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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

D Employer identification number
33-0654550

E Telephone number
(949) 509-6200

G Gross receipts $ 7,900,798

F Name and address of principal officer
ROGER KOTCH
C/O R KOTCH 4199 CAMPUS DR 9TH FL
IRVINE, CA 92612

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www in-n-out com/foundation

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile CA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2016 (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**	-2,386

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,587,832	2,321,098
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,384,870	875,243
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	636,876	86,497
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,609,578	3,282,838
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,120,500	2,284,500
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) ▶124,319		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	133,215	247,195
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,253,715	2,531,695
19	Revenue less expenses Subtract line 18 from line 12	1,355,863	751,143

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	26,955,521	29,115,525
21	Total liabilities (Part X, line 26)	0	16,050
22	Net assets or fund balances Subtract line 21 from line 20	26,955,521	29,099,475

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

****** 2017-11-14
Signature of officer Date

ROGER KOTCH CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOAN S MCMAHON	JOAN S MCMAHON			P00966494

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

Firm's address ▶ 555 MISSION STREET
SAN FRANCISCO, CA 94105 — Phone no (415) 783-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,284,500 including grants of $ 2,284,500) (Revenue $)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 2,284,500

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

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**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 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**		No
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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

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

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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 dotted 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	1 00	X		X				0	0	0
(3) ARNOLD WENSINGER SECRETARY	1 00	X		X				0	0	0
(4) lynda snyder 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 dotted 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 . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	0	0

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

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

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

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 838,082				
	d Related organizations 1d 885,529				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 597,487				
	g Noncash contributions included in lines 1a-1f $ 108,810				
	h **Total.** Add lines 1a-1f . . . . . ▶	2,321,098			
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) . . . . . ▶	592,251			592,251
	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	4,389,742			
	b Less cost or other basis and sales expenses	4,106,750			
	c Gain or (loss)	282,992			
	d Net gain or (loss) . . . . . ▶	282,992			282,992
	8a Gross income from fundraising events (not including $ 838,082 of contributions reported on line 1c) See Part IV, line 18 . . . . a 489,097				
	b Less direct expenses . . . b 511,210				
	c Net income or (loss) from fundraising events . . ▶	-22,113			-22,113
	9a Gross income from gaming activities See Part IV, line 19 . . . a 108,610				
	b Less direct expenses . . . b 0				
	c Net income or (loss) from gaming activities . . ▶	108,610			108,610
	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 . . . . . ▶	3,282,838	0	0	961,740

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,284,500	2,284,500		
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, line 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	122,876		122,876	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 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 OTHER FUNDRAISING	124,319			124,319
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,531,695	2,284,500	122,876	124,319
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	1,807,989	2	3,004,361
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	315	4	102,555
	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 instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	25,147,217	12	26,008,609
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	26,955,521	16	29,115,525
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	0	25	16,050
	26	**Total liabilities.** Add lines 17 through 25	0	26	16,050
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	26,955,521	27	29,099,475
	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	26,955,521	33	29,099,475
	34	Total liabilities and net assets/fund balances	26,955,521	34	29,115,525

Part XI Reconcilliation 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	3,282,838
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,531,695
3	Revenue less expenses Subtract line 2 from line 1	3	751,143
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,955,521
5	Net unrealized gains (losses) on investments	5	1,392,811
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	29,099,475

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 33-0654550

Name: IN-N-OUT BURGERS FOUNDATION

Form 990 (2016)

Form 990, Part III, Line 4a:

The Foundation contributed $2,284,500 to 353 charities within ARIZONA, California, Nevada, OREGON, TEXAS, and Utah assisting thousands of children who have been victims of child abuse The funds were used for residential treatment, emergency shelters, foster care and placement, educational, intervention and treatment programs Innovative programs and comprehensive services to promote self-respect, morals, values, structure and strength in the family were also provided by the charities

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318129387

SCHEDULE A (Form 990 or 990EZ)

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

2016

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	673,350	1,280,429	1,253,882	1,587,832	2,321,098	7,116,591
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	673,350	1,280,429	1,253,882	1,587,832	2,321,098	7,116,591
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)						1,626,326
6 **Public support.** Subtract line 5 from line 4						5,490,265

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	673,350	1,280,429	1,253,882	1,587,832	2,321,098	7,116,591
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	802,026	618,648	745,393	720,833	592,251	3,479,151
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)	287,282	415,759	426,776	636,876	597,707	2,364,400
11 **Total support.** Add lines 7 through 10						12,960,142

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	**14**	42 360 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	**15**	41 270 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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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

2016

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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 in 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 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 10(c))* ▶				0

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) charles schwab and co, investments	24,303,491	F
(B) AURORA INVESTMENTS	94,288	F
(C) STRATEGIC COMMODITIES FUND	872,826	F
(D) SOUTHWEST VALUE PARTNERS	695,003	F
(E) MONTAUK TRIGUARD FUND VII LP	43,001	F
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	26,008,609	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	16,050
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	16,050

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	5,364,733
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	1,392,811		
b	Donated services and use of facilities	2b	300,750		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	511,210		
e	Add lines **2a** through **2d**			2e	2,204,771
3	Subtract line **2e** from line **1**			3	3,159,962
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	122,876		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	122,876
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,282,838

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	3,220,779
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	300,750		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	511,210		
e	Add lines **2a** through **2d**			2e	811,960
3	Subtract line **2e** from line **1**			3	2,408,819
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	122,876		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	122,876
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,531,695

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	RECLASSIFICATION OF EVENT EXPENSES 511,210

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	RECLASSIFICATION OF EVENT EXPENSES 511,210

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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

2016

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

2a 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**	**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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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.

Revenue		(a) Event #1 golf tournament (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	1,327,179			1,327,179
	2 Less Contributions	838,082			838,082
	3 Gross income (line 1 minus line 2)	489,097			489,097
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	511,210			511,210
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				511,210
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-22,113

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			108,610	108,610
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ 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) ▶				108,610

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**	100 000 %

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

Name ▶ JODIE MEDLOCK

Address ▶ 4199 CAMPUS DRIVE 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318129387

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

2016

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 353

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

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

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

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

Return Reference	Explanation
Part I, Line 2	THE FOUNDATION REQUIRES THE RECIPIENTS TO FILL OUT A 6 MONTH REPORT QUESTIONNAIRE REGARDING HOW THEY USE THEIR FUNDS A REPRESENTATIVE REVIEWS THE REPORTS AND RANDOMLY VISITS SOME OF THE RECIPIENTS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alliance for Children's Rights 3333 Wilshire Boulevard Suite 550 Los Angeles, CA 90010	95-4358213	501(c)(3)	20,000				Program Families Forever
David & Margaret Youth and Family Services 1350 Third Street La Verne, CA 91750	95-1660346	501(c)(3)	20,000				Capital Wynn Cottage Renovations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Interval House PO Box 3356 Seal Beach, CA 90740	95-3389113	501(c)(3)	20,000				Program Children's/Second Gen Youth Prgrm
Inspire Life Skills Training 2279 Eagle Glen Parkway 112-131 Corona, CA 92883	20-1647743	501(c)(3)	20,000				GOE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Pacific Lifeline PO Box 1424 Upland, CA 91785	94-6103171	501(c)(3)	20,000				Program Children's Housing and Support Srvces
Casa de Amparo 325 Buena Creek Road San Marcos, CA 92069	95-3315571	501(c)(3)	20,000				Program Campaign for Casa Kids

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Voices for Children 5555 Arlington Avenue Riverside, CA 92504	95-3786047	501(c)(3)	20,000				Program Infants & Toddlers Program
Child Abuse Prevention Council of San Joaquin County PO Box 1257 Stockton, CA 95201	94-2497046	501(c)(3)	20,000				GOE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Casa Pacifica Centers for Children & Families 1722 S Lewis Road Camarillo, CA 93012	77-0195022	501(c)(3)	20,000				Capital Building New Foundations of Hope
CALICO Center 524 Estudillo Avenue San Leandro, CA 94577	94-3256781	501(c)(3)	17,500				Program Forensic Interviews & Family Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child Advocates of San Bernardino County PO Box 519 Rialto, CA 92377	33-0362613	501(c)(3)	17,500				Program Recruitment/Training of volunteers
Arizonans For Children Inc 2435 E La Jolla Drive Tempe, AZ 85282	02-0651198	501(c)(3)	15,000				Pgoram Three Children's Visitation Centers

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southern Arizona Children's Advocacy Center 2329 E Ajo Way Tucson, AZ 85713	26-3208123	501(c)(3)	15,000				GOE
Boys Town Nevada 821 N Mojave Road Las Vegas, NV 89101	20-0654472	501(c)(3)	15,000				Program In-Home Family Services Program

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

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Shade Tree Inc 1 West Owens Avenue North Las Vegas, NV 89030	88-0253276	501(c)(3)	15,000				Program Human Trafficking
Alliance For Children 908 Southland Avenue Fort Worth, TX 76104	75-2363035	501(c)(3)	15,000				Program Child Abuse Prevention in Schools

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
My Stuff Bags Foundation 5347 Sterling Center Drive Westlake Village, CA 91361	95-4671812	501(c)(3)	15,000				Program My Stuff Bags Project
Northridge Hospital Foundation 18300 Roscoe Boulevard PO Box 9000 Northridge, CA 91328	23-7444901	501(c)(3)	15,000				Program Center for Assault Treatment Services

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Violence Intervention Program 1721 Griffin Avenue Los Angeles, CA 90031	30-0017808	501(c)(3)	15,000				Program Mentoring & Tutoring Program
Olive Crest 2130 E Fourth Street Suite 200 Santa Ana, CA 92705	95-2877102	501(c)(3)	15,000				Program Safe Families For Children

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UCR - Guardian Scholars 3637 Canyon Crest Drive K101 Mailbox 547 Riverside, CA 92507	23-7433570	501(c)(3)	15,000				Program Guardian Scholars Program
Casa de Amparo 325 Buena Creek Road San Marcos, CA 92069	95-3315571	501(c)(3)	15,000				GOE

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

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Promises2Kids 9400 Ruffin Court Suite A San Diego, CA 92123	95-3655288	501(c)(3)	15,000				GOE
Casa Pacifica Centers for Children & Families 1722 S Lewis Road Camarillo, CA 93012	77-0195022	501(c)(3)	15,000				Program Crisis Care Emergency Shelter

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Nevada Partnership for Homeless Youth 4981 Shirley Street Las Vegas, NV 89119	88-0476452	501(c)(3)	12,500				Program Drop-In Center for Homeless Youth
Specialized Alternatives for Families and Youth of Nevada Inc 4285 N Rancho Drive Suite 130 Las Vegas, NV 89130	88-0326450	501(c)(3)	12,500				Program Independent Living Program

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

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Court Appointed Special Advocates of Collin County Inc 101 East Davis Street McKinney, TX 75069	75-2391961	501(c)(3)	12,500				Program Child Advocacy Program
CASA of Tarrant County 101 Summit Avenue Suite 505 Fort Worth, TX 76102	75-1895412	501(c)(3)	12,500				GOE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Adoption Exchange 7414 South State Street Midvale, UT 84047	84-0793576	501(c)(3)	12,500				Program Family Recruitment
Family Support Center 1760 W 4805 S Taylorsville, UT 84129	87-0359719	501(c)(3)	12,500				GOE

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

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Union Rescue Mission 545 S San Pedro Street Los Angeles, CA 90013	95-1709293	501(c)(3)	12,500				Program Hope Gardens Family Center
Olive Crest 2130 E Fourth Street Suite 200 Santa Ana, CA 92705	95-2877102	501(c)(3)	12,500				Program Safe Families For Children

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

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Childhelp Inc 4350 E Camelback Road Building F250 F250 Phoenix, AZ 85018	95-2884608	501(c)(3)	12,500				Capital Commercial Kitchen Equipment
Together We Rise 580 W Lambert Road Suite A Brea, CA 92821	26-3043727	501(c)(3)	12,500				Program Sweet Cases Program

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

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Silicon Valley Children's Fund 1871 The Alameda Suite 335 San Jose, CA 95126	77-0166138	501(c)(3)	12,500				Program Emerging Scholars Program
Court Appointed Special Advocates of Fresno and Madera Counties 1252 Fulton Mall Fresno, CA 93721	77-0401361	501(c)(3)	12,000				GOE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Camp Alandale PO Box 35 Idyllwild, CA 92549	35-3465382	501(c)(3)	12,000				Program Camper Sponsorship
My New Red Shoes 330 Twin Dolphin Drive Suite 135 Redwood City, CA 94065	20-4683289	501(c)(3)	12,000				Program Clothing for Confidence Program-

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

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Gabriel's Angels 727 E Bethany Home Road Suite C-100 C-100 Phoenix, AZ 85014	86-0991198	501(c)(3)	10,500				Program Pet Therapy
A New Leaf Inc 868 E University Drive Mesa, AZ 85203	86-0256667	501(c)(3)	10,000				Program Faith House

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

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Child Crisis Arizona 817 N Country Club Drive Mesa, AZ 85201	86-0324144	501(c)(3)	10,000				Pgoram Emergency Children's Shelter
Christian Family Care 3603 N 7th Avenue Phoenix, AZ 85013	86-0430037	501(c)(3)	10,000				Program Child Specific Recruitment

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Casa de los Nios Inc 1101 N 4th Avenue Tucson, AZ 85705	86-0314595	501(c)(3)	10,000				Program Crisis Shelter
Adoption Exchange-Nevada Office 51 N Pecos Road Suite 110 Las Vegas, NV 89101	84-0793576	501(c)(3)	10,000				Program Family Services Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Washoe Legal Services 299 South Arlington Avenue Reno, NV 89501	88-6005362	501(c)(3)	10,000				Program Representation of Abused/Neg Children
ChildSafe 7130 West Highway 90 San Antonio, TX 78227	74-2633697	501(c)(3)	10,000				GOE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Health - Children's Medical Center Foundation 2777 Stemmons Freeway Suite 700 Dallas, TX 75207	75-2062015	501(c)(3)	10,000				Program (REACH) / (SANE)
Dallas CASA 2757 Swiss Avenue Dallas, TX 75204	75-1866204	501(c)(3)	10,000				Program Recruitment & Training

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dallas Children's Advocacy Center 5351 Samuell Boulevard Dallas, TX 75228	75-2303404	501(c)(3)	10,000				GOE
Austin Children's Shelter 4800 Manor Road Building A Austin, TX 78723	74-2320657	501(c)(3)	10,000				Progam Foster Adopt in Austin

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Spirit Reins 2055 CR 284 Liberty Hill, TX 78731	06-1692909	501(c)(3)	10,000				Program Reining in Trauma
Friends of Alameda County CASA Inc 1000 San Leandro Boulevard Suite 300 San Leandro, CA 94577	94-3309728	501(c)(3)	10,000				Program Recruitment, Training, & Supervision

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bay Area Rescue Mission 2114 Macdonald Avenue Richmond, CA 94801	94-6124054	501(c)(3)	10,000				Program Youth Ministries' Intervention
Cal Poly Pomona Foundation 3801 West Temple Avenue Pomona, CA 91768	95-2417645	501(c)(3)	10,000				Program Renaissance Scholars

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

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Children's Advocacy Center for Child Abuse Assessment and Treatment 1650 E Old Badillo Street C3 Covina, CA 91724	86-1051258	501(c)(3)	10,000				GOE
Children's Hospital Los Angeles 4650 Sunset Boulevard MS29 Los Angeles, CA 90027	95-1690977	501(c)(3)	10,000				Program Audrey Hepburn CARES Center

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Coalition for Engaged Education Herb Alpert Educational Village 3131 Olympic Boulevard Santa Monica, CA 90404	95-4515019	501(c)(3)	10,000				Program Coalition for Engaged Education
David & Margaret Youth and Family Services 1350 Third Street La Verne, CA 91750	95-1660346	501(c)(3)	10,000				Program Youth Workforce Training

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

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Ettie Lee Youth & Family Services 5146 N Maine Box 339 Baldwin Park, CA 91706	95-1949862	501(c)(3)	10,000				GOE
Haynes Family of Programs 233 W Baseline Road PO Box 400 La Verne, CA 91750	95-1506150	501(c)(3)	10,000				Program Residential Program

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

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House of Ruth Inc PO Box 459 Claremont, CA 91711	95-3276033	501(c)(3)	10,000				Program Shelter Children's Program
Project Sister Family Services PO Box 1369 Pomona, CA 91769	23-7116161	501(c)(3)	10,000				Program Youth Violence Prev & Counseling

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

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Rainbow Services Ltd 453 W 7th Street San Pedro, CA 90731	95-3855705	501(c)(3)	10,000				GOE
Union Station Homeless Services 825 E Orange Grove Boulevard Pasadena, CA 91104	95-3958741	501(c)(3)	10,000				Program Homeless Family Services Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Court Appointed Special Advocates of Merced County PO Box 2362 Merced, CA 95344	27-2084694	501(c)(3)	10,000				Program Life's Insights for Everyone Program
Boys Town California 2223 East Wellington Avenue Suite 350 Santa Ana, CA 92701	76-0720675	501(c)(3)	10,000				Program Family Home Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cal State Fullerton Philanthropic Foundation 2600 Nutwood Avenue Suite 850 Fullerton, CA 92831	33-0567945	501(c)(3)	10,000				Program Guardian Scholars Program
Human Options Inc PO Box 53745 Irvine, CA 92619	95-3667817	501(c)(3)	10,000				Program Children's Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Laura's House 999 Corporate Drive Suite 225 Ladera Ranch, CA 92694	33-0621826	501(c)(3)	10,000				Program Children's Therapeutic Programs
Laurel House Inc 1 Hope Drive Tustin, CA 92782	33-0098433	501(c)(3)	10,000				GOE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Child Advocates of Placer County 3715 Atherton Road Suite 1 Rocklin, CA 95765	77-0620948	501(c)(3)	10,000				Program Recruitment/Training of volunteers
Operation SafeHouse 9685 Hayes Street Riverside, CA 92503	33-0326090	501(c)(3)	10,000				Program Oper SafeHouse Emergency Shelter

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

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Thessalonika Family Services dba Rancho Damacitas PO Box 890326 Temecula, CA 92589	95-3551068	501(c)(3)	10,000				Program SOAR
Voices for Children 5555 Arlington Avenue Riverside, CA 92504	95-3786047	501(c)(3)	10,000				Program CASA program

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Children's Receiving Home of Sacramento 3555 Auburn Boulevard Sacramento, CA 95821	94-1322166	501(c)(3)	10,000				Program Sprouts Trauma Informed Care
Sacramento Children's Home 2750 Sutterville Road Sacramento, CA 95820	94-1156588	501(c)(3)	10,000				Program Crisis Nursery Program

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Children's Fund Inc 348 W Hospitality Lane 110 San Bernardino, CA 92408	33-0193286	501(c)(3)	10,000				Program Prevention & Continuum to Thrive
CSUSB Philanthropic Foundation 5500 University Parkway AD-104 San Bernardino, CA 92407	45-2255077	501(c)(3)	10,000				GOE

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River Stones Residential Treatment Services Inc PO Box 7340 Redlands, CA 92375	33-0737878	501(c)(3)	10,000				GOE
California State University San Marcos Foundation 333 S Twin Oaks Valley Road San Marcos, CA 92096	80-0390564	501(c)(3)	10,000				Program ACE Scholars Services

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Just In Time For Foster Youth PO Box 81292 San Diego, CA 92138	20-5448416	501(c)(3)	10,000				Program Basic Needs Program
CASA of San Mateo County 330 Twin Dolphin Drive Suite 139 Redwood City, CA 94065	04-3849393	501(c)(3)	10,000				Program Recruitment/Training of volunteers

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

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Child Advocates of Silicon Valley 509 Valley Way Milpitas, CA 95035	77-0250773	501(c)(3)	10,000				GOE
Next Door Solutions to Domestic Violence 234 E Gish Road Suite 200 San Jose, CA 95112	94-2420708	501(c)(3)	10,000				GOE

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Children's Crisis Center of Stanislaus County Inc PO Box 1062 Modesto, CA 95353	94-2686499	501(c)(3)	10,000				Program Audrey's House Program
Interface Children & Family Services 4001 Mission Oaks Boulevard Suite I I Camarillo, CA 93012	95-2944459	501(c)(3)	10,000				Program My Body Belongs to Me Program

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UC Davis Guardian Scholars Program One Shields Avenue 107 South Hall Davis, CA 95616	94-6081352	501(c)(3)	10,000				Program Guardian Scholars Program
CASA Foundation Las Vegas 4045 S Buffalo Drive Suite A101-160 A101-160 Las Vegas, NV 89147	94-2920606	501(c)(3)	8,000				Program "Special Needs"

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

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Children's Service Society of Utah 655 East 4500 South Suite 200 Salt Lake City, UT 84107	87-0212451	501(c)(3)	8,000				Program Grandfamilies Kinship Care
Orange County Rescue Mission 1 Hope Drive Tustin, CA 92782	95-2479552	501(c)(3)	8,000				Program Village of Hope Meal Program

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

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Roseville Home Start Inc 410 Riverside Avenue Roseville, CA 95678	91-1657990	501(c)(3)	8,000				GOE
CASA of Stanislaus County 800 11th Street 4th Floor Modesto, CA 95354	91-2168629	501(c)(3)	8,000				GOE

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

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Childhelp Inc 4350 E Camelback Road Building F250 F250 Phoenix, AZ 85018	95-2884608	501(c)(3)	7,500				GOE
Prevent Child Abuse Arizona PO Box 26495 8485 E Yavapai Road Prescott Valley, AZ 86314	86-0832901	501(c)(3)	7,500				Program Family Advocacy Center

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

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Family Nurturing Center 212 N Oakdale Avenue Medford, OR 97501	16-1726574	501(c)(3)	7,500				Program Respite Services Program
Children's Advocacy Center of Collin County 2205 Los Rios Boulevard Plano, TX 75074	75-2389095	501(c)(3)	7,500				GOE

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Child Protective Services Community Partners DBA Community Partners of Dall 1215 Skiles Street Dallas, TX 75204	75-2468034	501(c)(3)	7,500				GOE
Rainbow Days 8150 N Central Expressway Suite M1003 Dallas, TX 75206	75-1844908	501(c)(3)	7,500				Program Family Connection Program

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

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Children's Advocacy Center for Denton County 1854 Cain Drive Lewisville, TX 75077	75-2559765	501(c)(3)	7,500				Program Child Abuse Prevention Education
ACH Child and Family Services 3712 Wichita Street Fort Worth, TX 76119	75-0818140	501(c)(3)	7,500				Program Youth Emergency Shelter

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

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Valley Teen Ranch 2610 W Shaw Lane 105 Fresno, CA 93711	94-2901078	501(c)(3)	7,500				GOE
Court Appointed Special Advocates of Imperial County 229 South 8th Street Suite B El Centro, CA 92243	33-0632963	501(c)(3)	7,500				Program Educational Mentor Program

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Alliance Against Family Violence and Sexual Assault 1921 19th Street Bakersfield, CA 93301	95-3604240	501(c)(3)	7,500				Program Small Steps Child Development Center
Court Appointed Special Advocates of Kern County 1717 Columbus Street Bakersfield, CA 93304	77-0344298	501(c)(3)	7,500				Program Advocate Program Expansion Project

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CASA of Kings County 101 North Irwin Suite 208 Hanford, CA 93230	46-2896299	501(c)(3)	7,500				GOE
Child & Family Center 21545 Centre Pointe Parkway Santa Clarita, CA 91350	95-3941342	501(c)(3)	7,500				Program Break the Cycle & My Family Safety

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Child SHARE 1544 W Glenoaks Boulevard Glendale, CA 91201	95-4036890	501(c)(3)	7,500				GOE
Children Youth and Family Collaborative 1200 W 37th Place Los Angeles, CA 90007	95-4415115	501(c)(3)	7,500				Program A R I S S E

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Family Hope (dba Elizabeth House) PO Box 94077 Pasadena, CA 91109	95-4451243	501(c)(3)	7,500				Program Alumni Services Expansion
First Star Inc 10401 Wyton Drive Los Angeles, CA 90024	31-1719436	501(c)(3)	7,500				Program UCLA Bruin Academy

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Foothill Family Service 2500 East Foothill Boulevard Suite 300 Pasadena, CA 91107	95-1690990	501(c)(3)	7,500				GOE
For The Child 4565 California Avenue Long Beach, CA 90807	95-3601230	501(c)(3)	7,500				GOE

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Forest Home 40000 Valley of the Falls Drive Forest Falls, CA 92339	95-1855659	501(c)(3)	7,500				Program Youth Camp Scholarships
Friends of the Family 16861 Parthenia Street North Hills, CA 91343	95-2765505	501(c)(3)	7,500				GOE

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Public Counsel 610 S Ardmore Avenue Los Angeles, CA 90005	23-7105149	501(c)(3)	7,500				Program Families Forever Project
Teen Project Inc 8140 Sunland Boulevard Sun Valley, CA 91352	30-0421837	501(c)(3)	7,500				Program FREEHAB Program

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United Friends of the Children 1055 Wilshire Boulevard Suite 1955 Los Angeles, CA 90017	95-3665186	501(c)(3)	7,500				GOE
Eddie Nash Foundation 1717 W Orangewood Avenue Orange, CA 92868	61-1536987	501(c)(3)	7,500				Program Passports to Success Life Skills Prgrm

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Illumination Foundation 2691 Richter Avenue 107 Irvine, CA 92606	71-1047686	501(c)(3)	7,500				Program Children's Resource Center
Orange County Child Abuse Prevention Center 2390 E Orangewood Avenue Suite 300 Anaheim, CA 92806	33-0013237	501(c)(3)	7,500				GOE

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Teen Project Inc 8140 Sunland Boulevard Sun Valley, CA 91352	30-0421837	501(c)(3)	7,500				Program Orange County College House
Koinonia Homes for Teens PO Box 1403 Loomis, CA 95650	94-2792265	501(c)(3)	7,500				Program EMDR Therapy for Traumatized Teens

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Riverside Area Rape Crisis Center 1845 Chicago Avenue Suite A Riverside, CA 92507	95-3245057	501(c)(3)	7,500				Program Child Abuse Prevention Program
Child Abuse Prevention Council of Sacramento 4700 Roseville Road Suite 102 North Highlands, CA 95660	94-2833431	501(c)(3)	7,500				Program Foster Youth Investment Program

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Sierra Forever Families 8928 Volunteer Lane Suite 100 Sacramento, CA 95826	68-0002878	501(c)(3)	7,500				Program Wonder Mentoring Program
Family Service Agency of San Bernardino 1669 N E Street San Bernardino, CA 92405	95-1641436	501(c)(3)	7,500				Program Child Abuse Prev/Trtmnt Services

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Alliance for HOPE International 101 W Broadway Suite 1770 San Diego, CA 92101	11-3692035	501(c)(3)	7,500				Program Camp HOPE California
Palomar Health Child Abuse Program 121 N Fig Street Escondido, CA 92025	20-2356830	501(c)(3)	7,500				Program Stewards of Children Facilitator Trng

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Women's Center-Youth & Family Services 620 N San Joaquin Street Stockton, CA 95202	94-2341360	501(c)(3)	7,500				Program Child Victims of DV or Sexual Assault
Court Appointed Special Advocates of San Luis Obispo County PO Box 1168 San Luis Obispo, CA 93406	77-0316227	501(c)(3)	7,500				Program Training Program Screening-

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Child Abuse Listening Mediation (CALM) 1236 Chapala Street Santa Barbara, CA 93101	23-7097910	501(c)(3)	7,500				Program Child Abuse/Family Violence Treatment
Kidpower Teenpower Fullpower PO Box 700072 San Jose, CA 95170	77-0226712	501(c)(3)	7,500				Program Vaccine Against Child Abuse Initiative

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Rescue Mission Alliance 315 North A Street Oxnard, CA 93030	23-7278002	501(c)(3)	7,500				Program Lighthouse for Women & Children
Yolo Crisis Nursery Inc 1477 Drew Avenue Suite 3 Davis, CA 95618	47-1006055	501(c)(3)	7,500				GOE

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Austin's House PO Box 784 Minden, NV 89423	03-0533503	501(c)(3)	7,000				GOE
Lone Star CASA Inc 108 Kenway Street PO Box 414 Rockwall, TX 75087	75-2425980	501(c)(3)	7,000				GOE

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New Morning Youth & Family Services 6765 Green Valley Road Placerville, CA 95667	94-2159659	501(c)(3)	7,000				Program Emergency Youth Shelter
Marin Advocates for Children 30 N San Pedro Road 275 San Rafael, CA 94903	68-0170143	501(c)(3)	7,000				GOE

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Utah Foster Care Foundation 5296 S Commerce Drive 400 Murray, UT 84107	87-0619181	501(c)(3)	6,500				Program Retention Services
Child Abuse Prevention Council of Contra Costa County 2120 Diamond Boulevard 120 Concord, CA 94520	68-0046163	501(c)(3)	6,500				Program Nurturing Parenting Education

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Northern Valley Catholic Social Service Inc 2400 Washington Avenue Redding, CA 96001	20-0984601	501(c)(3)	6,500				Program Recruitment/Training of volunteers
Phoenix Children's Hospital Foundation 2929 East Camelback Road Suite 122 Phoenix, AZ 85016	74-2421549	501(c)(3)	6,000				Program Child Abuse Prevention

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ShelterKids Incorporated 177 West Price Avenue Salt lake City, UT 84115	87-0498680	501(c)(3)	6,000				Program Shelter Care/Transitional Living
University Corporation on behalf of CSU Monterey Bay's Guardian Scholars Pr 100 Campus Center Seaside, CA 93955	77-0387459	501(c)(3)	6,000				Program Guardian Scholars Vision to College

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On The Move 780 Lincoln Avenue Napa, CA 94558	75-3149095	501(c)(3)	6,000				Program VOICES
GenerateHope 4025 Camino Del Rio South Suite 300 300 San Diego, CA 92108	26-3405689	501(c)(3)	6,000				Program Cntr for Survivors of Sex-Trafficking

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Aid to Adoption of Special Kids 2320 North 20th Street Phoenix, AZ 85006	86-0611935	501(c)(3)	5,000				Program AASK Mentoring
Free Arts for Abused Children of Arizona 103 W Highland Avenue Suite 200 Phoenix, AZ 85008	86-0739613	501(c)(3)	5,000				Program Free Arts for Children

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Homeless Youth Connection 500 N Bullard Avenue Goodyear, AZ 85338	27-3182999	501(c)(3)	5,000				Program Empowering Youth For The Future
Homeward Bound 2302 W Colter Street Phoenix, AZ 85015	86-0660875	501(c)(3)	5,000				Program Early Childhood Programs

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Hope & A Future 909 W McDowell Road Phoenix, AZ 85007	42-1651764	501(c)(3)	5,000				Program Life Skills Mentoring
OCJ Kids 524 W Westcott Drive Phoenix, AZ 85027	86-1040833	501(c)(3)	5,000				GOE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UMOM New Day Centers 3333 E Van Buren Street Phoenix, AZ 85008	86-0521062	501(c)(3)	5,000				Program Shelter Programming
Arizona Baptist Children's Services & Family Ministries 1779 N Alvernon Way Tucson, AZ 85712	86-6053028	501(c)(3)	5,000				Program Arms of Love

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

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Kingman Aid to Abused People 1770 Airway Avenue Kingman, AZ 86409	86-0601113	501(c)(3)	5,000				GOE
Our Family Services Inc 2590 N Alvernon Way Tucson, AZ 85712	94-2598560	501(c)(3)	5,000				Program Reunion House

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

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TMM Family Services Inc 1550 N Country Club Road Tucson, AZ 85716	86-0379677	501(c)(3)	5,000				Program Children's Village Learning Center
Tucson Center for Women and Children dba Emerge Center Against Domestic Abu 2545 E Adams Street Tucson, AZ 85716	86-0312162	501(c)(3)	5,000				Program, Domestic Abuse Services for Children

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

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Foster Kinship 4344 W Cheyenne Avenue Las Vegas, NV 89032	45-4242425	501(c)(3)	5,000				Program Kinship Navigator Services
My Stuff Bags Foundation 5347 Sterling Center Drive Westlake Village, CA 91361	95-4671812	501(c)(3)	5,000				Program My Stuff Bags Project

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

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Nevada Child Seekers 6375 W Charleston Building L 180 Las Vegas, NV 89146	94-3250788	501(c)(3)	5,000				Program Missing Children Case Mgmnt & Youth Empwrmnt
Olive Crest 2130 E Fourth Street Suite 200 Santa Ana, CA 92705	95-2877102	501(c)(3)	5,000				Program Strong Families, Safe Kids Program

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

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Children's Cabinet 1090 South Rock Boulevard Reno, NV 89509	77-0097156	501(c)(3)	5,000				Program Transitional Living Center for Youth
CASA of Jackson County 613 Market Street Medford, OR 97504	94-3215621	501(c)(3)	5,000				Program Recruitment/Training of volunteers

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

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Aware Central Texas 903 N Main Street Belton, TX 76513	74-2434330	501(c)(3)	5,000				GOE
Family Place PO Box 7999 Dallas, TX 75209	75-1590896	501(c)(3)	5,000				Program Children's Counseling

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

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Hope Supply Co 10480 Shady Trail Suite 104 Dallas, TX 75220	75-2284779	501(c)(3)	5,000				Program Critical Needs Program
Jonathan's Place 6065 Duck Creek Drive Garland, TX 75181	75-2389331	501(c)(3)	5,000				GOE

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

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CASA of Central Texas Inc 1619 E Common Street Suite 301 New Braunfels, TX 78130	74-2403373	501(c)(3)	5,000				Program Child Advocacy Project
STARRY Inc 1300 North Mays Street Round Rock, TX 78664	04-3589689	501(c)(3)	5,000				GOE

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

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Women's Center of Tarrant County 1723 Hemphill Fort Worth, TX 76107	75-1501868	501(c)(3)	5,000				Program Counseling for Child Victims
Center for Child Protection 8509 FM 969 Building 2 Austin, TX 78724	74-2562585	501(c)(3)	5,000				Program Cntr for Child Prot Educ Srvces

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

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Court Appointed Special Advocates of Travis County 7701 N Lamar Boulevard Suite 301 Austin, TX 78752	74-2369123	501(c)(3)	5,000				Program Volunteer Retention
Helping Hand Home for Children 3804 Avenue B Austin, TX 78751	74-1144638	501(c)(3)	5,000				GOE

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

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Travis County Domestic Violence and Sexual Assault Survival Center PO Box 19454 Austin, TX 78760	74-1977853	501(c)(3)	5,000				Program Children's Services
Christmas Box International 3660 S West Temple Salt Lake City, UT 84115	31-1617816	501(c)(3)	5,000				Program Child and Youth Programs

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

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My Stuff Bags Foundation 5347 Sterling Center Drive Westlake Village, CA 91361	95-4671812	501(c)(3)	5,000				Program My Stuff Bags Project
Prevent Child Abuse Utah 2955 Harrison Boulevard Suite 104 Ogden, UT 84403	74-2434274	501(c)(3)	5,000				Program Child Abuse Prev Education Programs

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

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Utah County Children's Justice Center 315 South 100 East Provo, UT 84606	87-0491594	501(c)(3)	5,000				Program Child Abuse Treatment Program
Abode Services 40849 Fremont Boulevard Fremont, CA 94538	94-3087060	501(c)(3)	5,000				Program Children's Program

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

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Ann Martin Center 1375 55th Street Emeryville, CA 94608	94-6099000	501(c)(3)	5,000				GOE
YEAH 1744 University Avenue Berkeley, CA 94703	20-8433097	501(c)(3)	5,000				Program Shelter for Young Adults

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

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Butte County Child Abuse Prevention Council PO Box 569 Chico, CA 95927	94-3139132	501(c)(3)	5,000				Program Nurturing Parenting Classes
Northern California Youth and Family Programs 2577 California Park Drive Chico, CA 95928	68-0027507	501(c)(3)	5,000				GOE

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

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Bay Area Crisis Nursery 1506 Mendocino Drive Concord, CA 94521	94-2681676	501(c)(3)	5,000				GOE
STAND For Families Free of Violence 1410 Danzig Plaza Concord, CA 94520	94-2476576	501(c)(3)	5,000				Program Residential Program for Victims

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

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A Window Between Worlds 710 4th Avenue Venice, CA 90291	95-4448606	501(c)(3)	5,000				Program Children's Windows
California Youth Connection 1611 Telegraph Avenue Suite 1100 Oakland, CA 94609	94-3141616	501(c)(3)	5,000				Program Creating Leaders from Within

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

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Kern County Network for Children 1300 17th Street Bakersfield, CA 93301	33-0552738	501(c)(3)	5,000				Program RealCare Baby Program
A Window Between Worlds 710 4th Avenue Venice, CA 90291	95-4448606	501(c)(3)	5,000				Program Children's Windows Program

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Bridge of Faith PO Box 9108 13979 Mulberry Drive Whittier, CA 90608	95-4625811	501(c)(3)	5,000				Program Mother & Child Retention/Reunification
Coalition to Abolish Slavery & Trafficking 5042 Wilshire Boulevard 586 Los Angeles, CA 90036	10-0008533	501(c)(3)	5,000				Program Shelter for Survivors

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Comfort for Court Kids Inc 201 Centre Plaza Drive Monterey Park, CA 91754	95-4336698	501(c)(3)	5,000				GOE
Create Now 1611 S Hope Street E Los Angeles, CA 90015	95-4590574	501(c)(3)	5,000				GOE

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Door of Hope PO Box 90455 Pasadena, CA 91109	95-4044568	501(c)(3)	5,000				GOE
Dream Center 2301 Bellevue Avenue Los Angeles, CA 90026	41-2269686	501(c)(3)	5,000				Program Foster Care Intervention

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El Nido Family Centers 10200 Sepulveda Boulevard Suite 350 350 Mission Hills, CA 91345	95-3186429	501(c)(3)	5,000				Program Child Abuse Prevention/Treatment
First Place for Youth 3530 Wilshire Boulevard Suite 600 Los Angeles, CA 90010	94-3341034	501(c)(3)	5,000				Program Steps to Success

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Five Acres 760 W Mountain View Street Altadena, CA 91001	95-1647810	501(c)(3)	5,000				Program Residential Treatment Program
Free Arts for Abused Children 11099 S La Cienega Boulevard Suite 235 Los Angeles, CA 90045	95-3252001	501(c)(3)	5,000				GOE

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Hathaway-Sycamores Child and Family Services 210 South De Lacey Avenue Suite 110 110 Pasadena, CA 91105	95-1691005	501(c)(3)	5,000				GOE
Helpline Youth Counseling 14181 Telegraph Road Whittier, CA 90604	23-7113824	501(c)(3)	5,000				Program Southeast Family Preservation Program

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Hillsides 815 Colorado Boulevard Suite 300 Los Angeles, CA 90041	95-1644002	501(c)(3)	5,000				Capital Creating Lasting Chang
Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center 1124 W Carson Street Torrance, CA 90502	95-2138184	501(c)(3)	5,000				Program K I D S Clinic

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Maryvale 7600 E Graves Avenue Rosemead, CA 91770	95-3889412	501(c)(3)	5,000				Program Emergency Placement Center
Richstone Family Center 13620 Cordary Avenue Hawthorne, CA 90250	23-7373745	501(c)(3)	5,000				Program REACH Program

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Salvation Army 180 East Ocean Boulevard Suite 500 Long Beach, CA 90802	94-1156347	501(c)(3)	5,000				Program Transitional Living Center (TLC)
Su Casa 3840 Woodruff Avenue Suite 203 Long Beach, CA 90808	95-3495175	501(c)(3)	5,000				Program Shelter Programs

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Whole Child 10155 Colima Road Whittier, CA 90603	95-2031148	501(c)(3)	5,000				Program Every Child Family Housing Program
Women's and Children's Crisis Shelter 13203 Hadley Street Suite 103 Whittier, CA 90601	95-3315186	501(c)(3)	5,000				Program Women's and Children's Crisis Shelter

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Community Human Services PO Box 3076 Monterey, CA 93942	94-6367167	501(c)(3)	5,000				Program Safe Place Program
Camp Alandale PO Box 35 Idyllwild, CA 92549	95-3465382	501(c)(3)	5,000				Program Camper Sponsorship

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CHOC Foundation 1201 W La Veta Avenue Orange, CA 92868	95-6097416	501(c)(3)	5,000				Program Child Health and Protection Clinic
Court Appointed Special Advocates of Orange County 1505 E 17th Street Suite 214 Santa Ana, CA 92705	33-0069334	501(c)(3)	5,000				Program Mentor-Advocate Program

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Precious Life Shelter Inc 10881 Reagan Street Los Alamitos, CA 90720	51-0187577	501(c)(3)	5,000				Program Health/Education Program
Seneca Orange County 233 S Quintana Drive Anaheim, CA 92807	94-2971761	501(c)(3)	5,000				Program Guided Animal Intervention Therapy

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

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South Coast Children's Society Inc 27261 Las Ramblas Suite 220 Mission Viejo, CA 92691	33-0521169	501(c)(3)	5,000				Program Group Home Program
CASA Sacramento PO Box 278383 Sacramento, CA 95827	68-0257139	501(c)(3)	5,000				GOE

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Children's Hope PO Box 1938 Upland, CA 91785	27-1074953	501(c)(3)	5,000				Program Recreation and Aftercare Program
Rescue Mission Alliance 315 North A Street Oxnard, CA 93030	23-7278002	501(c)(3)	5,000				Program Victor Valley Rescue Mission

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Interfaith Shelter Network of San Diego 3530 Camino del Rio North Suite 301 301 San Diego, CA 92108	95-2630300	501(c)(3)	5,000				Program El Nido Program
North County Lifeline 3142 Vista Way Suite 400 Oceanside, CA 92056	95-2794253	501(c)(3)	5,000				Program LifeSpring Program

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San Diego Rescue Mission PO Box 80427 San Diego, CA 92138	95-1874073	501(c)(3)	5,000				GOE
University of San Diego 5998 Alcala Park Hahn University Center 232 San Diego, CA 92071	95-2544535	501(c)(3)	5,000				Program Renaissance Scholars Internship Prgrm

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Center for Family Strengthening 1110 California Boulevard Suite B San Luis Obispo, CA 93401	77-0206822	501(c)(3)	5,000				Program Kidz Toolbox for Personal Safety
CORA 2211 Palm Avenue San Mateo, CA 94403	94-2481188	501(c)(3)	5,000				Program Safe House Shelter Program

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StarVista 610 Elm Street Suite 212 San Carlos, CA 94070	94-3094966	501(c)(3)	5,000				Program Daybreak Program
Shasta Family YMCA 1155 N Court Street Redding, CA 96001	94-1212141	501(c)(3)	5,000				Program Resident Camp for Foster Youth

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Child Haven Inc 801 Empire Street Fairfield, CA 94533	94-2907687	501(c)(3)	5,000				Program Child Abuse Treatment Program
On The Move 780 Lincoln Avenue Napa, CA 94558	75-3149095	501(c)(3)	5,000				Program VOICES in Sonoma County

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	1	108,810	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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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

2016

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	LYNSI SNYDER-ELLINGSON, ROGER KOTCH, AND LYNDA SNYDER HAVE A BUSINESS RELATIONSHIP LYNSI SNYDER-ELLINGSON AND LYNDA SNYDER HAVE A FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	A DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 AND THE ORGANI ZATION'S CHIEF FINANCIAL OFFICER ALSO REVIEWED THE SAME DOCUMENT A COPY OF THE RETURN WAS ALSO PROVIDED TO THE VOTING MEMBERS BEFORE FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	ON AN ANNUAL BASIS, THE GENERAL COUNSEL REVIEWED THE CONFLICT OF INTEREST POLICY WITH EACH DIRECTOR, OFFICER, AND STAFF MEMBER OF THE ORGANIZATION ONCE COMPLIANCE IS CONFIRMED, TH E FORM WAS EXECUTED BY EACH PERSON AND THE DOCUMENTS WERE STORED ACCORDING TO DOCUMENT RET ENTION POLICIES THE FOUNDATION'S COMPLIANCE OFFICER, ARNOLD M WENSINGER (OR CURRENT GENE RAL COUNSEL OF THE FOUNDATION), IS RESPONSIBLE FOR INVESTIGATING AND RESOLVING ALL REPORTE D COMPLAINTS AND ALLEGATIONS CONCERNING ETHICAL VIOLATIONS AND, AT HIS DISCRETION, SHALL A DVISE THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	FORM 990, PART VI, SECTION B, LINES 15A AND 15B NO SUCH REVIEW IS REQUIRED BECAUSE NO OFFICERS ARE COMPENSATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	UPON REQUEST, THE FOUNDATION WILL PROVIDE COPIES OF THE DOCUMENTS

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)ARMY OF LOVE 449 W FOOTHILL BOULEVARD GLENDORA, CA 91741 90-0932694	RELIGIOUS ACTIVITIES	CA	501(c)(3)	Line 7	N/A		No
(2)SLAVE 2 NOTHING FOUNDATION 4199 CAMPUS DRIVE 9TH FLOOR IRVINE, CA 92612 47-4712082	CHARITABLE, EDUCATIONAL, AND LITERACY ACTIVITIES	CA	501(c)(3)	Line 7	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation