NV 89104	94-3250788		5,000.	0.			GENERAL OPERATING EXPENSES
SHADE TREE P.O. BOX 669 LAS VEGAS, NV 89125	88-0253276		10,000.	0.			GENERAL OPERATING EXPENSES
AUSTIN'S HOUSE AUSTIN'S HOUSE AUSTIN'S HOUSE - P.O. BOX 784 - MINDEN, NV 89423	03-0533503		7,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S SHELTER 2939 W. WOODLAWN AVE. SAN ANTONIO, CA 78228	74-1109660		7,500.	0.			GENERAL OPERATING EXPENSES
CHILDSAFE 7130 W. US HIGHWAY 90 SAN ANTONIO, CA 78227	74-2633697		7,500.	0.			GENERAL OPERATING EXPENSES
CASA 2757 SWISS AVENUE DALLAS, TX 75204	75-1866204		10,000.	0.			PROGRAM - VOLUNTEER RECRUITMENT TEAM
CITY SQUARE 511 N. AKARD STREET, SUITE 302 DALLAS, TX 75201	75-2332948		2,500.	0.			PROGRAM - TRANSITIONAL RESOURCE ACTION CENTER
GENESIS WOMEN'S SHELTER AND SUPPORT - 4411 LEMMON AVE., SUITE 201 - DALLAS, TX 75219	75-1881365		2,500.	0.			PROGRAM - EMERGENCY SHELTER CHILDREN'S PROGRAM
JONATHAN'S PLACE P.O. BOX 140085 DALLAS, TX 75214	75-2389331		5,000.	0.			CAPITAL - TO BE USED FOR CAMPUS REPAIRS AND IMPROVEMENT PROJECTS

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NEW BEGINNINGS CENTER, INC 218 N. TENTH STREET GARLAND, TX 75040	75-1884025		2,500.	0.			CAPITAL - FUNDS WOULD START CHLD CARE CENTERS, INCLUDING RENOVATIONS AND PURCHASING NEW EQUIPMENT
CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765		5,000.	0.			PROGRAM - CHILD ABUSE PREVENTION
WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL STREET FORT WORTH, TX 76110-1516	75-1501868		2,500.	0.			PROGRAM - CHILDREN'S COUNSELING
DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS - 4900 MUELLER BLVD. - AUSTIN, TX 78723	20-0468031		5,000.	0.			PROGRAM - CARE TEAM
SPIRIT REINS, INC 2055 CR 284 LIBERTY HILL, TX 78642	06-1692909		4,000.	0.			PROGRAM - TRAUMA-IN THERAPY
STARRY, INC. 1300 NORTH MAYS ROUND ROCK, TX 78664	04-3589689		5,000.	0.			PROGRAM - SHELTER SERVICES
FRIENDS OF THE SALT LAKE COUNTY CHILDREN'S JUSTICE CENTER - 8282 SOUTH 2200 WEST - WEST JORDAN, UT 84088	87-0489250		15,000.	0.			GENERAL OPERATING EXPENSES
FAMILY SUPPORT & TREATMENT CENTER 1255 N. 1200 W. OREM, UT 84057	87-0410605		7,500.	0.			PROGRAM - CRISIS RESPITE NURSERY/ADOPTION RESPITE
BANANAS INC. 5232 CLAREMONT AVE. OAKLAND, CA 94618	94-2247074		2,500.	0.			PROGRAM - CHILD ABUSE PREVENTION CHILD CARE SUBSIDY

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RUBY'S PLACE 1180 B STREET HAYWARD, CA 94541	94-2212241		2,500.	0.			PROGRAM - CHILD ABUSE AND PREVENTION PROGRAM
YOUTH & FAMILY PROGRAMS 2577 CALIFORNIA PARK DRIVE CHICO, CA 95928	68-0027507		5,000.	0.			PROGRAM - WELCOME PACKS AND CAR SEATS PROGRAM
CASA 2020 NORTH BROADWAY SUITE 204 WALNUT CREEK, CA 94596	94-2897531		13,000.	0.			GENERAL OPERATING EXPENSES
A WINDOW BETWEEN WORLDS - FRESNO 710 4TH AVENUE, SUITE 5 VENICE, CA 90291	95-4448606		2,000.	0.			GENERAL OPERATING EXPENSES
CALIFORNIA YOUTH CONNECTION - FRESNO - 1611 TELEGRAPH AVE., SUITE 1100 - OAKLAND, CA 94612	94-3141616		5,000.	0.			GENERAL OPERATING EXPENSES
"CHILDREN'S HOSPITAL CENTRAL CALIFORNIA - 9300 VALLEY CHILDREN'S PLACE - MADERA, CA 93636	94-2797447		3,000.	0.			PROGRAM - CHILD ABUSE PREVENTION AND TREATMENT CENTER
"FRESNO STATE RENAISSANCE SCHOLAR PROGRAM - 5150 N. MAPLE, AVE. M/S JA62 - FRESNO, CA 93740-8026	94-6003272		4,000.	0.			PROGRAM - RENAISSANCE SCHOLARS
CASA OF KERN COUNTY 2000 24TH ST. #130 BAKERSFIELD, CA 93301	77-0344298		7,500.	0.			PROGRAM - VOLUNTEER RECRUITMENT TEAM
WOMEN'S CENTER HIGH DESERT 134 SOUTH CHINA LAKE BOULEVARD RIDGECREST, CA 93555	95-3340786		2,000.	0.			GENERAL OPERATING EXPENSES

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A WINDOW BETWEEN WORLDS - LOS ANGELES - 710 4TH AVENUE, SUITE 5 - VENICE, CA 90291	95-4448606		5,000.	0.			GENERAL OPERATING EXPENSES
ALEXANDRIA HOUSE 426 SOUTH ALEXANDRIA AVENUE LOS ANGELES, CA 90020	95-4809755		4,000.	0.			PROGRAM - TRANSITIONAL SHELTER FOR HOMELESS WOMEN AND CHILDREN
BIENVENIDOS CHILDREN'S CENTER 316 W. 2ND STREET, SUITE 800 LOS ANGELES, CA 90012	94-4042883		2,500.	0.			PROGRAM - FOSTER CARE
BRIDGE OF FAITH P.O. BOX 9108 WHITTIER, CA 90605	95-4625811		5,000.	0.			PROGRAM - MOTHER AND CHILD RETENSION/REUNIFICATION PROGRAM
CALIFORNIA YOUTH CONNECTION - LOS ANGELES - 1611 TELEGRAPH AVE., SUITE 1100 - OAKLAND, CA 94612	94-3141616		5,000.	0.			GENERAL OPERATING EXPENSES
CASA 201 CENTRE PLAZA DRIVE, ROOM 1100 MONTEREY, CA 91754-2142	95-3890446		2,000.	0.			PROGRAM - EDUCATION ADVOCACY FOR FOSTER YOUTH
CHILDREN TODAY P.O. BOX 16004 LONG BEACH, CA 90806	95-4635295		2,500.	0.			GENERAL OPERATING EXPENSES
COALITION FOR ENGAGED EDUCATION (FORMERLY NEW VISIONS FOUNDATION) - 3131 OLYMPIC BLVD. - SANTA MONICA, CA 90404	95-4515019		10,000.	0.			GENERAL OPERATING EXPENSES
FREE ARTS FOR ABUSED CHILDREN 5301 BEETHOVEN STREET, SUITE 102 LOS ANGELES, CA 90066	95-3252001		5,000.	0.			GENERAL OPERATING EXPENSES

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HOUSE OF RUTH P.O. BOX 459 CLAREMONT, CA 91711	95-3276033		10,000.	0.			GENERAL OPERATING EXPENSES
LOS ANGELES BIOMEDICAL INSTITUTE- UCLA MEDICAL CENTER - 1124 W. CARSON STREET - TORRANCE, CA 90502	95-2138184		5,000.	0.			GENERAL OPERATING EXPENSES
OPTIMIST YOUTH HOMES & FAMILY SERVICES - 6957 N. FIGUEROA ST. - LOS ANGELES, CA 90041	95-1643340		2,500.	0.			GENERAL OPERATING EXPENSES
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263	95-1644037		5,000.	0.			PROGRAM - SCHOLARSHIP FOR FORMER FOSTER YOUTH
SALVATION ARMY - SANTE FE SPRINGS TRANSITIONAL LIVING CENTER - 180 E. OCEAN BLVD., SUITE 500 - LONG BEACH, CA 9002	94-1156347		5,000.	0.			PROGRAM - SANTE FE SPRINGS TLC- TRANSITIONAL HOUSING FOR HOMELESS WOMEN AND CHILDREN
SU CASA- ENDING DOMESTIC VIOLENCE 3840 WOODRUFF AVE., SUITE #203 LONG BEACH, CA 90808	95-3495175		5,000.	0.			GENERAL OPERATING EXPENSES
VIP COMMUNITY MENTAL HEALTH CENTER, INC. - 1721 GRIFFIN AVENUE - LOS ANGELES, CA 90031	30-0017808		12,500.	0.			PROGRAM - LEAD
WOMENSHelter OF LONG BEACH 930 PACIFIC AVENUE LONG BEACH, CA 90813	95-1644058		2,500.	0.			PROGRAM - CHILDREN'S SERVICES PROGRAM
YOUTH SERVICES NETWORK 15501 SAN FERNANDO MISSION BLVD. #1 LOS ANGELES, CA 91345	95-4030624		2,500.	0.			PROGRAM - YOUTH DEVELOPMENT PROGRAM

Schedule I (Form 990)

IN-N-OUT BURGERS FOUNDATION

Schedule I (Form 990)

C/O ROGER KOTCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF SAN GABRIEL 943 NORTH GRAN AVENUE COVINA, CA 91724	95-1641967		5,000.	0.			PROGRAM - LITTLE WINGS CHILDREN'S PROGRAM (DOMESTIC VIOLENCE SHELTER)
ADVOKIDS 5643 PARADISE DRIVE SUITE 12-B CORTE MADERA, CA 94925	94-3157218		4,000.	0.			PROGRAM - TELEPHONE HOTLINE AND LEGAL WEBSITE
CASA OF MERCED P.O. BOX 2363 MERCED, CA 95344	27-2084694		10,000.	0.			PROGRAM - I AM FOR THE CHILD
YWCA MONTEREY COUNTY 236 MONTEREY STREET SALINAS, CA 93901	94-1732598		2,000.	0.			PROGRAM - EMERGENCY SHELTER
BOYS TOWN CALIFORNIA 2223 EAST WELLINGTON AVE., SUITE 350 SANTA ANA, CA 92701	75-0720675		3,000.	0.			PROGRAM - FAMILY REUNIFICATION
CHILDREN'S HOSPITAL OF ORANGE COUNTY FOUNDATION - 1201 WEST LA VETA AVE. - ORANGE, CA 92868	95-6097416		5,000.	0.			PROGRAM - CHILD PROTECTION PROGRAM
COLETTE'S CHILDREN HOME 7372 PRINCE DRIVE, SUITE 106 HUNTINGTON BEACH, CA 92647	91-1939140		6,000.	0.			PROGRAM - TRANSITIONAL HOUSING PROGRAM
ELI HOME 1175 NORTH EAST STREET ANAHEIM, CA 92805	33-0189254		4,000.	0.			GENERAL OPERATING EXPENSES
JOYFUL CHILD FOUNDATION P.O. BOX 12680 WESTMINSTER, CA 92685	55-0794474		2,000.	0.			PROGRAM - BRAVE PROGRAMS

Schedule I (Form 990)

IN-N-OUT BURGERS FOUNDATION

C/O ROGER KOTCH

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Schedule I (Form 990)

Part III 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
MARY'S SHELTER P.O. BOX 10433 SANTA ANA, CA 92711-0433	33-0203768		2,500.	0.			GENERAL OPERATING EXPENSES
ORANGEWOOD CHILDREN'S FOUNDATION 1575 E. 17TH STREET SANTA ANA, CA 92705	95-3616628		3,000.	0.			PROGRAM - THE ACADEMY CHARTER HIGH SCHOOL
PROJECT HOPE ALLIANCE (PROJECT HOPE SCHOOL) - 1954 PLACENTIA AVE., SUITE 202 - COSTA MESA, CA 92627	75-3099628		2,500.	0.			PROGRAM - FAMILY STABILITY PROGRAM
SENECA ORANGE COUNTY 18302 IRVINE BLVD. #300 TUSTIN, CA 92780	94-2971761		5,000.	0.			GENERAL OPERATING EXPENSES
THOMAS HOUSE FAMILY SHELTER P.O. BOX 2737 GARDEN GROVE, CA 92842	33-0204757		5,000.	0.			GENERAL OPERATING EXPENSES
KIDSFIRST 124 MAIN STREET. ROSEVILLE, CA 95678	68-0195225		5,000.	0.			PROGRAM - CHILD & FAMILY WELLNESS PROGRAM
OPERATION SAFEHOUSE 9685 HAYES STREET RIVERSIDE, CA 92503	33-0326090		7,500.	0.			PROGRAM - COUNSELING PROGRAMS AT BOTH SHELTERS
PATH OF LIFE MINISTRIES P.O. BOX 1445 RIVERSIDE, CA 92505	33-0724945		7,500.	0.			GENERAL OPERATING EXPENSES
THESSALONIKA FAMILY SERVICES P.O. BOX 890326 TEMECULA, CA 92591	95-3551068		5,000.	0.			PROGRAM - ON-SITE TECHNOLOGY CENTER FOR FOSTER YOUTH

Schedule I (Form 990)

**IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE, SUITE 100 SACRAMENTO, CA 95826	68-0002878		5,000.	0.			GENERAL OPERATING EXPENSES
WEAVE, INC. 1900 "K" STREET SACRAMENTO, CA 95811	94-2493158		2,500.	0.			PROGRAM - PLAY CARE SERVICES
ASPIRANET 400 OYSTER POINT BLVD., STE. 501 SOUTH SAN FRANCISCO, CA 94080	94-2442955		4,000.	0.			PROGRAM - TRANSITIONAL HOUSING AND FOSTER CARE
CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY, AD-104 SAN BERNARDINO, CA 92407	45-2255077		6,000.	0.			PROGRAM - EOP/FOSTER YOUTH PROGRAM
FOREST HOME 40000 VALLEY OF THE FALLS DRIVE FOREST FALLS, CA 92339	95-1855659		2,500.	0.			PROGRAM - CAMP SCHOLARSHIPS FOR CHILDREN LIVING IN SHELTERS THROUGHOUT SOUTHERN
OPERATION GRACE 1595 E. ART TOWNSEND DRIVE SAN BERNARDINO, CA 92408	33-0556421		2,000.	0.			GENERAL OPERATING EXPENSES
YOUTHHOPE FOUNDATION P.O. BOX 7803 REDLANDS, CA 92375	80-0513481		2,000.	0.			PROGRAM - CASE MANAGEMENT AND NEGLECTED YOUTH
ASELTINE SCHOOL 4027 NORMAL STREET SAN DIEGO, CA 92103	95-2552382		2,000.	0.			PROGRAM - CULINARY ARTS
CASA DE AMPARO - CAPITAL 325 BUENA CREEK ROAD SAN MARCOS, CA 92039	95-3315571		10,000.	0.			CAPITAL - TO BUILD RESIDENTIAL COTTAGES FOR EMANCIPATED FOSTER YOUTH

Schedule I (Form 990)

**IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FAMILY JUSTICE CENTER ALLIANCE - 707 BROADWAY, SUITE 700 - SAN DIEGO, CA 92101	11-3692035		4,000.	0.			PROGRAM - CAMP HOPE
NORTH COUNTY LIFELINE 3142 VISTA WAY, SUITE 400 OCEANSIDE, CA 92056	95-2794253		2,000.	0.			PROGRAM - LIFE SPRING, 24 MONTH TRANSITIONAL HOUSING
RADY CHILDREN'S HOSPITAL (CHADWICK CENTER) - 3020 CHILDREN'S WAY, MC 5005 - SAN DIEGO, CA 92123	33-0170626		3,000.	0.			PROGRAM - TRAUMA COUNSELING
SOLUTIONS FOR CHANGE, INC. 722 W. CALIFORNIA AVE. VISTA, CA 92083	33-0902617		2,000.	0.			GENERAL OPERATING EXPENSES
UNIVERSITY OF SAN DIEGO - RENAISSANCE SCHOLARS - 5998 ALCALA PARK - SAN DIEGO, CA 92110	95-2544535		4,500.	0.			PROGRAM - SUMMER INTERNSHIPS
CITY YOUTH NOW 375 WOODSIDE AVENUE SAN FRANCISCO, CA 94127	94-1519135		2,000.	0.			PROGRAM - SOCIAL SERVICES, SAFETY AND CRITICAL NEEDS PROGRAM
STOCKTON SHELTER FOR THE HOMELESS 411 S. HARRISON STREET STOCKTON, CA 95203	68-0095693		2,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SAN MATEO COUNTY 330 TWIN DOLPHIN DRIVE REDWOOD CITY, CA 94065	04-3849393		4,000.	0.			PROGRAM - CORE SERVICES PROGRAM
HOME AND HOPE 1720 EL CAMINO REAL, SUITE 7 BURLINGAME, CA 94010	94-3356735		3,000.	0.			PROGRAM - INTERFAITH FAMILY SHELTERING PROGRAM

Schedule I (Form 990)

**IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
MY NEW RED SHOES 330 TWIN DOLPHIN DRIVE STE. 135 REDWOOD CITY, CA 94065	20-4683289		4,000.	0.			PROGRAM - CLOTHING FOR CONFIDENCE- PROVIDES CLOTHING AND NEW SHOES TO CHILDREN
SHASTA WOMEN'S REFUGE, INC. (ONE SAFE PLACE) - 1670 MARKET ST., SUITE 300 - REDDING, CA 96001	94-2663045		10,000.	0.			PROGRAM - CAMP HOPE
YIPPIE FOUNDATION DBA YIPPIE YOGURT - 1955 W. TEXAS STREET, #4 - FAIRFIELD, CA 94533	27-3252623		7,500.	0.			PROGRAM - SHIFT LEADERSHIP PROGRAM
FORGET ME NOT CHILDREN'S SERVICES 5345 HIGHWAY 12 SANTA ROSA, CA 95407	26-3464770		2,000.	0.			GENERAL OPERATING EXPENSES
A WINDOW BETWEEN WORLDS - STANISLAUS COUNTY - 710 4TH AVENUE, SUITE 5 - VENICE, CA 90291	95-4448606		3,000.	0.			GENERAL OPERATING EXPENSES

Schedule I (Form 990)

IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

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Schedule I (Form 990)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FOREST HOME

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM - CAMP SCHOLARSHIPS FOR
CHILDREN LIVING IN SHELTERS THROUGHOUT SOUTHERN CALIFORNIA

Schedule I (Form 990)

432291
05-01-14

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

Employer identification number
33-0654550

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

LYNSI L. SNYDER AND LYNDIA 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 WITH THE IRS.

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

ON AN ANNUAL BASIS, THE GENERAL COUNSEL REVIEWED THE CONFLICT OF INTEREST
POLICY WITH EACH DIRECTOR, OFFICER, AND STAFF MEMBER OF THE ORGANIZATION.
ONCE COMPLIANCE IS CONFIRMED, THE FORM WAS EXECUTED BY EACH PERSON AND THE
DOCUMENTS WERE STORED ACCORDING TO DOCUMENT RETENTION POLICIES.

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

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

Employer identification number
33-0654550

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.

2014

Open to Public Inspection

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

Employer identification number
33-0654550

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

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

[illegible]

Schedule R (Form 990) 2014

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

[illegible]

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

[illegible]

IN-N-OUT BURGERS FOUNDATION
C/O ROGER KOTCH

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	IN-N-OUT BURGERS	C	316,140	ORGANIZATION'S BOOKS AND RECORDS
(2)				
(3)				
(4)				
(5)				
(6)				

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

[illegible]