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EXTENDED TO NOVEMBER 15, 2016

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 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 organization
IN-N-OUT BURGERS FOUNDATION

Doing business as

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

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

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

D Employer identification number
33-0654550

E Telephone number
(949) 509-6200

G Gross receipts $ 7,733,446.

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

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

H(c) Group exemption number ▶ N/A

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

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SPONSORSHIP OF PROGRAMS TO BENEFIT CHILDREN AND PREVENT CHILD ABUSE.		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,253,883.	1,587,832.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,374,576.	1,384,870.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	426,776.	636,876.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,055,235.	3,609,578.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,921,000.	2,120,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	127,688.	133,215.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,048,688.	2,253,715.
	19 Revenue less expenses. Subtract line 18 from line 12	2,006,547.	1,355,863.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	27,945,797.	26,955,521.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,945,797.	26,955,521.

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SCANNED DEC 13 2016

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: 11-8-16

▶ ROGER KOTCH, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BRAD PETERSON	Preparer's signature	Date: 11/8/16	Check ☐ if self-employed	PTIN: P00081638
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶	86-1065772
Firm's address ▶ 695 TOWN CENTER DR., STE 1200 COSTA MESA, CA 92626-9978			Phone no.	(714) 436-7100

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

9-487

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

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

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

4a (Code _____) (Expenses $ 2,120,500. including grants of $ 2,120,500.) (Revenue $ _____)

THE FOUNDATION CONTRIBUTED $2,120,500 TO 323 CHARITIES WITHIN CALIFORNIA, NEVADA, ARIZONA, TEXAS, OREGON, 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 ▶ 2,120,500.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____				
	See instructions for filing requirements for 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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, 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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	808,345.			
	d	Related organizations	1d	250,000.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	529,487.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,587,832.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		720,833.			720,833.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,787,905.				
	b	Less cost or other basis and sales expenses	4,123,868.				
	c	Gain or (loss)	664,037.				
	d	Net gain or (loss)		664,037.			664,037.
	8a	Gross income from fundraising events (not including $ 808,345. of contributions reported on line 1c). See Part IV, line 18	a 523,741.				
	b	Less direct expenses	b 0.				
	c	Net income or (loss) from fundraising events		523,741.			523,741.
	9a	Gross income from gaming activities. See Part IV, line 19	a 113,135.				
	b	Less direct expenses	b 0.				
	c	Net income or (loss) from gaming activities		113,135.			113,135.
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions.		3,609,578.	0.	0.	2,021,746.

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	2,120,500.	2,120,500.		
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	133,215.		133,215.	
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	2,253,715.	2,120,500.	133,215.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,950,140.	2	1,807,989.
	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	25,994,749.	12	25,147,217.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	908.	15	315.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	27,945,797.	16	26,955,521.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	27,945,797.	27	26,955,521.
	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	27,945,797.	33	26,955,521.
	34	Total liabilities and net assets/fund balances	27,945,797.	34	26,955,521.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,609,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,253,715.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,355,863.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,945,797.
5	Net unrealized gains (losses) on investments	5	<2,346,139.>
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	26,955,521.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

IN-N-OUT BURGERS FOUNDATION

Employer identification number

33-0654550

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

The organization is not a private foundation because it is (For lines 1 through 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 (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	702,975.	673,350.	1280429.	1253882.	1587832.	5498468.
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	702,975.	673,350.	1280429.	1253882.	1587832.	5498468.
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)						981,056.
6 **Public support.** Subtract line 5 from line 4						4517412.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	702,975.	673,350.	1280429.	1253882.	1587832.	5498468.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	531,485.	802,026.	618,648.	745,393.	720,833.	3418385.
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.)	263,676.	287,282.	415,759.	426,776.	636,876.	2030369.
11 **Total support.** Add lines 7 through 10						10947222.
12 Gross receipts from related activities, etc (see instructions)					12	345,587.

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 2015 (line 6, column (f) divided by line 11, column (f))	14	41.27 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	35.11 %

16a **33 1/3% support test - 2015.** 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 - 2014.** 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 - 2015.** 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 - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e.g , recreation or education)
- ☐ Preservation of 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHARLES SCHWAB AND CO;		
(B) INVESTMENTS	22,722,793.	END-OF-YEAR MARKET VALUE
(C) AURORA INVESTMENTS	1,120,581.	END-OF-YEAR MARKET VALUE
(D) STRATEGIC COMMODITIES		
(E) FUND	784,990.	END-OF-YEAR MARKET VALUE
(F) SOUTHWEST VALUE PARTNERS	518,853.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,147,217.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	4,230,666.
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	754,303.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	754,303.
3	Subtract line 2e from line 1			3	3,476,363.
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	133,215.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	133,215.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,609,578.

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

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

1	Total expenses and losses per audited financial statements			1	5,220,942.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	754,303.		
b	Prior year adjustments	2b			
c	Other losses	2c	2,346,139.		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	3,100,442.
3	Subtract line 2e from line 1			3	2,120,500.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,215.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	133,215.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	2,253,715.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

IN-N-OUT BURGERS FOUNDATION

Employer identification number

33-0654550

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

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

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

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

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

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

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 CONCERT (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	1,145,418.	186,668.		1,332,086.
	2 Less Contributions	678,707.	129,638.		808,345.
	3 Gross income (line 1 minus line 2)	466,711.	57,030.		523,741.
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) ▶				523,741.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			113,135.	113,135.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				113,135.

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility 13a %

b An outside facility 13b 100.00 %

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)

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

Part I General Information on Grants and Assistance

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

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

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

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
DAVID & MARGARET YOUTH AND FAMILY SERVICES - 1350 THIRD STREET - LA VERNE, CA 91750	95-1660346	501(C)(3)	25,000.	0.			CAPITAL: EXPAND LIVING SERVICES TO SERVE TRANSITIONAL AGE YOUTH
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD., SUITE 500 LOS ANGELES, CA 90010	94-4358213	501(C)(3)	20,000.	0.			PROGRAM: FAMILIES FOREVER:ADOPTION AND GUARDIANSHIP
INTERVAL HOUSE P.O. BOX 3356 SEAL BEACH, CA 90740	95-3389113	501(C)(3)	20,000.	0.			PROGRAM: CHILDREN & YOUTH
INSPIRE LIFE SKILLS 2279 EAGLE GLEN PKWY. #212, PMB 131 CORONA, CA 92883	20-1647743	501(C)(3)	20,000.	0.			GENERAL OPERATING EXPENSES
CASA OF SAN BERNARDINO (CHILD ADVOCATES) - 851 S. MT. VERNON AVE. STE. 7A - COLTON, CA 92324	33-0362613	501(C)(3)	20,000.	0.			PROGRAM: EDUCATIONAL ADVOCACY
PACIFIC LIFELINE P.O. BOX 1424 UPLAND, CA 91785-1424	94-6103171	501(C)(3)	20,000.	0.			PROGRAM: CHILDREN'S PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 136.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)(3)	20,000.	0.			GENERAL OPERATING EXPENSES
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501(C)(3)	20,000.	0.			PROGRAM: RIVERSIDE CASA
CASA PACIFICA 1722 S. LEWIS ROAD, CAMARILLO, CA 93012	77-0195022	501(C)(3)	20,000.	0.			PROGRAM: EMERGENCY SHELTER
CHILD ABUSE PREVENTION COUNCIL (CASA) - P.O. BOX 1257 - STOCKTON, CA 95201	94-2497046	501(C)(3)	17,500.	0.			PROGRAM: CASA
ARIZONANS FOR CHILDREN, INC. 2435 E. LA JOLLA DRIVE TEMPE, AZ 85282	02-0651198	501(C)(3)	15,000.	0.			PROGRAM: CHILDREN'S VISITATION CENTERS
SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER - 2329 E. AJO WAY - TUCSCON, AZ 85713	26-3208123	501(C)(3)	15,000.	0.			GENERAL OPERATING EXPENSES
SHADE TREE P.O. BOX 669 LAS VEGAS, NV 89125	88-0253276	501(C)(3)	15,000.	0.			PROGRAM: HUMAN TRAFFICKING
ALLIANCE FOR CHILDREN 908 SOUTHLAND AVE. FORT WORTH, TX 76104	75-2363035	501(C)(3)	15,000.	0.			PROGRAM: SEEKING SUPPORT
CALICO 524 ESTUDILLO AVE. SAN LEANDRO, CA 94577	94-3256781	501(C)(3)	15,000.	0.			GENERAL OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVID & MARGARET YOUTH AND FAMILY SERVICES - 1350 THIRD STREET - LA VERNE, CA 91750	95-1660346	501(C)(3)	15,000.	0.			PROGRAM: SUBSTANCE ABUSE/COMMERICAL SEXUAL EXPLOITATION OC CHILDREN
MILLER CHILDREN'S HOSPITAL LONG BEACH - 2801 ATLANTIC AVE. - LONG BEACH, CA 90806	95-6105984	501(C)(3)	15,000.	0.			PROGRAM: PERIOD PF PURPLE CRYING
MY STUFF BAGS 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91361	94-4671812	501(C)(3)	15,000.	0.			PROGRAM: MY STUFF BAGS
NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BOULEVARD NORTHRIDGE, CA 91325	23-7444901	501(C)(3)	15,000.	0.			PROGRAM: CENTER FOR ASSAULT TREATMENT CENTER'S COMPREHENSIVE SERVICES
VIOLENCE INTERVENTION PROGRAM (COMMUNITY MENTAL HEALTH) - 1721 GRIFFIN AVENUE - LOS ANGELES, CA 90031	30-0017808	501(C)(3)	15,000.	0.			PROGRAM: MENTORING AND TUTORING FOR CHILD VICTIMS OF ABUSE AND NEGLECT
RIVER STONES RESIDENTIAL SERVICES, INC. - P.O. BOX 7340 - REDLANDS, CA 92375	33-0737878	501(C)(3)	15,000.	0.			GENERAL OPERATING EXPENSES
TOGETHER WE RISE 580 W. LAMBERT ROAD UNIT A BREA, CA 92821	26-3043727	501(C)(3)	15,000.	0.			PROGRAM: SWEET CASES (NEW DUFFEL BAG WITH AGE APPROPRIATE ITEMS)
PROMISES2KIDS FOUNDATION 9400 RUFFIN COURT, SUITE A SAN DIEGO, CA 92123	95-3655288	501(C)(3)	15,000.	0.			GENERAL OPERATING EXPENSES
CASA 2020 NORTH BROADWAY SUITE 204 WALNUT CREEK, CA 94596	94-2897531	501(C)(3)	13,000.	0.			GENERAL OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAMALI'I FOSTER FAMILY AGENCY, INC. - 31772 CASINO DRIVE, SUITE B - LAKE ELSINORE, CA 92530	31-1591798	501(C)(3)	13,000.	0.			PROGRAM: INDEPENDENT LIVING SKILLS PROGRAM
BOYS TOWN NEVADA 821 NORTH MOJAVE ROAD LAS VEGAS, NV 89101	20-0654472	501(C)(3)	12,500.	0.			PROGRAM: CARE COORDINATION
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - 4981 SHIRLEY STREET - LAS VEGAS, NV 89119	88-0476452	501(C)(3)	12,500.	0.			PROGRAM: SAFE DROP IN CENTER
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF NEVADA, INC. - 4285 N. RANCHO DR., SUITE 130 - LAS VEGAS, NV 89130	88-0326450	501(C)(3)	12,500.	0.			PROGRAM: INDEPENDENT LIVING SERVICES FOR YOUTH
CASA OF COLLIN COUNTY 101 EAST DAVIS STREET MCKINNEY, TX 75069	75-2391961	501(C)(3)	12,500.	0.			PROGRAM: CASA
CASA OF TARRANT 101 SUMMIT AVENUE, SUITE 505 FORT WORTH, TX 76102	75-1895415	501(C)(3)	12,500.	0.			GENERAL OPERATING EXPENSES
ADOPTION EXCHANGE 7414 SOUTH STATE STREET MIDAVLE, UT 84047	16-4566637	501(C)(3)	12,500.	0.			PROGRAM: FAMILY RECRUITMENT
FAMILY SUPPORT CENTER 1760 W. 4805 S. TAYLORSVILLE, UT 84129	87-0359719	501(C)(3)	12,500.	0.			PROGRAM: CRISIS NURSERY
COALITION FOR ENGAGED EDUCATION (FORMERLY NEW VISIONS FOUNDATION) - 3131 OLYMPIC BLVD. - SANTA MONICA, CA 90404	95-4515019	501(C)(3)	12,500.	0.			GENERAL OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNION RESCUE MISSION 545 S. SAN PEDRO STREET LOS ANGELES, CA 90013	95-1709293	501(C)(3)	12,500.	0.			PROGRAM: HOPE GARDENS FAMILY CENTER
OLIVE CREST 2130 E. FOURTH ST., STE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	12,500.	0.			PROGRAM: SAFE FAMILIES FOR CHILDREN
UNIVERSITY OF CALIFORNIA, RIVERSIDE GUARDIAN SCHOLARS PROGRAM - 900 UNIVERSITY AVE., MC063 - RIVERSIDE, CA 92521	23-7433570	501(C)(3)	12,500.	0.			PROGRAM: GUARDIAN SCHOLAR PROGRAM
SILICON VALLEY CHILDREN'S FUND 1871 THE ALAMEDA, SUITE 335 SAN JOSE, CA 95126	77-0166138	501(C)(3)	12,500.	0.			PROGRAM: EMERGING SCHOLARS (SCHOLARSHIPS TO FORMER FOSTER YOUTH)
CAMP ALANDALE P.O. BOX 35 IDYLLWILD, CA 92549	35-3465382	501(C)(3)	11,000.	0.			PROGRAM: SPONSOR CAMPERS
GABRIEL'S ANGELS 727 E. BETHANY HOME ROAD, STE. C-10 PHOENIX, AZ 85014	89-0991198	501(C)(3)	10,500.	0.			PROGRAM: PET THERAPY IN MARICOPA
A NEW LEAF 868 E. UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)(3)	10,000.	0.			PROGRAM: DOMESTIC VIOLENCE SHELTER CHILD CENTER
CHRISTIAN FAMILY CARE 3603 N. 7TH AVE. PHOENIX, AZ 85013	86-0430037	501(C)(3)	10,000.	0.			PROGRAM: RECRUIMENT INITIATIVES TO PLACE CHILDREN IN PERMANENT HOMES
CRISIS NURSERY (MERGED WITH CHILD CRISIS CENTER) - P.O. BOX 4114 - MESA, AZ 85211	86-0324144	501(C)(3)	10,000.	0.			PROGRAM: CHILDREN'S EMERGENCY SHELTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DE LOS NINOS 1101 N. 4TH AVENUE TUCSON, AZ 85705	86-0314595	501(C)(3)	10,000.	0.			PROGRAM: CRISIS SHELTER PROGRAM FOOD SERVICE
ADOPTION EXCHANGE 51 N. PECOS RD., STE. 110 LAS VEGAS, NV 89101	84-0793576	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S CABINET 1090 SOUTH ROCK BLVD. RENO, NV 89502	77-0097156	501(C)(3)	10,000.	0.			PROGRAM-TRANISTIONAL LIVING CENTER
CHILDSAFE 7130 W. US HIGHWAY 90 SAN ANTONIO, CA 78227	74-2633697	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
CASA 2757 SWISS AVENUE DALLAS, TX 75204	75-1866204	501(C)(3)	10,000.	0.			PROGRAM: VOLUNTEER RECRUITMENT TEAM
CHILDREN'S MEDICAL CENTER 2777 STEMMONS FREEWAY, SUITE 700 DALLAS, TX 75207	75-2062015	501(C)(3)	10,000.	0.			PROGRAM: REACH CLINIC
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BLVD. DALLAS, TX 75228	75-2303404	501(C)(3)	10,000.	0.			PROGRAM: THERAPY PROGRAM
RAINBOW DAYS 8150 N. CENTRAL EXPRESSWAY, STE. M DALLAS, TX 75206	75-1844908	501(C)(3)	10,000.	0.			PROGRAM: FAMILY CONNECTION
AUSTIN CHILDREN'S SHELTER 4800 MANOR ROAD AUSTIN, TX 78732	74-2330657	501(C)(3)	10,000.	0.			PROGRAM: CARE ACADEMY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTMAS BOX INTERNATIONAL 3660 SOUTH WEST TEMPLE SALT LAKE CITY, UT 84115	31-1617816	501(C)(3)	10,000.	0.			PROGRAM: CHILDREN AND YOUTH PROGRAM SERVING VICTIMS OF ABUSE
CASA OF ALAMEDA COUNTY 1000 SAN LEANDRO BOULEVARD, SUITE 3 SAN LEANDRO, CA 94577	94-3309728	501(C)(3)	10,000.	0.			PROGRAM: ADOLESCENT PROGRAM
BAY AREA RESCUE MISSION 2114 MACDONALD AVE. RICHMOND, CA 94801	94-6124054	501(C)(3)	10,000.	0.			PROGRAM SUPPORT: YOUTH INTERVENTION PROGRAM
CASA 1252 FULTON MALL FRESNO, CA 93721	77-0401361	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
VALLEY TEEN RANCH 2610 W. SHAW LANE., SUITE #105 FRESNO, CA 93711	94-2901078	501(C)(3)	10,000.	0.			PROGRAM: EXPANSION OF VOCATIONAL PROGRAM
CASA OF KERN COUNTY 2000 24TH ST. #130 BAKERSFIELD, CA 93301	77-0344298	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. MS #29 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	10,000.	0.			PROGRAM: THE AUDREY HEPBURN CARES CENTER
DREAM CENTER 2301 BELLEVUE AVENUE LOS ANGELES, CA 90026	95-1803686	501(C)(3)	10,000.	0.			PROGRAM: FOSTER CARE INTERVENTION
FIVE ACRES 760 WEST MOUNTAIN VIEW STREET ALTADENA, CA 91001	95-1647810	501(C)(3)	10,000.	0.			PROGRAM: RESIDENTIAL TREATMENT PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAYNES FAMILY OF PROGRAMS (LEROY HAYNES CENTER) - 233 W. BASELINE RD. - LA VERNE, CA 91750-0400	95-1506150	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
HILLSIDES 940 AVENUE 64 PASADENA, CA 91105	95-1644002	501(C)(3)	10,000.	0.			PROGRAM: EDUCATION CENTER
HOUSE OF RUTH P.O. BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)(3)	10,000.	0.			PROGRAM: CHILDREN'S RESIDENTIAL PROGRAM
PROJECT SISTER FAMILY SERVICES P.O. BOX 1369 POMONA, CA 91769	23-7116161	501(C)(3)	10,000.	0.			PROGRAM: YOUTH SERVICES PRGRM
RAINBOW SERVICES 453 W. 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
UNION STATION HOMELESS SERVICES 825 E. ORANGE GROVE BLVD. PASADENA, CA 91104	95-3955741	501(C)(3)	10,000.	0.			PROGRAM: HOMELESS CHILDREN AND THEIR FAMILIES AT THE FAMILY CENTER
CASA OF MERCED P.O. BOX 2362 MERCED, CA 95344	27-2084694	501(C)(3)	10,000.	0.			PROGRAM: I AM FOR THE CHILD
BOYS TOWN CALIFORNIA 2223 EAST WELLINTON AVE., SUITE 350 SANTA ANA, CA 92701	75-0720675	501(C)(3)	10,000.	0.			PROGRAM: FAMILY HOMES
CALIFORNIA STATE UNIVERSITY, FULLERTON - GUARDIAN SCHOLARS - 2600 E. NUTWOOD AVENUE, SUITE 830 - FULLERTON, CA 92831	33-0567945	501(C)(3)	10,000.	0.			PROGRAM: GUARDIAN SCHOLAR PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN OPTIONS, INC. P.O. BOX 53745 IRVINE, CA 92619	95-3667817	501(C)(3)	10,000.	0.			PROGRAM: CHILDREN'S PROGRAM
LAURA'S HOUSE 999 CORPORATE DRIVE, SUITE 225 LADERA RANCH, CA 92694	33-0661826	501(C)(3)	10,000.	0.			PROGRAM: CHILDREN'S THERAPEUTIC SERVICES
LAUREL HOUSE 1 HOPE DRIVE TUSTIN, CA 92782	33-0098433	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
CASA OF PLACER (CHILD ADVOCATES OF PLACER COUNTY) - 3715 ATHERTON ROAD, SUITE 1 - ROCKLIN, CA 95765	77-0620948	501(C)(3)	10,000.	0.			PROGRAM: CASA
OPERATION SAFEHOUSE 9685 HAYES STREET RIVERSIDE, CA 92503	33-0326090	501(C)(3)	10,000.	0.			PROGRAM: EMERGENCY SHELTER
PATH OF LIFE MINISTRIES P.O. BOX 1445 RIVERSIDE, CA 92502	33-0724945	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501(C)(3)	10,000.	0.			PROGRAM: CRISIS NURSERY
CHILDREN'S FUND, INC. 348 W. HOSPITALITY LN, SUITE 110 SAN BERNARDINO, CA 92408	33-0193286	501(C)(3)	10,000.	0.			PROGRAM: CHILDREN'S ASSESEMENT CENTER
CALIFORNIA STATE UNIVERSITY, SAN MARCOS - ACE SCHOLARS PROGRAM - 333 S. TWIN OAKS VALLEY RD. - SAN MARCOS, CA 92096-001	80-0390564	501(C)(3)	10,000.	0.			PROGRAM: ACE SCHOLARS

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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
JUST IN TIME FOR FOSTER YOUTH - SAN DIEGO - P.O. BOX 81292 - SAN DIEGO, CA 92138	20-5448416	501(C)(3)	10,000.	0.			PROGRAM: BASIC NEEDS
WOMEN'S CENTER 620 N. SAN JOAQUIN ST. STOCKTON, CA 95202	94-2341360	501(C)(3)	10,000.	0.			PROGRAM: CHILD VICTIMS' SERVICES
ADOLESCENT COUSELING SERVICES 1717 EMBARCADERO RAOD, STE. 4000 PALO ALTO, CA 94303	51-0192551	501(C)(3)	10,000.	0.			PROGRAM: OCC PROGRAM
CHILD ADVOCATES OF THE SILICON VALLEY - 509 VALLEY WAY - MILPITAS, CA 95035	77-0250773	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, SUITE 200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
CASA OF STANISLAUS COUNTY 800 11TH STREET, 4TH FLOOR MODESTO, CA 95364	91-2168629	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
INTERFACE CHILDREN & FAMILY SERVICES - 4001 MISSION OAKS BLVD, SUITE I - CAMARILLO, CA 93012	95-2944459	501(C)(3)	10,000.	0.			PROGRAM: MY BODY BELONGS TO ME
UC DAVIS GUARDIAN SCHOLARS PROGRAM EOP, ONE SHIELDS AVE. DAVIS, CA 95616	94-3067788	501(C)(3)	10,000.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S SERVICE SOCIETY OF UTAH 655 EAST 4500 SOUTH SALT LAKE CITY, UT 84107	87-0212451	501(C)(3)	8,000.	0.			PROGRAM: GRANDFAMILIES

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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ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782	95-2479552	501(C)(3)	8,000.	0.			PROGRAM: VILLAGE OF HOPE MEALS
CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BLVD. - SACRAMENTO, CA 95821	94-1322166	501(C)(3)	8,000.	0.			PROGRAM: SPROUTS PRESCHOOL
RIVER OAK CENTER FOR CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	95-2519001	501(C)(3)	8,000.	0.			PROGRAM: FAMILY RESOURCE CENTER
CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY, AD-104 SAN BERNARDINO, CA 92407	45-2255077	501(C)(3)	8,000.	0.			PROGRAM: EOP- FOSTER YOUTH PROGRAM
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 E. CAMELBACK ROAD, SUITE 122 - PHOENIX, AZ 85016	74-2421549	501(C)(3)	7,500.	0.			PROGRAM: CHILD SEXUAL ABUSE PREVENTION
ARIZONA'S CHILDREN ASSOCIATION - MOHAVE - 711 E. MISSOURI AVE. STE. 200 - PHOENIX, AZ 85014	86-0096772	501(C)(3)	7,500.	0.			PROGRAM: PARENTS AS TEACHERS PROGRAM
PREVENT CHILD ABUSE ARIZONA-YAVAPAI FAMILY ADVOCACY CENTER - P.O. BOX 26495 - PRESCOTT VALLEY, AZ 86312	86-0832901	501(C)(3)	7,500.	0.			PROGRAM: ADVOCACY CENTER
FAMILY AND CHILD TREATMENT 6431 WEST SAHARA AVE., SUITE 200 LAS VEGAS, NV 89146	88-0214362	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
FAMILY NURTING CENTER 212 N. OAKDALE AVE. MEDFORD, OR 97501	16-1726574	501(C)(3)	7,500.	0.			PROGRAM: OUTREACH EXPANSION

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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JACKSON COUNTY ABUSE TASK DBA CHILDREN'S ADVOCACY CENTER - 816 W. TENTH STREET - MEDFORD, OR 97501	94-3079497	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
CHILDREN'S ADVOCACY CENTER FOR DENTON COUNTY - 1854 CAIN DRIVE - LEWISVILLE, TX 75077	75-2559765	501(C)(3)	7,500.	0.			PROGRAM: CHILD ABUSE PREVENTION
LONE STAR CASA 108 KENWAY, P.O. BOX 414 ROCKWALL, TX 75087	75-2425980	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
ACH CHILD AND FAMILY SERVICES 1424 SUMMIT AVE. FORT WORTH, TX 76101	75-0818140	501(C)(3)	7,500.	0.			PROGRAM: EMERGENCY YOUTH SHELTER
SPIRIT REINS, INC. 2055 COUNTY ROAD 284 LIBERTY HILL, TX 78642	06-1692909	501(C)(3)	7,500.	0.			PROGRAM: REINING IN TRAUMA
PREVENT CHILD ABUSE UTAH 2955 HARRISON BLVD., SUITE 104 OGDEN, UT 84403	74-2434274	501(C)(3)	7,500.	0.			PROGRAM: SCHOOL BASED CHILD ABUSE PREVENTION PROGRAM
ERIN KIMBALL FOUNDATION 455 W. VINCENT LANE WASHINGTON, UT 84780	87-0663819	501(C)(3)	7,500.	0.			PROGRAM: CHILDREN'S SUPPORT PROGRAM
ANN MARTIN CENTER 1375 55TH STREET EMERVILLE, CA 94608	94-6099000	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
CATALYST DOMESTIC VIOLENCE SERVICES - P.O. BOX 4184 - CHICO, CA 95927-4184	94-2587378	501(C)(3)	7,500.	0.			PROGRAM: CHILDREN'S PROGRAM

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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CASA OF IMPERIAL COUNTY 229 SOUTH 8TH STREET, SUITE B EL CENTRO, CA 92243	33-0632963	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
CHILDREN YOUTH AND FAMILY COLLABORATIVE (CYFC) - 1200 W. 37TH PLACE - LOS ANGELES, CA 90007	95-4415115	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
ELIZABETH HOUSE P.O. BOX 94077 PASADENA, CA 91109	95-4451243	501(C)(3)	7,500.	0.			PROGRAM: ALUMNI SERVICES PROGRAM
FOOTHILL FAMILY SERVICES 2500 E. FOOTHILL BLVD., SUITE 300 PASADENA, CA 91107	95-1690990	501(C)(3)	7,500.	0.			PROGRAM: CHILD ABUSE TREATMENT AND PREVENTION
FRIENDS OF THE FAMILY 16861 PARTHENIA STREET NORTH HILLS, CA 91343	95-2765505	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263	95-1644037	501(C)(3)	7,500.	0.			PROGRAM: SCHOLARSHIP FOR FORMER FOSTER YOUTH
EDDIE NASH FOUNDATION 1717 E. ORANGEWOOD AVE., STE. 1 ORANGE, CA 92868	61-1536987	501(C)(3)	7,500.	0.			PROGRAM: CAMP TO BELONG
ILLUMINATION FOUNDATION 2691 RITCHER AVE., SUITE 107 IRVINE, CA 92606	71-1047686	501(C)(3)	7,500.	0.			PROGRAM- STANTON CHILDREN'S RESOURCE CENTER
ORANGE COUNTY CHILD ABUSE PREVENTION CENTER - 2390 EAST ORANGEWOOD AVE. STE. 300 - ANAHEIM, CA 92806	33-0013237	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES

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

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TEEN PROJECT 22431 B160 ANTONIO PARKWAY, SUITE 527 - RANCHO SANTA MARGARITA, CA 92688	30-0421837	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
RAPE CRISIS CENTER 1845 CHICAGO AVENUE, SUITE A RIVERSIDE, CA 92507	95-3245057	501(C)(3)	7,500.	0.			PROGRAM: CHILD ABUSE PREVENTION PROGRAMS
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE, SUITE 100 SACRAMENTO, CA 95826	68-0002878	501(C)(3)	7,500.	0.			PROGRAM: WONDER MENTORING PROGRAM
CHILDREN'S HOPE GROUP HOME P.O. BOX 1938 UPLAND, CA 91785	27-1074953	501(C)(3)	7,500.	0.			PROGRAM: AFTERCARE/RECREATION AND GENERAL EXPENSES
PALOMAR HEALTH CHILD ABUSE PROGRAM 121 N. FIG STREET ESCONDIDO, CA 92025	20-2356830	501(C)(3)	7,500.	0.			PROGRAM: CHILD ABUSE PROGRAM
WALDEN FAMILY SERVICES 6150 MISSION GORGE RD., STE. 210 SAN DIEGO, CA 92120	94-2358632	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
CASA OF SAN LUIS OBISPO P.O. BOX 1168 SAN LUIS OBISPO, CA 93406	77-0315227	501(C)(3)	7,500.	0.			PROGRAM: ADVOCATE SCREENING
MY NEW RED SHOES 330 TWIN DOLPHIN DRIVE STE. 135 REDWOOD CITY, CA 94065	20-4683289	501(C)(3)	7,500.	0.			PROGRAM: CLOTHING FOR CONFIDENCE
C.A.L.M. 1236 CHAPALA STREET SANTA BARBARA, CA 93101	23-7097910	501(C)(3)	7,500.	0.			PROGRAM: CHILD ABUSE/FAMILY VIOLENCE PROGRAM

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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KIDPOWER TEENPOWER FULLPOWER P.O. BOX 700072 SAN JOSE, CA 95170	77-0226712	501(C)(3)	7,500.	0.			PROGRAM: VACCINE AGAINST CHILD ABUSE
CHILDREN'S CRISIS CENTER OF STANISLAUS - P.O. BOX 1062 - MODESTO, CA 95353	94-2686499	501(C)(3)	7,500.	0.			PROGRAM: CHILD ABUSE INTERVENTION SHELTER
RESCUE MISSION ALLIANCE (THE LIGHTHOUSE) - P.O. BOX 5545 - OXNARD, CA 90301-5545	23-7278002	501(C)(3)	7,500.	0.			GENERAL OPERATING EXPENSES
AUSTIN'S HOUSE P.O. BOX 784 MINDEN, NV 89423	03-0533503	501(C)(3)	7,000.	0.			GENERAL OPERATING EXPENSES
STARRY, INC. 1300 NORTH MAYS ROUND ROCK, TX 78664	04-3589689	501(C)(3)	7,000.	0.			GENERAL OPERATING EXPENSES-SHELTER SERVICES
CHILD ABUSE PREVENTION COUNCIL 2120 DIAMOND BLVD., SUITE 120 CONCORD, CA 94520	68-0046163	501(C)(3)	7,000.	0.			PROGRAM: NURTURING PARENTING PROGRAM
SAN LUIS OBISPO COUNTY CHILD ABUSE PREVENTION COUNCIL - 1110 CALIFORNIA BLVD. #B - SAN LUIS OBISPO, CA 93401	77-0206822	501(C)(3)	6,500.	0.			PROGRAM: TALKING ABOUT TOUCHING
NORTHERN VALLEY CATHOLIC SOCIAL SERVICE - 2400 WASHINGTON AVE. - REDDING, CA 96001	20-0984601	501(C)(3)	6,500.	0.			PROGRAM: CASA
COMMUNITY PARTNERS OF DALLAS 1215 SKILES ST. DALLAS, TX 75204	75-2468034	501(C)(3)	6,000.	0.			GENERAL OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ON THE MOVE - VOICES 780 LINCOLN AVE. NAPA, CA 94558	75-3149095	501(C)(3)	6,000.	0.			GENERAL OPERATING EXPENSES
ALLIANCE FOR HOPE INTERNATIONAL (NATIONAL FAMILY JUSTICE CENTER ALLIANCE) - 101 W. BROADWAY SUITE 1770 - SAN DIEGO, CA 92101	11-3692035	501(C)(3)	6,000.	0.			PROGRAM: CAMP HOPE
GENERATEHOPE 4025 CAMINO DEL RIO SOUTH, #300 SAN DIEGO, CA 92108	26-3405689	501(C)(3)	6,000.	0.			PROGRAM: ON SITE THERAPY CENTER
CORA- COMMUNITY OVERCOMING RELATIONSHIPS (CTR FOR DOMESTIC VIOLENCE PREVENTION) - 2211 PALM AVENUE - SAN MATEO, CA 94403	94-2481188	501(C)(3)	6,000.	0.			GENERAL OPERATING EXPENSES

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

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

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

PART I, LINE 2:

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

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

2015

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

LYNSI SNYDER-ELLINGSON, ROGER KOTCH, AND LYNDA SNYDER-KELBAUGH HAVE A BUSINESS RELATIONSHIP.

LYNSI SNYDER-ELLINGSON AND LYNDA SNYDER-KELBAUGH HAVE A FAMILY RELATIONSHIP.

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

A DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 AND THE ORGANIZATION'S CHIEF FINANCIAL OFFICER ALSO REVIEWED THE SAME DOCUMENT. A COPY OF THE RETURN WAS ALSO PROVIDED TO THE VOTING MEMBERS BEFORE FILING 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.

Name of the organization: IN-N-OUT BURGERS FOUNDATION

Employer identification number: 33-0654550

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

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

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

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