**g**g

Department of the Treasury Internal Revenue Service

Form

# EXTENDED TO NOVEMBER 15, 2024 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.

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



_	or un	e 2023 calendar year, or tax year beginning and	ending		
B c	Check if applicab	e: C Name of organization		D Employer identific	cation number
	Addre	ss TACO BELL FOUNDATION INC.			
	Name			33-0523542	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			949-863-4500	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	50,912,118.
	Amen	IRVINE, CA 92010		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: CAMES CASCONE		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
17	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1992	State of legal domicile: CA
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: THE TAC		OUNDATION BREAKS	
anc		DOWN BARRIERS TO EDUCATE AND INSPIRE THE NEXT GENERATION OF			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos		1.1	ets. 8
20 So	3				8
ي ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			 19
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac	h	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		35,171,246.	47,265,558.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,762.	1,445,596.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,242,008.	48,711,154.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,083,389.	26,113,127.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		٥.	٥.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,389,649.	2,072,937.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x pe	. b	Total fundraising expenses (Part IX, column (D), line 25) 1,037,	037.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,450,172.	3,606,130.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,923,210.	31,792,194.
	19	Revenue less expenses. Subtract line 18 from line 12		16,318,798.	16,918,960.
s or			Be	ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		49,068,263.	69,602,729.
it As	-	Total liabilities (Part X, line 26)		492,915.	3,762,441.
INet		Net assets or fund balances. Subtract line 21 from line 20		48,575,348.	65,840,288.

Part II Signature Block

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

Sign Here	Signature of officer JAMES CASCONE, TREASURER James (ascone		Date 11/15/2024
	Type or print name and title		
Paid	Print/Type preparer's name LIOR TEMKIN	Preparer's signature Date	4 Check PTIN if self-employed P00748170
Preparer	Firm's name SINGERLEWAK LLP		Firm's EIN 95-2302617
Use Only	Firm's address 2010 MAIN ST., STE 300		
	IRVINE, CA 92614		Phone no.949-261-8600
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2023) TACO BELL FOUNDATION INC.	33-0523542	Page <b>2</b>
Par	t 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 TACO BELL FOUNDATION BREAKS DOWN BARRIERS TO EDUCATE AND INSPIRE		
	THE NEXT GENERATION OF LEADERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	ΓYe	s 🗴 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?	Ye	es 🛛 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 m		
	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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$18,868,278. including grants of \$16,407,844. ) (Revenue)	. ¢	)
чa	TACO BELL FOUNDATION GRANTED BACK TO YOUTH-SERVING ORGANIZATIONS,	• •	)
	INCLUDING THE BOYS AND GIRLS CLUBS OF AMERICA, IN AND AROUND		
	COMMUNITIES WHERE TACO BELL DOES BUSINESS. OUR LOCAL GRANTS SUPPORT		
	PROGRAMS AND EXPERIENCES THAT PREPARE YOUNG PEOPLE FOR HIGH SCHOOL		
	GRADUATION AND EMPOWERS THEM TO CHANNEL THEIR PASSIONS SO THEY CAN GO		
	ON TO ACHIEVE THEIR DREAMS THROUGH SECONDARY EDUCATION. SINCE 2013, THE		
	TACO BELL FOUNDATION HAS GRANTED NEARLY \$78.5 MILLION TO APPROXIMATELY 350 BOYS AND GIRLS CLUBS ACROSS THE COUNTRY.		
	550 BOIS AND GIRLS CLOBS ACROSS THE COUNTRI.		
4b	(Code:         ) (Expenses \$11,160,636.         including grants of \$9,705,283.         ) (Revenue)	\$	)
	THE LIVE MAS SCHOLARSHIP PROGRAM IS DESIGNED TO HELP INNOVATORS AND		
	CREATORS AGES 16-24 PURSUE UNIQUE PASSIONS THAT MAY NOT NECESSARILY FIT		
	THE APPLICATION ONLY REQUIRES SUBMISSION OF A TWO-MINUTE VIDEO WHERE		
	APPLICANTS SHARE WHAT THEY LOVE TO DO. THE 2023 SCHOLARSHIP PROGRAM		
	AWARDED \$9.7 MILLION. THE WIDE RANGE OF STUDENT PASSIONS INCLUDE		
	MEDICINE, FILM, ENGINEERING, MUSIC AND COMMUNITY SERVICE. IN THE FIRST		
	FIVE YEARS OF THE SCHOLARSHIP, THE TACO BELL FOUNDATION HAS ALREADY		
	AWARDED \$36.9 MILLION IN EDUCATION SUPPORT TO NEARLY 3000 STUDENTS,		
	INCLUDING TACO BELL EMPLOYEES. STUDENTS IN THE PROGRAM HAVE ALSO BEEN		
	GIVEN ACCESS TO OPPORTUNITIES BEYOND FINANCES, THROUGH WORKSHOPS TO HELP DEVELOP PERSONAL AND PROFESSIONAL SKILLS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
10			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     30,028,914.	<b>F</b> -	990 (2023)
330000	2 12-21-23	Form	(2023)
002002	3		

	990 (2023) TACO BELL FOUNDATION INC. 33-0523	542	P	age <b>3</b>
Par	t IV Checklist of Required Schedules		1	
			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		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
<b>h</b>	Part VI	<u>11a</u>	А	<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·   ····		<u> </u>
120		12a	x	
h	Schedule D, Parts XI and XII	120		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
	Did the organization maintain an office, employees, or agents outside of the United States?			x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	. 21	X	<u> </u>
332003	12-21-23	Form	990	(2023)
	4			

16171030 701224 7757

Pert V     Deckkits of Nequired Schedules [continued]     Yes in part R, complex Schedule, Javis J and II     Yes in part R, complex Schedule, Javis J and II       20     Det the organization narver 'We'' to PRt VI. Section A, line 3, 4, or 5, about compensation of the organization sourcet and former offices, director, trustes, lew employees, and highest comparated employees ?I 'Yes, 'complex Schedule J     Yes in the organization narver 'We'' to PRt VI. Section A, line 3, 4, or 5, about compensation of the organization sourcet and former offices, director, trustes lew entry including principal amount of more than \$100.000 as of the schedule T (Ying, 'po him yes, trust was itsued after December 31, 2022' II 'Yes,' answer lines 24b through 24d and complete Schedule F. (Ying, 'po him yes, complex Schedule F. (Ying, 'po him yes, complex Schedule F. (Yes, 'pomplex Schedule	Form		523542	2	Р	age <b>4</b>
22       Del the organization report more than \$5:00 of grants or them assistance to or for domestic individuals on Part IX. Complete Schedule I, Part II and III       22       X         23       Del the organization nerver. Yest to Part VII. Section A, IIIA 59, 4, or 5, about compensation of the organization's current and former dimest directors, trustees, key employees, and highest compensated employees?       24       X         24       Del the organization have a tax everal bord issues with an outstanding principal amount of more than \$100.003 as of the set of the year, that was issued after December 31, 2002? If 'Yea, 'answer lines 24b through 24d and complete Schedule I, Part II       24a       X         250       Bed the organization meet any proceed to tax-everapt bord beyond a temporary parted exception?       24a       X         261       Del the organization meet any proceed to tax-everapt bord beyond a temporary parted exception?       24a       X         263       Bection 50 (IQ(A) Bord(A) and 50 (IQ(A) graphizations. Dol the organization again as an 'on behalf of have for bands outdetading at any time during the year's defease any 'one optical adaption adaption and any dime during the year's complete Schedule L, Part I       25a       X         264       Del the organization meet any one excess benefit function, tustees were more one of the year intervent one of the year intervent of theyee's complete Schedule L, Part I						U
Part IX, column (A), line 27 if "Yes," complete Schedule ( <i>Parts</i> 1 and III       22       2         23       Did the organization news" rev to Part VI, Schedule A, line 34, or 5, Subot compensation of the organization's current.       23       X         244       Did the organization have a tra-scenery bond issue with an outstanding principal amount of more than \$100,000 as of the list did of the way. Itak way sites and attra December 31, 2002? If "Yes, "narwer fines 24b through 24d and complete Schedule A, II "Mo." (parts) to have a tra-scenery bond issue after December 31, 2002? If "Yes, "narwer fines 24b through 24d and complete any trace wamp bond?       24b       24b         25       Botch the organization meet any proceed a tax-enery bond beyond a temporary priod exception?       24b       24b         26       X       24b       24c       24b       24c         26       Bot the organization meet any proceed a tax-enery thrond subtanding at any time during the year: to defease any tax every bond?       24c       24b       24c         26       Bot the organization avants that the argued benchulty for Yes? . any time during the year: to defease any tax every bond?       24c       24c       24c         26       Schedule L, Part I       50 bit the organization avant that the argued on a voces benchi transaction with a disqualified previor in a priory year. and that the transaction has the period way of the organization any tax every in the during the year I.       24b       24b       24b       24b       24b       24b <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td>No</td>					Yes	No
23       Did the organization answer for the pert VII. Beckton A, Ino 3. A or 5, about compensation of the organization is current and formar officiant, directorin, trustees, lay employee, and highest comparisated employees? If Yes, 'complete Schedule A, If No.', 'go to line 26a       24         24       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 law end attributes in \$1,0002 ff Yes, 'answer lines 24 brough 24 and complete Schedule A, If No.', 'go to line 26a       24a         25       Did the organization maintain an escow account other than a refunding escow at any time during the year' to defease any tax-seempt bonds?       24a         26       Did the organization maintain an escow account other than a refunding escow at any time during the year' to defease any tax-seempt bonds?       24d         25       Section 50(163), 501(244), 405(124) organizations. Did the organization action at the longacity in a reparacition regain action acception?       24d         26       Section 50(163), 501(244), 405(124), 200 creates benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior former 900 or 900/227. If Yes, 'complete Schedule L, Part I       25b         27       Did the organization prior de any amount on Part X, line 5 or 22, for receivables from or paryables to any current or former officer, director, trustees, key employee, centor or formader of former officer, director, trustees, key employee, centor or formader of form of fines, director, trustee, key employee, formedor of fines, director, trustee, key employee, centor or formader, o	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ſ			
23       Did the organization answer "Vet" to Part VII, Becton A, Ine 3, 4, or 5, about compensated employee? If "Ves," complete Schedule I, 41 Max, to supplete Schedule I, 17% b; 70 for the Part III and Table Schedule I, 17% b; 70 for the Part IIII and Schedule I, 17% b; 70 for the Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	Х	
Schedule /       28       X         41       Diff enginization have a tax-exampt bord 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, 2027 # "Yes," answer lines 2.42 through 2.41 and complete Schedule (# 1%%); or o lower 256.       246         5       Did the organization invest any proceeds of tax-exampt bond beyond a temporary period exception?       246         6       Did the organization invest any proceeds of tax-exampt bonds?       246         7       Did the organization and tas an 'on behalf of' lisuer for bonds outstanding at any time during the year?       246         26       Section 50(16(2), 501(4)(4), 406(4)(4) and 50(4)(23) expanziation. D) de ta enginization any time during the year?       246         27       Sin bond and ta sa an 'on behalf of' lisuer for bonds outstanding at any time during the year?       246         28       Section 50(16(2), 501(4)(4), 406(4)(4) and 50(4)(23) expanziation is prior Forms 900 or 900-22? // **es', complete Schedule L, Part I       256         29       Ut the organization report any annound on Part X, line 5 or 22, for receivables from or payables to any current or former officer, directri, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entily include and ontil the mean's of any of these sparsors? // **es', complete Schedule L, Part I       26         29       Vas the organization novice at the theore of ramin' member of any of these sparsors? // **es', complete Schedule L, Part I       26       <	23					
Schedule /       28       X         41       Diff enginization have a tax-exampt bord 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, 2027 <i>H</i> 'Yes,' narwer lines 24b through 24d and complete       24a       X         b Did the organization movest any proceeds of tax-exampt bond beyond ta temporary period exception?       24b       X         c Did the organization movest any proceeds of tax-exampt bonds       24b       X       24b       X         d Did the organization movest any proceeds of tax-exampt bonds       24c       24d       X         d Did the organization movest any proceeds of tax-exampt bonds       24c       24d       X         d Did the organization movest tax if on behalf of lissuer for bonds outstanding at any time during the year?       24d       X         d Did the organization avace tax the lengaget in a vecket bonds       24d       X       X         d Did the organization avace tax the lengaget in a vecket bond tax-exampt bonds?       24d       X       X         d Did the organization provide a targoget in a vecket bond tax-exampt bonds are avace. The vecket bond tax transmittax in the transaction tax the transaction tax the tax tax times to avace tax the tax times to avace tax times tax times to avace tax times tax times to avace tax times tax times tax times to avace tax times tax times to avace tax times tav		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
24a       Did the organization have a tax exempt bond issue dirth noutratement in set 2d bit more than \$100,000 as 01 the set of the year, that way my proceeds of tax exempt bond beyond a temporary period exception?       2da       x         24b       Did the organization invest any my proceeds of tax exempt bond beyond a temporary period exception?       2da       x         24b       Did the organization invest any my proceeds of tax exempt bond beyond a temporary period exception?       2da       x         25b       Section 501c(3), 501c(4), and 501c(20) organizations. Did the organization engage in an excess benefit transaction with a dispatched period might beyon?       2da       x         25b       Exception 1       2da       x       x       x         25b       Exception 2       Did the organization wave that it engaged in an excess benefit transaction with a dispatched period in a prory ear, and that the transaction has not one of the organization report any amount on Part X, line 5 or 22, for receivables from or payables tary current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 30% controlled entity or anally member of any of these person? // 'Yes,' complets Schedule L, Part I       2da       X         27       Did the organization report any employee, creator or founder, or substantial contributor or to a 35% controlled entity or tarkiny member of any of these person? // 'Yes,' complets Schedule L, Part I       2da       X         28       Was the organization receive contributinia and/or organization ceveive controlled				23	х	
Schedule K If Win, to to film 25a       24a       X         D Did the organization investing supcodes of tax-exempt bonds beyond a temporary period exception?       24b       X         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       24d         25a Section 501c(0), 501c(0), and 501c(0) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not ben reported on any of the organization spinor Forms 900 or 900 E27. If "Yes," complete Schedule L, Part I       25a       X         26 Did the organization period any amount on Part X, line 5 or 22, for resviables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or fauny member of any of these person? If "Yes," complete Schedule L, Part I       26       X         27 Did the organization provide any anount on Part X, line 5 or 22, for resviables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity in these persons? If "Yes," complete Schedule L, Part I       26       X         28 Was the organization provide thereof or family member of any rifes persons approved person in a part year.       27       X         29 Was the organization provide thereof or family member of any rifes persons?       28       X         29 Was the organization receive more than 325,000 in noncash certibutors?	24a		Γ			
Schedule K If Win, to to film 25a       24a       X         D Did the organization investing supcodes of tax-exempt bonds beyond a temporary period exception?       24b       X         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       24d         25a Section 501c(0), 501c(0), and 501c(0) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not ben reported on any of the organization spinor Forms 900 or 900 E27. If "Yes," complete Schedule L, Part I       25a       X         26 Did the organization period any amount on Part X, line 5 or 22, for resviables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or fauny member of any of these person? If "Yes," complete Schedule L, Part I       26       X         27 Did the organization provide any anount on Part X, line 5 or 22, for resviables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity in these persons? If "Yes," complete Schedule L, Part I       26       X         28 Was the organization provide thereof or family member of any rifes persons approved person in a part year.       27       X         29 Was the organization provide thereof or family member of any rifes persons?       28       X         29 Was the organization receive more than 325,000 in noncash certibutors?		last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete				
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?       24d         d       Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?       24d         25s       Section 50(c)(s), 50(c)(4), and 50(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If 'Yes,' complete Schedule I, Part I       25a         25       Did the organization are port thats, levy angly excess benefit transaction than soft excess benefit transaction than soft excess benefit transaction than soft excess benefit transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former force, director, truste, levy angly excessor or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization a part or other assistance to any or these persons? If 'Yes,' complete Schedule L, Part IV, instructions for applicable filing threaholds, conditions, and exceptions;       26       X         28       Wast the organization a part or othera solitance to any or these persons? If 'Yes,' complete Schedule L, Part IV, instructions for at, hatorial treasarts, or other similar assets, or qualified conservation       27       X         29       Wast the organization and exceptions of art, h				24a		х
c       Did the organization maintain an encore account other than a refunding escrow at any time during the year to defease any tax exempt bonds?       246         d       Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       246         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 in a prory exe, and that the transaction has not been reported on any of the organization's prior forms 980 or 980-EZ?       11" Yes, 'complete Schedule L, Part I         25a       Did the organization aport any amount on Part X, line 5 or 22, for receivables from or payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereol of a grant selection committee member, or to a 35% sourcelled entity including an employee thereol of a grant selection committee member, or to a 5% sourcelled entity including an employee thereol of a grant selection committee member, or to a 35% sourcelled entity including an employee thereol of a grant selection organization provide system.       26       X         27       Did the organization provide a grant or other assistance to any organization apprives benedify a finiting therebox dary of these persons?       11" Yes, 'complete Schedule L, Part IV       26       X         28       Was the organization provide a grant or other assistance to any individual described in line 28a7 if Yes, 'complete Schedule L, Part IV       28       X         29       Did the organization neadive and cases ope	b		Г	24b		
any tax-sempt bonds?     24c       255     Section 501c(2), 501(2), and 501c(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?     24d       256     Section 501c(2), 501(2), and 501c(2) organizations. Did the organization engage 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-E27. If "Yes," complete Schedule I, Part I     25a       261     Did the organization avere that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with an excess benefit transaction with a disqualified person paybes to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35%     256     X       270     Did the organization avere the massition with one of any of these persons? II "Yes," complete Schedule I, Part II     26     X       271     Did the organization avere the massition with one of the following parties? (See the Schedule I, Part II     26     X       272     X     X     26     X     27       273     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II     Yes," complete Schedule I, Part II     26     X       284     Was the organization necelve contributions? II "Yes," complete Schedule I, Part IV     26     X       295     Did the organization receive more final \$25,000 in noncash contributions? II "Yes			····· F			
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         25a Section Solic(a), 50 (c)(a), 40 50 (c)(20) organizations. Cult the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the organization is prior forms 990 or 990 E27. If 'Yes,' complete Schedule L, Part I       25a         25 Did the organization export any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or these persons? If 'Yes,' complete Schedule L, Part II       26       X         27 Did the organization aperty to a business transaction with on of the following parties? (Bew the Schedule L, Part II       26       X         28 Was the organization aperty to a business transaction with on of the following parties? (Bew the Schedule L, Part II)       28       X         29 Was the organization or endore, divertion trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II       28       X         29 Was the organization aperty to a business transaction with one of the following parties? (Bew the Schedule L, Part II)       28       X         29 Was the organization inductual sector or controle, robustantial contributor? If 'Yes,' complete Schedule L, Part IV       28       X         29 Did the organization nearby on endormed mortifications described in line 28a or 28b? If 'Yes,' complete Schedule M       29       X </td <td></td> <td></td> <td></td> <td>24c</td> <td></td> <td></td>				24c		
25a     Section 501(c)(3), 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I     25a     x       25b     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 Form 990 0790/E27. If 'Yes,' complete Schedule L, Part I     25b     x       26     Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II     26     x       27     Did the organization approxip a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or etas 35% controlled entity (including an employee thereol) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions);     a     A current of former officer, director, trustes, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV     28a     x       30     Did the organization necelow contributions of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV     28b     x       31     Did the organization necelow controllation dividual and/or organization described in line 28a     x     29b     x       32 <t< td=""><td>d</td><td></td><td>····· F</td><td></td><td></td><td></td></t<>	d		····· F			
transaction with a disqualified person during the year? #"Yes," complete Schedule 1, Part 1       25a       X         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior 590 0.990 E27. # "Yes," complete Schedule 1, Part 1       25a       X         controlled entity or family member of any of these persons? # "Yes," complete Schedule L, Part I       26       X         27       Did the organization privide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee) thereof of rainity member of any of these persons? # "Yes," complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV       28       X         29       Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV       28       X         29       Did the organization receive contributions of employee, creator or founder, or substantial contributor? #       28       X         29       Did the organization receive contributions of an thistocical treasure, or other assistance to acceptions?       20       X         20       Did the organization liquidate, terminate, or discova and cease operations? # "Yes," complete Schedule N, Part I       30       X			····· F			
b       is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a price year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If 'Yes,' complete Schedule I, Part I       28b       X         26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization approximation or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, a grant selection committee member, or to a 35% controlled entity or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part III.       28       X         28       Was the organization a pay to ba business transaction with one of the following parties? (See the Schedule L, Part III.       28a       X         29       Did the organization receive contributions of ant, historical treasures, or other asis organization receive contributions? If 'Yes,' complete Schedule L, Part IV.       28a       X         29       Did the organization releve contributions of art, historical treasures, or other asistance organization and that the transaction with a controllower organization and that the transaction with a controlled entity of an entity disregarded as separate from the organization neceve contributions of art, historical treasures, or other				25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ?     # Yes," complete Schedule L, Part I       25b     X       26t     Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 39% controlled entity of family member of any of these persons? If Yes," complete Schedule L, Part II     26       27     Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 55% controlled entity (including an employee thereol or family member of any of these persons? If Yes," complete Schedule L, Part II     27       28     Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part II     28       29     Did the organization receive more than 255,000 in noneash contributions? If Yes," complete Schedule L, Part II     28       29     Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If Yes," complete Schedule M     29     X       30     Did the organization receive any than 256,001 in noneash contributions? If Yes," complete Schedule M, Part I     30     X       31     Did the organization sell, exchange, dispose of, or transfer more than 255, of the assets, or qualified conservation contributions? If Yes," complete Schedule M, Part I     31     X	b			204		
Schedule L, Part I     25b     X       26     Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or tormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       27     Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family then to no of the following parties? (See the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):     27     X       28     A sumity member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV     28a     X       29     Did the organization requires more than \$25,000 in noneach contributions? If "Yes," complete Schedule N, Part I     28e     X       29     Did the organization requires contains described in line 28a? If "Yes," complete Schedule N, Part I     20     X       29     Did the organization requires or tabulate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I     28e     X       20     Did the organization induidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I     30     X       30     Did the organization on 00% of an entity disregarded as separate from the organization induidate, termi		• • • • • • • • •				1
26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes, 'complete Schedule L, Part II       26       X         27       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? or an 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes, 'complete Schedule L, Part II       27       X         28       Was the organization party to a business transaction with one of the following parties? (See the Schedule L, Part III.       28       X         29       X aturent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes, 'complete Schedule L, Part IV.       28       X         20       Did the organization receive more than \$25,000 in noncesh contributions? If 'Yes, 'complete Schedule L, Part IV.       28       X         30       Did the organization receive more than \$25,000 in noncesh contributions? If 'Yes, 'complete Schedule N, Part II.       30       X         31       Did the organization neceive more than \$25,000 in noncesh contributions? If 'Yes, 'complete Schedule N, Part II.       30       X         32       Did the organization neceive more than \$25,000 in noncesh contributions?       Y'Yes, 'complete Schedule N				25h		x
r former officer, furster, truster, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26	,	·····	200		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       27     Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 55% controlled entity (including an employee thereol, a grant selection committee member, or to a 55% controlled entity or business transaction with one of the following parties? (See the Schedule L, Part III.     27     X       28     Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV.     28a     X       29     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "res," complete Schedule L, Part IV.     28a     X       29     A family member of any individual described in line 28a? <i>I</i> "Yes," complete Schedule M.     29     X       29     Did the organization receive more than \$25,000 in noncash contributions? If "res," complete Schedule M.     29     X       30     Did the organization iselicitation receive and the assolve and cease operations? If "res," complete Schedule N, Part I     30     X       31     Did the organization selic, exchange, dispose of, or transfer more than 25% of its at easets? If "res," complete Schedule N, Part I     31     X       32     Did the organization selic, exchange, dispose of, or transfer more than 25% of its at easets? If "res," complete Schedule N, Part I     31     X   <	20					1
27       Did the organization provide a grant or other assistance to any current to former officer, fusche, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled and the organization provide a grant or other assistance to any current to former officer, or to a 15% controlled and the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       27       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization receive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization indukate, teminate, or dissolve and c				26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       Z       X         2W was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part II.       Z       X         3 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       Zeb       X         4 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       Zeb       X         2B Did the organization receive contributions of art, historial treasures, or other similar assets, or qualified conservation contributions of art, historial treasures, or other similar assets, or qualified conservation       30       X         3D Did the organization receive contributions of art, historial treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         3D Did the organization ellexcharg, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Ime 1       33       X         34 Was the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, Ime 2       36       X	97		·····	20		
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27       X         28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV.       1       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "*es," complete Schedule L, Part IV.       28a       X         29       A family member of any individual described in line 28a' If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29a       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       30a       X         31       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       30a       X         32       Did the organization sell, exchange, dispose of, or transfer more than \$256 of its net assets? If "Yes," complete Schedule N, Part I       30a       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$01.7701-2 and \$01.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1       34       X         33       Did the organization inelated to any tax-seempt or taxable entity?	21		bei			1
28       Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       a A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? //// 'Yes,' complete Schedule L, Part IV.       28a       x         b A family member of any individual described in line 28a? // trives, 'complete Schedule L, Part IV.       28a       x         c A 53% controlled entity of one or more individuals and/or organization sective contributions? // trives, 'complete Schedule M.       28c       x         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions of itry 'Yes, 'complete Schedule M.       30       x         31       Did the organization scelve contributions of art, historical treasures, or other similar assets? // tryes, 'complete Schedule N, Part I       31       x         32       Did the organization oral 00.701-39 (tryes, 'complete Schedule R, Part I), III, or N, and Part V, line 1       33       x         33       Did the organization nelated to any taxexempt or taxable entity? // tryes, 'complete Schedule R, Part II, III, or N, and Part V, line 1       34       x         34       Was the organization and a controlled entity within the meaning of section 512(b)(13)?       35a       x         35a       Did the organization schedule R, Part V, line 2       35a       x				27		x
instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       x         ''res,": complete Schedule L, Part IV       28b       x         2 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28b       x         ''res,": complete Schedule L, Part IV       28c       x         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If res," complete Schedule N, Part I       30       x         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If res," complete Schedule N, Part I       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization related to any taxexempt or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31       X         33       Did the organization related to any taxexempt or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34       Was the organization related to any taxexempt or senage in any transaction with a controlled entity within the meanin	28			21		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If <ul> <li>**es, * complete Schedule L, Part IV</li> <li>A family member of any individual described in line 28a 'I **es, * complete Schedule L, Part IV</li> <li>A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If</li> <li>**es, * complete Schedule L, Part IV</li> </ul> 28a         x           29         Dd the organization receive more than \$25,000 in noncash contributions? If *Yes, * complete Schedule M         29         x           30         Dd the organization receive more than \$25,000 in noncash contributions? If *Yes, * complete Schedule N, Part I         30         x           31         Did the organization sell, exchange, dispose of, or transfer more than 28% of its net assets? If *res, * complete Schedule N, Part I         31         32         x           33         Did the organization sell, exchange, dispose of, or transfer more than 28% of its net assets? If *res, * complete Schedule N, Part I         33         x           34         Was the organization related to any tax-exempt or taxable entity? If *res, * complete Schedule R, Part II, III, or IV, and Part V, line 1         34         x           35a         Did the organization have a controlled entity within the meaning of secton 512(b)(13)?         35a         x           36         Sections 501(c)(3) organizations. Did the organization complete Schedule R, Part V, line 2	20					
"Yes," complete Schedule L, Part IV       28a       x         b A family member of any individual described in line 28a? /// "Yes," complete Schedule L, Part IV       28b       x         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ///       28b       x         29       Did the organization receive more than \$25,000 in noncash contributions? /// "Yes," complete Schedule M       29       x         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? /// "Yes," complete Schedule M       29       x         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /// "Yes," complete Schedule N, Part I       31       x         32       Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         34       Was the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization. Schedule R, Part V, line 2       36       X         35a       Did the organization. Did the organization make any transfers to an exempt non-charitable related organization?       37       X         35a       Did the organization complete Schedule A, Part V, line 2	-					
here       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       Part A         c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       Part A         "Yes," complete Schedule L, Part IV       Part IV       Part I         20       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       Part I         31       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       Part I         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       Part I         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 II, III, or IV, and Part V, line 1       Part V, line 1         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       Part V, line 1       Part V, line 2         35       Did the organization complete Schedule R, Part V, line 2       Part V, line 2       Part V, line 2         36       Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       Part Y         37       X       Part V, line 2       Part V, line 2       Part V	a			282		x
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28c       x         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization. Nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a rel	h		····· F			
"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         34       Was the organization ave a controlled entity within the meaning of section 512(b)(13)?       34       X         35a       Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35b       X         36       Section 501(c)(3) organizations. Did the organization and that is treated as a partnership for federal income tax purposes? If "%s," complete Schedule R, Part V       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			·····	200		
10/2       Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M       10/2         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       32       X         34       Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization. Suit 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       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37 <td>U</td> <td></td> <td></td> <td>280</td> <td></td> <td>x</td>	U			280		x
20       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization incuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did 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       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       b If "Yes," complete Schedule R, Part V, line 2       35a         35a       Did the organization. Solid the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O re Part VI, line 2       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization com	20					
contributions? If "Yes," complete Schedule M       30       x         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       x         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       x         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       x         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       x         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       x         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       x         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       x         37       Did the organization complete Schedule R, Part V, line 2       36       x         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       x         38       Did the organization complete Schedule O and provide explana			·····	29		
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule R, Part V, line 2       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11	30			20		x
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> 32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33       X         34       Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part V</i> 37       X         38       X       X       38       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 2       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 31b and 19?       38       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b a	24	Did the ergenization liquidate terminate or dissolve and ecose energiance ( 1992 - 199	·····			
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V       37       37       38       X         38       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 V       37       38       X         38			·····	31		
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35a       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       38       1b       0         9       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1a       1a       38       <	32			20		x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) 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       35b         37       Did the organization. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule O       38       X         Yest       Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       1       1       38       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <t< td=""><td>22</td><td></td><td>·····  -</td><td>32</td><td></td><td></td></t<>	22		·····  -	32		
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) 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       35b         37       Did the organization. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Did the organization complete Schedule O       1a       38       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         30       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI       38       X         30       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	33			22		x
Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       35b       35b         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 V.       37       37       37         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Satements Regarding Other IRS Filings and Tax Compliance       28       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       38       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         3802004       12-21-23       Form 990       990       2023	24		·····	33		
35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) 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       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Statements Regarding Other IRS Filings and Tax Compliance       1       38       X         1a       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1       1       38       1         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1       1       1       1         b       Enter the number o	34			24		x
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Statements Regarding Other IRS Filings and Tax Compliance       28       X         In Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       38       1a       38         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       38       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       7ex       Yes       No	25.0					
within the meaning of section 512(b)(13)? /f "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?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? /f "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       38       Yes       No         1a       38       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1a       38       X			·····	JOA		
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule R, Part V, line 2       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes No         The inter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       38       1         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       38       1         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X	a			0EH		
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes, " 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       38       V         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1c       X         Good the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming         (gambling) winnings to prize winners?       1c       X         Statements Regarding Other IRS Filings	96			330		
37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       38       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       38       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         332004 12-21-23	30			26		x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	97		ŀ	30		<u> </u>
38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Image: Check if Schedule O contains a response or note to any line in this Part V       Image: Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       38       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable       Image: Check if Schedule O contains a response or note to applicable	31			07		x
Note: All Form 990 filers are required to complete Schedule 0       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         Check if Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Image: Image: Schedule O contains a response or note to applicable       Image: Schedule O contains a response or note to applicable       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Image: Imag	20		ŀ	31		
Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       1a       38       Ia       Ia       38       Ia       Ia       Ia       38       Ia       Ia <td>30</td> <td></td> <td></td> <td>20</td> <td>x</td> <td>1</td>	30			20	x	1
Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       1a       38       Ia       Ia       38       Ia       Ia       Ia       38       Ia       Ia <td>Par</td> <td>t V Statements Regarding Other IRS Filings and Tax Compliance</td> <td>·····</td> <td>30</td> <td></td> <td>L</td>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance	·····	30		L
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       38       Yes       No         b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       Image: Comparison of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Ic       X         332004       12-21-23       Form 990 (2023)		Check if Schedule O contains a reapone or note to any line in this Bart V				
1a       38         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         332004       12-21-23       Form 990 (2023)			<u></u>			
b Enter the number of Forms W-2G included on 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       1c       X         (gambling) winnings to prize winners?       1c       X       X         332004 12-21-23       Form 990 (2023)	4 -	Enter the number reported in box 2 of Earm 1006. Enter 0, if not emplicable	3 g F		res	INO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?						
(gambling) winnings to prize winners?         1c         X           332004         12-21-23         Form 990 (2023)			$\dashv$			
332004 12-21-23 Form <b>990</b> (2023)	С			10	x	
	000000					(2022)
	332004			rum	550	(ZUZ3)

16171030 701224 7757

	990 (2023) TACO BELL FOUNDATION INC. 33-0523	542	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2	.9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h		0a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:	7		
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b				
-	organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			x
14a	Did the organization receive any payments for indoor tanning services during the tax year?			- A
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	├	├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	<u> </u>	-
	If "Yes," complete Form 6069.			
332005	12-21-23	Form	1 <b>990</b>	(2023)

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8		
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion 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?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	<u>10b</u>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? <b>11a</b>	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done			
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	<u>15b</u>		X
	If "Yes" to line 15a or 15b, describe the process on 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?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	<b>16</b> b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AZ, AR, CO, CT, DC, FL, GA, ID, IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(	c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request I Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and finan	cial	
19	statements available to the public during the tax year.			
19				
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	State the name, address, and telephone number of the person who possesses the organization's books and records CARI ANDERSON - 949-863-4321 ONE GLEN BELL WAY, IRVINE, CA 92618			

Form 990 (2023)	TACO BELL FOUNDATION INC.	33-0523542	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees	, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emp	ployees	
•	for all persons required to be listed. Report compensation for the calend anization's <b>current</b> officers, directors, trustees (whether individuals or or	, ,	

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	(do		( Pos heck	C) itior	1 than (	one	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)		Institutional trustee		lirecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JENNIFER BRADBURY EXECUTIVE DIRECTOR	40.00			x				230,770.	0.	23,325.
(2) MARCHELA IAHDJIAN	40.00							230,770.		
PROGRAMS AND PARTNERSHIPS						x		125,481.	0.	17,728.
(3) MORGAN TABOR	40.00							,		<i>i</i>
DEVELOPMENT MANAGER						x		104,875.	0.	18,229.
(4) NEIL BORKAN	10.00									
CHAIRMAN		х		х				٥.	0.	0.
(5) SEAN TRESVANT (START 04/27/2023	0.20									
VICE CHAIRMAN		х		х				0.	0.	0.
(6) JAMES CASCONE	2.50									
TREASURER (7) ROB ALVARADO	0.00	Х		Х				0.	0.	0.
(7) ROB ALVARADO DIRECTOR	0.20	х						0.	0.	0
(8) IMAAN FERDOWSI	0.20	^				-		<u>0.</u>	0.	0.
DIRECTOR	0.20	x						0.	0.	0.
(9) DAVID GRIEVE	0.20								<b>``</b> .	
DIRECTOR		х						٥.	0.	0.
(10) MARK KING	0.20									
DIRECTOR		х						0.	0.	0.
(11) MARJORIE PERLMAN	0.20									
DIRECTOR		х						0.	0.	0.
					$\vdash$	-	-			
332007 12-21-23	1	ı		I			ı	1		Form <b>990</b> (2023)

8

332007 12-21-23

Form 990 (2023)

## 16171030 701224 7757

	990 (2023) TACO BELL FOU	NDATION IN	c.							33-05	23542	2	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	box,	not cl unles	s per	tion nore son is recto	Highest compensated Light of the sport of th	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	on d s SC/	an com fr orga and	(F) timate nount other pensa om th anizat d relat anizati	of tion e ion ed
	<u></u>								461 126		0.		50	282.
С	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							461,126. 0. 461,126.		0.			0. 282.
2	Total number of individuals (including but no compensation from the organization								,	000 of reportable	) )		,	3
3	Did the organization list any <b>former</b> officer,	-		•	•			Ŭ	• •		[	2	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from t	ne organization		3	X	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> , <b>tion B. Independent Contractors</b>											5		х
1	Complete this table for your five highest cor the organization. Report compensation for t										pensat	ion fro	m	
	(A) Name and business		NO						(B) Description of s		С	(C omper		n
2	Total number of independent contractors (in		nt lin	nited	l to t	hos		had	above) who received m	ore than				
	\$100,000 of compensation from the organiz	•					)					Form	<b>990</b> (;	2023)

332008 12-21-23

						DATIO	N INC.			33-052354	12 Page <b>9</b>
Pa	rt V	/111	Statement of Re	evenu	е						
			Check if Schedule O	contair	ns a res	oonse	or note to any line	e in this Part VIII	(B)		
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue		Revenue excluded
S S	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues								
, Gr			Fundraising events			-	39,800,105.				
ifts r A			Related organizations								
i, G nila			Government grants (contr								
ons Sir			All other contributions, gifts,								
her		•	similar amounts not included				7,465,453.				
ot		g	Noncash contributions included in			1\$					
Cor		-	Total. Add lines 1a-1f					47,265,558.			
0.0							Business Code	, ,			
đ	2	а									
vic	-	b									
Ser		c									
me Sel		d									
Program Service Revenue		e									
Pro			All other program service	revenu	IA						
			Total. Add lines 2a-2f								
	3		Investment income (includ								
	_			-				1,445,596.			1,445,596
	4	other similar amounts) Income from investment of tax-exempt bond pro									
	5 Royalties		ł								
	-				(i) Re		(ii) Personal				
	6	а	Gross rents	6a	.,						
	-		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				1				
	7		Gross amount from sales of		(i) Secu	rities	(ii) Other				
			assets other than inventory	7a	.,						
		b	Less: cost or other basis								
er			and sales expenses	7b							
evenue		с	Gain or (loss)	7c							
Rev			Net gain or (loss)				1				
erF	8		Gross income from fundraisi								
Other	_		including \$ 39,8	•	•						
•			contributions reported on								
			Part IV, line 18		-	8a	2,200,964.				
		b	Less: direct expenses								
			Net income or (loss) from					0.			
	9		Gross income from gamin		•						
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I	•	•						
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from			·· –	-				
			() ·· 2····				Business Code				
snc	11	а									
Miscellaneous Revenue		b									1
ella		c									
isc. Be			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					48,711,154.	0.	0.	1,445,596.
								, ,			<b>000</b> (0000

332009 12-21-23

Form **990** (2023)

#### TACO BELL FOUNDATION INC.

Form 990 (2023) 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).

Do not include al 7b, 8b, 9b, and 1	mounts reported on lines 6b, 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and o	ther assistance to domestic organizations				
and domestic	c governments. See Part IV, line 21	16,407,844.	16,407,844.		
2 Grants and	other assistance to domestic				
individuals.	See Part IV, line 22	9,705,283.	9,705,283.		
<b>3</b> Grants and	other assistance to foreign				
organizatio	ns, foreign governments, and foreign				
individuals.	See Part IV, lines 15 and 16				
4 Benefits pa	id to or for members				
5 Compensat	ion of current officers, directors,				
trustees, ar	nd key employees	254,094.	121,965.	45,737.	86,392
6 Compensatio	n not included above to disqualified				
persons (as o	defined under section 4958(f)(1)) and				
persons desc	cribed in section 4958(c)(3)(B)				
	es and wages	1,674,303.	803,665.	301,375.	569,263
	accruals and contributions (include				
section 401(I	<) and 403(b) employer contributions)				
	oyee benefits				
	es	144,540.	69,379.	26,017.	49,144
	rvices (nonemployees):				
	nt	108,369.		108,369.	
		5,350.		5,350.	
		43,371.		43,371.	
		,		,	
	fundraising services. See Part IV, line 17				
	management fees				
	e 11g amount exceeds 10% of line 25,				
- ,		1,896,419.	1,878,800.	17,619.	
	amount, list line 11g expenses on Sch 0.)	572,936.	572,936.	17,015.	
	and promotion	22,834.	10,960.	4,110.	7,764
	nses	84,730.	40,671.	15,251.	28,808
	technology	04,750.	40,071.	13,231.	20,000
	<sup>*</sup>	0 222	4 000	1 500	
		8,333.	4,000.	1,500.	2,833
•	of travel or entertainment expenses				
•	eral, state, or local public officials				
9 Conference	s, conventions, and meetings	861,273.	413,411.	155,029.	292,833
	o affiliates				
2 Depreciatio	n, depletion, and amortization	2,515.		2,515.	
3 Insurance					
above. (List r line 24e amo	es. Itemize expenses not covered miscellaneous expenses on line 24e. If unt exceeds 10% of line 25, column (A), ine 24e expenses on Schedule 0.)				
	·				
e All other ex					
	nal expenses. Add lines 1 through 24e	31,792,194.	30,028,914.	726,243.	1,037,037
	Complete this line only if the organization	, , ,	, , ,	,	
	olumn (B) joint costs from a combined				
-	ampaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

11

16171030 701224 7757

	990 (2 <b>t X</b>		INC.			33-05	23542 Page
		Check if Schedule O contains a response or not	te to any line i	n this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			42,244,355.	1	31,507,298
	2	Savings and temporary cash investments			4,351,846.	2	33,851,373
	3	Pledges and grants receivable, net			2,465,030.	3	4,243,078
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali		· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons described				6	
ا م	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		<b>-</b>	3,535.	8	(
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	10a	31,120.			
	b			30,140.	3,495.	10c	980
	11	Investments - publicly traded securities		,		11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2.	15	2
	16	Total assets. Add lines 1 through 15 (must equ			49,068,263.	16	69,602,72
	17	Accounts payable and accrued expenses			492,915.	17	3,762,443
	18	Grants payable			,	18	, ,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subsi					
		controlled entity or family member of any of the				22	
La	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
	20	parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25		·····	492,915.	26	3,762,443
	20	Organizations that follow FASB ASC 958, che	ck here	X		20	
es		and complete lines 27, 28, 32, and 33.					
Š	27				48,066,706.	27	65,840,288
2312	28				508,642.	28	, , (
	20	Organizations that do not follow FASB ASC 9			,		
, F		and complete lines 29 through 33.					
Ъ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
ASS	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			48,575,348.	32	65,840,288
z	33	Total liabilities and net assets/fund balances		····· -	49,068,263.		69,602,729

Form 990 (2023)

332011 12-21-23

Form	990 (2023) TACO BELL FOUNDATION INC.	33-0523542	2	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets			, u	<u> </u>
	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	48	,711,	154.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31	,792,	194.
3	Revenue less expenses. Subtract line 2 from line 1	3	16	,918,	960.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48	,575,	348.
5	Net unrealized gains (losses) on investments	5		345,	980.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	65	,840,	288.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a		····· -	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?	·····	2b	X	
	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:				
_	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		•	x	
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	A	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0		x
k	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		0		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2023)

			Public Cha	rity Status an	d Pub	olic Su	pport		OMB No. 1545-0047
(Form 99	90)		omplete if the organ	ization is a section 501	(c)(3) orga	anization o			2023
Department o	f the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
Internal Reve				Form990 for instruction			ormation.		Inspection
Name of	the organization	on						Employer	identification number
			ELL FOUNDATION						33-0523542
Part I	Reason	or Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ		•	•	For lines 1 through 12, cl					
1				n of churches described		n 170(b)(1	l)(A)(i).		
2				Attach Schedule E (Form					
3	-	-		anization described in se			-		
4		-	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
- C	city, and state	-	with a banafit of a cal	llaga ar university overad	or on orat		verementel	nit describe	ad in
5				llege or university owned	or operation	ed by a go	vernmentalu	nit describe	
6	-		Complete Part II.)	nental unit described in s	soction 17	70(b)(1)(A)	( <sub>1</sub> )		
7 X		-	-	ntial part of its support fr				ne deneral i	oublic described in
•	•		omplete Part II.)		om a gove			ie general j	
8	-			(1)(A)(vi). (Complete Parl	: 11.)				
9	-			in section 170(b)(1)(A)(	-	ed in conju	nction with a	land-grant	college
	•	-	-	ulture (see instructions).		-		-	-
	university:	-				-			
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
				(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
			mplete Part III.)		_				
	-	-	-	vely to test for public saf	•				
12	-	-	-	vely for the benefit of, to	-			•	
			-	d in section 509(a)(1) o f supporting organizatior					Jneck the box on
a	-	-	• ·	upervised, or controlled				-	aivina
u				gularly appoint or elect a	• • •	-			
		0	complete Part IV, Se						
b	¬ ~		•	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с 🗌	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
	_ its supporte	ed organization	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d	••	-	• •	oorting organization oper				•	. ,
			с С	ation generally must sat	•		•	an attentiv	/eness
	-			nplete Part IV, Sections					
e 🗌	_	0		written determination from			Type I, Type	II, Type III	
f Ente	er the number of			nally integrated supportir	ig organiz	ation.			
			about the supporte	d organization(s).					
	i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

		ACO BELL FOUND				33-05235	
Ра	rt II Support Schedule for	-		-			-
	(Complete only if you checke fails to qualify under the tests			-	n failed to qualify u	nder Part III. If the	organization
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,673,432.	21,907,033.	23,838,646.	35,171,246.	47,265,558.	149,855,915.
2	Tax revenues levied for the organ-	, , .	, , .	, , -	, , -		, , .
2	ization'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						
	• • …	21,673,432.	21 007 022	22 020 646	35,171,246.	17 265 559	140 955 015
4	Total. Add lines 1 through 3	21,073,432.	21,907,033.	23,838,646.	35,171,240.	47,265,558.	149,855,915.
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)						3,698,451.
	Public support. Subtract line 5 from line 4.						146,157,464.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	21,673,432.	21,907,033.	23,838,646.	35,171,246.	47,265,558.	149,855,915.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	131,143.	84,038.	56,101.	218,081.	1,445,596.	1,934,959.
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.)						
11	<b>Total support.</b> Add lines 7 through 10						151,790,874.
12	Gross receipts from related activities,	etc. (see instructio	uns)			12	
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and <b>sto</b>						
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			olumn (f))		14	96.29 %
15	Public support percentage from 2022					15	96.15 %
	<b>33 1/3% support test - 2023.</b> If the o						
100	stop here. The organization qualifies						
h	<b>33 1/3% support test - 2022.</b> If the o						
	and stop here. The organization qual	-					
17~	10% -facts-and-circumstances test						
118		-					
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-		• • • •		Za and line 15 is 1	
D D	10% -facts-and-circumstances test	-					1070 01
	more, and if the organization meets the						
40	organization meets the facts-and-circle		•				
ĬŎ	Private foundation. If the organization	T UIU HOL CHECK A		, 100, 178, or 170	, check this box at		
						Schedule A	(Form 990) 2023

332022 12-21-23

33 - 0523542Page 3

Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

TACO BELL FOUNDATION INC.

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgai	nization,
	check this box and stop here	<u></u>					
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	ine 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did n	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ition
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	3 12-21-23		16			Scheo	lule A (Form 990) 2023

16171030 701224 7757

Schedule A (Form 990) 2023

TACO BELL FOUNDATION INC.

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- **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.*
- **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.)

17

332024 12-21-23

Schedule A (Form 990) 2023

Sche		23542	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> Did the organization operate for the benefit of any supported organization other than the supported	1		
2	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		
Sec	tion 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		
Sec	tion 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 on line 2, above, 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see a second		1 <u>5).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, 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 lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in <b>Part VI.</b>	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.

16171030 701224 7757

332025 12-21-23

18 2023.05000 TACO BELL FOUNDATION INC. 7757\_\_\_1

3b Schedule A (Form 990) 2023

che	dule A (Form 990) 2023 TACO BELL FOUNDATION INC.			33-0523542 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
ecti	on 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		
ecti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> 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-functional		d Type III supporting or	anization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Sche	dule A (Form 990) 2023 TACO BELL FOUNDATION	N INC.			33-0523542	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		U
Sect	on D - Distributions		-		Current Y	ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributa Amount for	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
<u>    i</u>	Carryover from 2018 not applied (see instructions)					
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2023. Subtract lines 3h					
6	0					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
7	Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	TACO BELL FOUNDAT		33-0523542	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 , lines 2 and 3: Part IV. See	9a, 9b, 9c, 11a, 11b, and 11c; F ction E. lines 1c. 2a. 2b. 3a. and	ne 10; Part II, line 17a or 17b; Part III, line 12 Part IV, Section B, lines 1 and 2; Part IV, Sect I 3b; Part V, line 1; Part V, Section B, line 1e; e this part for any additional information.	on C.
	(See instructions.)				
32028 12-21-23	3			Schedule A (Forr	n 990) 202
			21		

Docusign Envelope ID: 2C2EC287-E4A4-4909-9204-7F0C9908B705

	IEDULE D 990)	Complete if the orga	al Financial Standard I Financial Standard	" on Form 990,		2023
Departme	ent of the Treasury		ttach to Form 990.			Open to Public
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the	e latest information.		Inspection
Name	of the organization	TACO BELL FOUNDATION INC.			Empl	oyer identification number 33-0523542
Part	I Organizati	ons Maintaining Donor Advise	d Funds or Other Si	milar Funds or Ad	ccount	
		inswered "Yes" on Form 990, Part IV, lin				
	-		(a) Donor advised	d funds	(b) Fund	Is and other accounts
<b>1</b> T	Fotal number at end	of year				
		ontributions to (during year)				
		rants from (during year)				
		nd of year				
		inform all donors and donor advisors in		d in donor advised fund	ds	
а	are the organization's	s property, subject to the organization's	exclusive legal control?			Yes 🗌 No
<b>6</b> [	Did the organization	nform all grantees, donors, and donor a	dvisors in writing that gra	nt funds can be used c	only	
f	or charitable purpos	es and not for the benefit of the donor o	r donor advisor, or for any	other purpose conferr	ring	
_	mpermissible private			<u></u>		🗌 Yes 📃 No
Part	II Conservat	ion Easements. Complete if the org	ganization answered "Yes	" on Form 990, Part IV	, line 7.	
<b>1</b> F	Purpose(s) of conser	vation easements held by the organization	on (check all that apply).			
	Preservation of	land for public use (for example, recrea	tion or education)	Preservation of a histo	orically ir	mportant land area
	Protection of n	atural habitat		Preservation of a cert	ified hist	oric structure
	Preservation of	open space				
		rough 2d if the organization held a qualif	ied conservation contribu	tion in the form of a co		
	day of the tax year.					Held at the End of the Tax Yea
		ervation easements			2a	
bΤ	Total acreage restrict	ed by conservation easements			2b	
		ion easements on a certified historic stru			2c	
		ion easements included on line 2c acqu				
		e listed in the National Register			2d	
3 1	Number of conservat	ion easements modified, transferred, rel	eased, extinguished, or te	rminated by the organi	ization d	uring the tax
-	/ear					
		ere property subject to conservation eas				
		n have a written policy regarding the per		on, handling of		
	•	cement of the conservation easements it				
<b>6</b> S	Staff and volunteer h	ours devoted to monitoring, inspecting,	handling of violations, and	a enforcing conservation	on easen	nents during the year
	<b>A</b>			· · · · · · · · · · · · · · · · · · ·		al a la se discussion
7 A	Amount of expenses	incurred in monitoring, inspecting, hanc	lling of violations, and enfo	orcing conservation ea	isements	s during the year
<u> </u>		_ ion according to the line of the contract		of continue 170/b//4//D//	:)	
	and section 170(h)(4)	ion easement reported on line 2d above				Yes No
	( )( )	(B)(ii)? how the organization reports conservation				
		iclude, if applicable, the text of the footr		-		
		nting for conservation easements.	lote to the organization s		at descri	
		ons Maintaining Collections of	Art. Historical Trea	sures. or Other S	Similar	Assets.
c						
		e organization answered "Yes" on Form	-			
o Part	Complete if th	e organization answered "Yes" on Form	990, Part IV, line 8.	nue statement and bal	ance she	et works
Part 1a li	Complete if th f the organization ele	ected, as permitted under FASB ASC 95	990, Part IV, line 8. 8, not to report in its reve			
Part 1a li	Complete if th f the organization ele of art, historical treas	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put	990, Part IV, line 8. 8, not to report in its reve lic exhibition, education,	or research in furtherar		
Part 1a li	Complete if th f the organization ele of art, historical treas service, provide in Pa	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc	or research in furtherar cribes these items.	nce of pı	ublic
Part 1a li s b li	Complete if th f the organization ele of art, historical treas service, provide in Pa f the organization ele	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue	or research in furtherar cribes these items. statement and balance	nce of pu e sheet v	ublic vorks of
Part 1a li s b li a	Complete if the f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue	or research in furtherar cribes these items. statement and balance	nce of pu e sheet v	ublic vorks of
Part 1a li o s b li a p	Complete if the f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items.	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue exhibition, education, or	or research in furtherar ribes these items. statement and balance research in furtherance	nce of pu e sheet v e of publ	ublic vorks of ic service,
1a II b II f	Complete if the f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following i) Revenue include	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items. d on Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue exhibition, education, or	or research in furtherar ribes these items. statement and balance research in furtherance	nce of pu e sheet v e of publ	ublic vorks of ic service,
Ta II 1a II 5 b II 6 (i)	Complete if the f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following i) Revenue include ii) Assets included	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items. d on Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue exhibition, education, or	or research in furtherar ribes these items. statement and balance research in furtherance	nce of pu e sheet v e of publ \$	ublic vorks of ic service,
Part 1a II 5 6 II 6 7 (( ( ( 2	Complete if the f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasur- provide the following i) Revenue include ii) Assets included f the organization re-	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items. d on Form 990, Part VIII, line 1 n Form 990, Part X ceived or held works of art, historical tre	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue exhibition, education, or asures, or other similar as	or research in furtheran cribes these items. statement and balance research in furtherance sets for financial gain,	nce of pu e sheet v e of publ \$	ublic vorks of ic service,
<b>Part</b> <b>1a</b> If <b>b</b> If a <b>b</b> If (i) (i) 2 If t	Complete if the f the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following i) Revenue included f the organization re- the following amount	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items. d on Form 990, Part VIII, line 1 n Form 990, Part X ceived or held works of art, historical tre s required to be reported under FASB A	990, Part IV, line 8. 8, not to report in its rever- blic exhibition, education, ncial statements that desc 8, to report in its revenue exhibition, education, or asures, or other similar as SC 958 relating to these i	or research in furtheran cribes these items. statement and balance research in furtherance sets for financial gain, tems:	nce of pu e sheet v e of publ \$ provide	ublic vorks of ic service,
Part           1a         Iff           b         Iff           a         F           (i)         (i)           2         Iff           a         F	Complete if the f the organization ele- of art, historical treas service, provide in Pa f the organization ele- art, historical treasur- provide the following i) Revenue included f the organization re- the following amount Revenue included or	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items. d on Form 990, Part VIII, line 1 n Form 990, Part X ceived or held works of art, historical tre s required to be reported under FASB A Form 990, Part VIII, line 1	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue exhibition, education, or asures, or other similar as SC 958 relating to these i	or research in furtheran cribes these items. statement and balance research in furtherance sets for financial gain, tems:	nce of pu e sheet v e of publ \$ provide \$	ublic vorks of ic service,
<b>Part</b> <b>1a</b> If <b>b</b> If <b>a</b> (i) <b>2</b> If <b>t</b> <b>a</b> <b>b</b> <i>A</i>	Complete if the organization ele of art, historical treas service, provide in Pa f the organization ele art, historical treasure provide the following <b>ii)</b> Revenue included <b>iii)</b> Assets included f the organization re- the following amount Revenue included or Assets included in Fo	ected, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar ected, as permitted under FASB ASC 95 es, or other similar assets held for public amounts relating to these items. d on Form 990, Part VIII, line 1 n Form 990, Part X ceived or held works of art, historical tre s required to be reported under FASB A	990, Part IV, line 8. 8, not to report in its reve blic exhibition, education, ncial statements that desc 8, to report in its revenue exhibition, education, or asures, or other similar as SC 958 relating to these i	or research in furtheran cribes these items. statement and balance research in furtherance sets for financial gain, tems:	nce of pu e sheet v e of publ \$ provide \$	ublic vorks of ic service,

Docusign Envelope ID: 2C2EC287-E4A4-4909-9204-7F0C9908B705

Sche		FOUNDATION INC.						33-052		P	age <b>2</b>
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other S	Similar A	Assets	(contin	nued)	U
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the f	ollowing that	make sigr	nificant use	e of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	ım					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	e organizatio	n's exemp	t purpose	in Part 2	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical treas	sures, or othe	er similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma		<u>u</u>						Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatior	answered "	Yes" on Fo	rm 990, P	art IV, lir	ne 9, or		
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?	•	-						Yes		No
b	If "Yes," explain the arrangement in Part XIII							∟			]
	······································								Amount	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds Complete if	the organization and	swered	"Yes" on For	m 990, Part I						
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d	I) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held ar	nd administer	ed for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Pa	t VI Land, Buildings, and Equipm		wment	funds.							
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	V, line 11a. S	ee Form 990	, Part X, lin	ie 10.				
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acc	umulated		(d) Bool	k valu	е
		basis (investr			(other)	• •	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				31,120.		30,14	0.			980.
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, line 1	0c. column	<u>(B))</u>						980.
							Sc	chedule	D (Form	n 990)	2023

Part VII Investments - Other Securities			33-0523542 Page
Complete if the organization answered "Yes" o	n 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-vear market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment		(c) Method of valuation: Cost or	and of your market yelds
	(b) Book value	(c) Wethod of Valuation: Cost of	enu-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	n Form 990 Part IV line	11d See Form 900 Part X line 15	
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Rock value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" of the organization answered (a) [		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" of (a) [         (1)         (2)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" of (a)         (1)         (2)         (3)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o (a) [ (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" of (a) [         (1)       (2)         (3)       (4)         (5)       (6)		11d. See Form 990, Part X, line 15.	(b) Book value
ottal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) [         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (7)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o (a) [ (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" o (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	Description		
ottal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) E         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (b) must equal Form 990, Part X, line 15, col.	Description		25.
ottal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability	Description		
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (2)         (1)       (2)         (3)       (4)         (1)       (2)         (3)       (4)         (1)       (b) must equal Form 990, Part X, line 15, col.         Part X       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes	Description		25.
Atal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability	Description		25.
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (2)         (1)       (2)         (3)       (4)         (1)       (2)         (3)       (4)         (1)       (b) must equal Form 990, Part X, line 15, col.         Part X       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes	Description		25.
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or         (a) [1]         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (1) Federal income taxes         (2)	Description		25.
Attal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or         (a) E         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2)         (3)	Description		25.
Dart IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)         (5)         (6)         (7)         (8)         (9)         Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)         (2)         (3)         (4)         (5)	Description		25.
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)	Description		25.
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)	Description		25.
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (8)	Description		25.
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (7)	Description	11e or 11f. See Form 990, Part X, line	25.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2023

332053 09-28-23

	dule D (Form 990) 2023 TACO BELL FOUNDATION INC.			33-0523542	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			<u> </u>	
1				1 5	54,139,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		345,980.		
b	Donated services and use of facilities		3,036,738.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	2,045,964.		
е	Add lines 2a through 2d			2e	5,428,682.
3	Subtract line 2e from line 1			3 4	18,711,154.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				18,711,154.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	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	36,874,896.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	3,036,738.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	2,045,964.		
е	Add lines 2a through 2d			2e	5,082,702.
3	Subtract line 2e from line 1			3 3	31,792,194.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		<u></u>	5 3	31,792,194.
Pa	t 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.

25

PART X, LINE 2:

THE FOUNDATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES UNDER

SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS NOT

GENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE

FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED

FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF

THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION

HAS BEEN RECORDED AS, IN THE OPINION OF MANAGEMENT, THE NET INCOME, IF

ANY, FROM ANY UNRELATED TRADE OR BUSINESS IS NOT MATERIAL TO THE BASIC

FINANCIAL STATEMENTS TAKEN AS A WHOLE.

332054 09-28-23

Schedule D (Form 990)	2023 TACO BELL FOUNDATION INC.	33-0523542	Page 5
Part XIII Supplen	nental Information (continued)		T ugo O
THE FOUNDATION WII	L RECOGNIZE THE IMPACT OF TAX POSITIONS IN THE FINANCIAL		
STATEMENTS IF THAT	POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON		
AUDIT, BASED ON TH	E TECHNICAL MERITS OF THE POSITION. TO DATE, THE		
FOUNDATION HAS NOT	RECORDED ANY UNCERTAIN TAX POSITIONS.		
THE FOUNDATION REC	OGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED		
TO UNCERTAIN TAX H	POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED		
DECEMBER 31, 2023,	THE FOUNDATION DID NOT RECOGNIZE ANY AMOUNT IN		
POTENTIAL INTEREST	AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
THE FOLLOWING SUM	MARIZES THE OPEN TAX YEARS FOR EACH MAJOR JURISDICTION:		
THE FOLIOWING SOME	ARTED THE OPEN TAX TEARS FOR EACH MADOR CORTEDICTION.		
JURISDICTION	OPEN TAX YEARS		
FEDERAL	2020 - 2023		
STATE	2019 - 2023		
PART XI, LINE 2D -	OTHER ADJUSTMENTS:		
DIRECT FUNDRAISING	G EXPENSES ALLOCATED TO FUNCTIONAL		
EXPENSES	2,045,964.		
PART XII, LINE 2D	- OTHER ADJUSTMENTS:		
DIRECT FUNDRAISING	EXPENSES ALLOCATED FROM FUNDRAISING		
INCOME	2,045,964.		
		Schedule D (Form	n 990) 2023

332055 09-28-23

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities								OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" on organization entered more than \$15 Attach to Form 990 o	5,000 (	on Foi	rm 990-EZ, line 6a.	r 19,	or if the	2023				
Department of the Treasury Internal Revenue Service	0.1	_	Open to Public Inspection									
Name of the organization	<b>Go t</b> າ	Employer id	lentification number									
TACO BELL FOUNDATION INC.     33-0523542												
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.												
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> </ul>												
<ul> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>												
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>					
			Yes	No	-							
Total												
3 List all states in who or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration				

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Sch	edul	le G (Form 990) 2023 TACO BELL	FOUNDATION INC.		33	-0523542 Page <b>2</b>
Pa	rt I	<b>3</b>				
		of fundraising event contributions and gro			<u> </u>	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TACO CHARITY FUNDRAISER		3	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Ine				(ovoin typo)		
Revenue	1	Gross receipts	41,959,569.		41,500	42,001,069.
£						
	2	Less: Contributions	39,760,780.		39,325	. 39,800,105.
	~	(verse income (line 1 minus line 2)	2,198,789.		2,175	2,200,964.
	3	Gross income (line 1 minus line 2)	2,150,705.		2,175	2,200,904.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	_					
kper	6	Rent/facility costs				
ш т	7	Food and beverages				
Direc	•					
	8	Entertainment				
	9	Other direct expenses	2,198,789.		2,175	, ,
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			2,200,964.
	11	Net income summary. Subtract line 10 from li				0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19	, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instan	ht	(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bir		col. (a) through col. (c)
Revenue					<u> </u>	
Å	1	Gross revenue				
S	2	Cash prizes				
ense	_					
Expenses	3	Noncash prizes				
*	4	Rent/facility costs				
Direc	•					
	5	Other direct expenses				
			<b>Yes</b> %	Yes	_ % 🛄 Yes %	
	6	Volunteer labor	No	No	No	
	_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	U	Hot gaming moorne sammary. Castract into 7				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	lf "	No," explain:				
40-				and the standard structure at the standard	h	
		ere any of the organization's gaming licenses re Yes," explain:			иах уеаг с	<b>Yes No</b>
L.		- co, copiain.				
	_					
		10.00			0-1-	odulo C (Form 000) 0000
3320	32 09	-13-23			Sch	edule G (Form 990) 2023

Docusign Envelope ID: 2C2EC287-E4A4-4909-9204-7F0C9908B705

Sch	edule G (Form 990) 2023	TACO BELL FOUNDATION INC.	33-0	523542	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	No No
13	Indicate the percentage of gaming	activity conducted in:			
a	The organization's facility			13a	%
k	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and rec	ords:		
	Name				
	Address				
15.	Doos the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	No
156	Does the organization have a con	fract with a third party from whom the organization receives gaming revenue?			
ŀ	If "Yes " enter the amount of gam	ing revenue received by the organization \$ and the	amount		
~		e third party \$	amount		
c	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Name				
	Gaming manager compensation	\$			
	daming manager compensation	Ψ			
	Description of services provided				
	· · · · · · · · · · · · · · · · · · ·				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
ē		state law to make charitable distributions from the gaming proceeds to		Yes	
ŀ		required under state law to be distributed to other exempt organizations or sper			
L	organization's own exempt activit	· · · · ·			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Pa	rt III, lines 9,	9b, 10b,
		applicable. Also provide any additional information. See instructions.		, ,	
	22. 22. 42. 22		Celes -		000) 0000
3320	83 09-13-23	29	Sched	ule G (Form	əəu) 2023

Schedule G	(Form 990) TACO BELL FOUNDATION INC.	33-0523542	Page 4
Part IV	(Form 990) TACO BELL FOUNDATION INC. Supplemental Information (continued)		
		Schedule G	(Form QQA)
		Schedule G	(10111 990)

332084 04-01-23

SCHEDULE I (Form 990) Department of the Treasury	Go	Frants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 2023 Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 for	the latest informa	ation.		Inspection
Name of the organization TACO BELL FOUN	DATION INC.						Employer identification number 33-0523542
Part I General Information on Grants an	-						
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's pro- Part II Grants and Other Assistance to D</li> </ol>	tance? <u>cedures for monit</u> <b>Domestic Organi</b> z	oring the use of grant zations and Domesti	funds in the United c Governments. C	States. omplete if the orga			X Yes No
recipient that received more than \$	5,000. Part II can	be duplicated if addit	ional space is need	ed.		<u>.</u>	
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
YOURCAUSE, LLC							SERVICES AND PROGRAMS FO
6505 W PARK BLVD SUITE 306 PMB 369							UNDERPRIVILEGED CHILDREN
PLANO, TX 75093	26-0638742	501(C)(3)	12,081,704.	0.			TO HELP THEM GROW UP TO
JUNIOR ACHIEVEMENT USA (LOCAL							TO PROVIDE SUPPORT
OFFICES - LIST AVAILABLE UPON							SERVICES AND PROGRAMS FO
REQUEST) - VARIOUS LOCATIONS							UNDERPRIVILEGED CHILDREN
THROUGHOUT THE US - MULTIPLE	84-1223492	501(C)(3)	1,577,430.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
CITY YEAR, INC							SERVICES AND PROGRAMS FO
287 COLUMBUS AVE							UNDERPRIVILEGED CHILDREN
BOSTON, MA 02116	22-2882549	501(C)(3)	1,018,240.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
NATIONAL COLLEGE ADVISING CORPS							SERVICES AND PROGRAMS FO
INC 301 W BARBEE CHAPEL RD STE							UNDERPRIVILEGED CHILDRE,
210 - CHAPEL HILL, NC 27517	46 - 1192687	501(C)(3)	535,470.	0.			TO HELP THEM GROW UP
BOYS & GIRLS CLUBS OF AMERICA							TO PROVIDE FINANCIAL
(LOCAL OFFICES - LIST AVAILABLE							SUPPORT AT THE LOCAL
UPON REQUEST) - VARIOUS LOCATIONS							LEVEL FOR BOYS AND GIRLS
THROUGHOUT THE US - MULTIPLE	13-5562976	501(C)(3)	141,217.	0.			CLUBS THROUGHOUT THE
							TO PROVIDE SUPPORT
JOBS FOR THE FUTURE, INC							SERVICES AND PROGRAMS FO
50 MILK ST							UNDERPRIVILEGED CHILDREN
BOSTON, MA 02108	06-1164568	501(C)(3)	100,000.	0.			TO HELP THEM GROW UP

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2023

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
JSASPIRE							SERVICES AND PROGRAMS
5 LIBERTY SQUARE							UNDERPRIVILEGED CHILDRI
BOSTON, MA 02109	46-1314848	501(C)(3)	100,000.	Ο.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
BRAVEN INC							SERVICES AND PROGRAMS
00 N. LASALLE STREET							UNDERPRIVILEGED CHILDRI
CHICAGO, IL 60602	46 - 4340594	501(C)(3)	50,000.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
FULFILLMENT FUND							SERVICES AND PROGRAMS
150 S OLIVE ST							UNDERPRIVILEGED CHILDRI
LOS ANGELES, CA 90015	95-3180934	501(C)(3)	25,000.	Ο.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
IONEYTHINK							SERVICES AND PROGRAMS
730 DWIGHT WAY							UNDERPRIVILEGED CHILDRI
BERKELEY, CA 94703	27 - 1052771	501(C)(3)	25,000.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
MCA OF RAPID CITY							SERVICES AND PROGRAMS
315 KANSAS CITY ST							UNDERPRIVILEGED CHILDRI
RAPID CITY, MI 57701	46 - 0227218	501(C)(3)	7,500.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
AMERICAN EDUCATION ASSISTANCE							SERVICES AND PROGRAMS
FOUNDATION - 40 BURTON HILLS BLVD							UNDERPRIVILEGED CHILDRI
NASHVILLE, TN 37215	06-1688758	501(C)(3)	5,500.	٥.			TO HELP THEM GROW UP

Schedule I (Form 990)

Schedule I (Form 990) 2023	TACO BELL FOUNDATION INC.	33-0523542	Page <b>2</b>
Part III Grants and Other A	Assistance to Domestic Individuals Complete if the organization answered "Yes" on Form 990. Part IV line 22		

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
JIVE MAS SCHOLARSHIP	979	9,705,283.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: YOURCAUSE, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT SERVICES AND

PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP TO BE

PRODUCTIVE ADULTS, AND TO PROVIDE THEM A SAFE ENVIRONMENT IN WHICH TO

LEARN AND PLAY.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF AMERICA (LOCAL OFFICES - LIST AVAILABLE UPON REQUEST)

Schedule I (Form 990) TACO BELL FOUNDATION INC.	33-0523542	Page 2
Part IV Supplemental Information		r ugo i
H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL SUPPORT AT THE		
OCAL LEVEL FOR BOYS AND GIRLS CLUBS THROUGHOUT THE UNITED STATES, THE		
OCAL CLUBS USE THESE FUNDS TO HELP TEENAGERS TO GRADUATE FROM HIGH		
CHOOL BY PROVIDING RESOURCES AND A SAFE LOCATION IN WHICH TO STUDY.		
VART I, LINE 2		
HE PARTNER ORGANIZATIONS REPORT TO THE FOUNDATION ON A REGULAR BASIS		
OW THEY ARE FULFILLING THE CONDITIONS OF THEIR GRANT AGREEMENT AND HOW		
HEY ARE TRACKING AGAINST THE KEY PERFORMANCE INDICATORS THAT THE		
OUNDATION PUT FORTH (NUMBER OF TEENS REACHED, NUMBER OF PROJECTS		
MPLEMENTED, TEENS WHO HAVE MADE THE PROMISE TO GRADUATE, ETC.). THE		
ARTNER ORGANIZATIONS ALSO PROVIDE THE FOUNDATION WITH ASSETS LIKE		
ICTURES, VIDEOS, TEEN STORIES, ETC.		

Schedule I (Form 990)

332291 04-01-23

Docusign Envelope ID: 2C2EC287-E4A4-4909-9204-7F0C9908B705

sc	HEDULE J	Comp	ensation Information	1	OMB No.	1545-004	47
(Fo	rm 990)	-	irectors, Trustees, Key Employees, and Highest		20	<b>n</b> n	)
			Compensated Employees		20	ZJ	)
Depa	tment of the Treasury	Complete if the organiza	tion answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		
	al Revenue Service	Go to www.irs.gov/For	m990 for instructions and the latest information.		Inspe		
Nan	e of the organization	1		Employer ide		on nui	mber
		TACO BELL FOUNDATION I	NC.	33-05	23542		
Pa	rt I Questions	s Regarding Compensation					<del></del>
						Yes	No
1a		() <b>e</b> 1	any of the following to or for a person listed on Form	990,			
			iv relevant information regarding these items.				
	First-class or cl		Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal re				
		ation and gross-up payments	Health or social club dues or initiation fee				
	Discretionary s	pending account	Personal services (such as maid, chauffe	ir, chet)			
D	•	·	ation follow a written policy regarding payment or		41		
2			ed above? If "No," complete Part III to explain		<u>1b</u>		
2	•	•	irsing or allowing expenses incurred by all directors,		2		
	trustees, and onicer	s, including the CEO/Executive Direct	or, regarding the items checked on line 1a?		🔼		
3	Indicate which if an	w of the following the organization us	ed to establish the compensation of the organization's				
U			ck any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, bu	, , , ,	51110			
	Compensation		X Written employment contract				
	·	ompensation consultant	Compensation survey or study				
	·	her organizations	Approval by the board or compensation of	ommittee			
				Ommittee			
4	During the year, did	any person listed on Form 990. Part V	/II, Section A, line 1a, with respect to the filing				
•	organization or a rel	• •					
а	•	e payment or change-of-control payme	ent?		4a		x
b		eive payment from a supplemental nor			41		X
с	-	eive payment from an equity-based co					X
	•		he applicable amounts for each item in Part III.				
	Only section 501(c)	)(3), 501(c)(4), and 501(c)(29) organiz	ations must complete lines 5-9.				
5			a, did the organization pay or accrue any compensatio	n			
	contingent on the re						
а	The organization?				5a		x
	Any related organiza						X
	If "Yes" on line 5a o	r 5b, describe in Part III.					
6	For persons listed o	n Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensatic	'n			
	contingent on the n	et earnings of:					
а	The organization?				6a		X
b	Any related organization						x
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1	a, did the organization provide any nonfixed payments	i			
	not described on lin	es 5 and 6? If "Yes," describe in Part I	III		. 7		x
8			r accrued pursuant to a contract that was subject to th				
					8		x
9	If "Yes" on line 8, di	d the organization also follow the rebu	ittable presumption procedure described in				
	Regulations section	53.4958-6(c)?		<u></u>	9		
For	Paperwork Reduction	on Act Notice, see the Instructions f	or Form 990.	Schedu	le J (Forr	n <b>990</b> )	) 2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023	TACO BELL FOUNDATION INC.	33-0523542	Page <b>2</b>

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<b>(A)</b> Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER BRADBURY	(i)	211,539.	0.	19,231.	13,758.	9,567.	254,095.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

<u>chedule</u> J (Form 990) 2023	TACO BELL FOUNDATION INC.	33-0523542	Page
Part III Supplemental Information	ion		3
	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	nd 8, and for Part II. Also complete this part for any additional inform	nation.
			-

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ OMB No. 1545-0047 2023 Open to Public
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization	TACO BELL FOUNDATION INC.	Employer identification number 33-0523542
FORM 990, PART VI,	SECTION A, LINE 2:	
THE FOLLOWING PERS	ONS HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER OUTSIDE	
OF TACO BELL FOUND	ATION: (1) KELLY MUCCULLOCH, (2) STEVE PLANK, (3) MARK	
KING.		
	SECTION A, LINE 3:	
	UT THEIR GRANT AWARD PROGRAM UNDER THE SUPERVISION OF AN	
OUTSIDE ORGANIZATI	DN.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
A COPY OF FORM 990	WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY TO	
REVIEW BEFORE IT W.	AS FILED.	
FORM 990, PART VI,	SECTION B, LINE 12C:	
TACO BELL FOUNDATI	ON HAS ADOPTED TACO BELL CORPORATION'S (YUM! BRANDS) CODE	
OF CONDUCT AND CON	FLICT OF INTEREST POLICIES; THESE ARE REVIEWED ON A	
REGULAR BASIS AND	PROVIDED TO THE OFFICERS/DIRECTORS.	
FORM 990, PART VI,	LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
CA, AL, AK, AZ, AR, CO,	CT, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, MT, NE, NV, NJ, NM, NY, NC, ND	
OH, OK, OR, PA, RI, SC,	SD, TN, TX, UT, DE, VA, WA, WV, WI, WY, MD, MA, MI, MN, MS, MO, HI, VT	
	SECTION C, LINE 18:	
	AKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC	
INSPECTION UPON RE	QUEST AND ON CHARITYNAVIGATOR.ORG.	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
TACO BELL FOUNDATION INC.	33-0523542

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THE OVERSIGHT

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

1560		Deprec	iation and	Amortizatio	on		OMB No. 1545-0172
Form <b>4302</b>	(Including Information on Listed Property) 990 Attach to your tax return.						2023
Department of the Treasury Internal Revenue Service	Goto	www.irs.gov/Fo	-	tions and the latest	information.		Attachment Sequence No. <b>179</b>
Name(s) shown on return				Business or activity to wh		3	Identifying number
TACO BELL FOUNDATI	-			FORM 990 PAGE 1			33-0523542
Part I Election To Ex	pense Certain Property	y Under Section 17	'9 Note: If you have	any listed property,	complete Part		
1 Maximum amount (s	see instructions)						1,160,000.
2 Total cost of section			,				
3 Threshold cost of se							2,890,000.
4 Reduction in limitati			, .				
5 Dollar limitation for tax year						5	
6	(a) Description of prop	perty	(b) Co	st (business use only)	(c) Elected (	cost	
7 Listed property. Ent							
8 Total elected cost of							
9 Tentative deduction							
<b>10</b> Carryover of disallow							
11 Business income lim			(	,			
12 Section 179 expens						12	
13 Carryover of disallov				13			
Note: Don't use Part II of Part II Special De				in all rate of an and a	+ <b>\</b>		
opeelarbe	•		· · ·	include listed proper		<u> </u>	
14 Special depreciation				••••	-		
•						14	
15 Property subject to		tion					
16 Other depreciation ( Part III   MACRS D	epreciation (Don't i					16	
		ficiade listed pro	Section /				
17 MACRS deductions	for acosta placad in	oonvice in tax ve		-		17	
<ul><li>18 If you are electing to group</li></ul>		,	6 6				
				Year Using the Gen	eral Deprecia	tion Syster	 n
`		(b) Month and	(c) Basis for deprecia	ation (d) Recovery			
(a) Classification	of property	year placed in service	(business/investment only - see instructio	use	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property							
<b>b</b> 5-year property							
c 7-year property							
d 10-year property	1						
e 15-year property							
f 20-year property							
g 25-year property				25 yrs.		S/L	
<u>g</u> zo your property	,,,,,,,,	/		27.5 yrs.	MM	S/L	
h Residential renta	al property	/		27.5 yrs.	MM	S/L	
		/		39 yrs.	MM	S/L	
i Nonresidential r	eal property	/		00 yrs.	MM	S/L	
Se	ection C - Assets PI	aced in Service	During 2023 Tax Y	ear Using the Alterr			em
20a Class life			j	j		S/L	
<b>b</b> 12-year				12 yrs.		S/L	
<b>c</b> 30-year		/		30 yrs.	MM	S/L	
<b>d</b> 40-year		/		40 yrs.	MM	S/L	
	(See instructions.)	, ,			1		
21 Listed property. Ent		28				21	
22 Total. Add amounts							
		•		prporations - see instr		22	2,515.
23 For assets shown at		•	•	·			
	attributable to section	•					

(a) Type of poperty (IS: Variables Irst)         (b) Built and built with the second or poperty (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Decemposition (IS: Variables Irst)         (c) Decemposition (IS: Variable Irst)         (c) Decemposi	Form 4562 (2023)	TACO	BELL FOUND	ATION	INC.							33-	052354	2	Page 2
Note: For any which for which you are using the standard mileage rate or deducting lease expanse, complete anty 24a, 24b, column (a) through 100 stackins all, and the standard mileage rate or deducting lease expanse, complete anty 24a, 24b, column (a) through 100 stackins all miles are used in the standard miles are used in the standar					er vehicl	les, cer	tain aircr	aft, an	d property	used for	-				
24b. columns (b) of Section A, all of Section B, and Section (b) applicable.         Section A - Depreciation and Other Information (Cauture): See the instructions for limits for passenger automobiles.         24b. D you have exidence is support in transmissional use claima?       Yee       No       26b (freq.) is the evidence with the "Other Section of the limits for passenger automobiles.         25b. Decide adapted claim section of the limits for passenger automobiles.       (b)       (c)	-		,		otondor		ao roto o	r dodu	otina looo		r		h. 04a		
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passinger automobiles.)           2ga (D you law order low space for automobile set of the instructions for limits for passinger automobiles.)         Yes         No         No         No           2gb (D you law order low space for automobiles.)         D you law order low space for automobiles.)           2gb Property used depreciation allowance for automobile low order low space for automobile low order low order low space for automobile low order low ord	24b, columns (a) t	hrough (c)	) of Section A,	all of Se	ection B,	and S	ection C	if appli	cable.	expens	e, comp	Jiele Of	iiy 24a,		
(a) Type of poperty (IS: Variables Irst)         (b) Built and built with the second or poperty (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Decemposition (IS: Variables Irst)         (c) Decemposition (IS: Variable Irst)         (c) Decemposi	Section A - De	preciatio	n and Other I	nformat	ion (Cau	ution:	See the i	nstruc	tions for li	nits for p	asseng	jer auton	nobiles. )		
(a) Type of poperty (IS: Variables Irst)         (b) Built and built with the second or poperty (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Built and Decemposition (IS: Variables Irst)         (b) Decemposition (IS: Variables Irst)         (c) Decemposition (IS: Variable Irst)         (c) Decemposi	24a Do you have evidence to supp	ort the bus	siness/investmer	nt use cla	imed?	<b></b>	/es	No	<b>24b</b> If "Y	es." is th	e evide	nce writt	ten?	Yes	No
Upped Property (Ist refinition         Date may be an expression (Ist refinition)         Date may be an expression (Ist refinition) <thdate ist="" refinition)<="" th="">         Date may be an exp</thdate>									1	r í			-		
(iii)       Mathematical mathematical segmentating and more than 60% in a qualified balances use:       Mathematical mathematical service during the tax year and taxed more than 60% in a qualified balances and more than 60% in a qualified balances in qualified	Type of property													Ele	cted
25       Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 60% in a qualified business use.       25         27       Property used more than 60% in a qualified business use:       28         27       Property used 50% or less in a qualified business use:       51         28       Add amounts in column (b), lines 25 through 27. Enter here and no line 21, page 1       28         29       Add amounts in column (b), lines 25 through 27. Enter here and no line 21, page 1       29         29       Add amounts in column (b), lines 26. Enter here and no line 21, page 1       29         29       Add amounts in column (b), lines 26. Enter here and no line 2, page 1       29         29       Complete this section for whickes used by a sole proprioticry, parter, or to ther "more than 50% work." or related person. If you provided whicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year	(list vehicles first)			e ot		(b									
used more than 50% in a qualified business use:       25         27       Property used more than 50% in a qualified business use:       36         27       Property used 50% or less in a qualified business use:       54         27       Property used 50% or less in a qualified business use:       54         28       Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1       28         29       Add amounts in column (h), line 25. Enter here and on line 21, page 1       29         29       Add amounts in column (h), line 25. Enter here and on line 21, page 1       29         30       Total south (h), line 25. Enter here and on line 21, page 1       29         31       Total molecular the societion for whicles used by a sobe proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles         30       Total southing the year.       (a)       (b)       (c)       (d)       (d)         31       Total commuting miles diven during the year.       (a)       (b)       (c)       (d)       (d)       (d)         32       Total other personal (noncommuting) miles       (d)       (h)	C Cracial depression allows							the te		l	1				031
26       Property used more than 50% in a qualified business use:         27       Property used 50% or less in a qualified business use:         27       Property used 50% or less in a qualified business use:         28       Add amounts in column (b), line 26. Enter here and on line 21, page 1       28         29       Add amounts in column (b), line 26. Enter here and on line 21, page 1       29         29       Add amounts in column (b), line 26. Enter here and on line 21, page 1       29         20       Add amounts in column (b), line 26. Enter here and on line 21, page 1       29         30       Total business/investment miles driven during the year.       Add amounts in column (b), line 19. Events here and on line 21, page 1       29         31       Total business/investment miles driven during the year.       Add inlines 30 through 32.       Yehicle 1         32       Total other personal (poncommuting) miles driven during the year.       Add lines 30 through 32.       Yes       No       Yes		•		• •	•		•				05				
21       1       96       1       96         27       Property used 50% or less in a qualified business use:       5A       5A         21       1       96       5A       5A         23       Ada amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       28       28         29       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       29       29         24       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       29       29         29       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       29       29         29       Add amounts in column (h), lines 26. Enter here and on line 7, page 1       29       29         30       Total business/investment miles driven during the year.       (a)       (b)       (c)											25				
Image: Section Property used 50% or less in a qualified business use:         Image: Section Property used 50% or less in a qualified business use:         Image: Section Property used 50% or less in a qualified business use:         Image: Section Property used 50% or less in a qualified business use:         Image: Section Property used 50% or less in a qualified business time Section Comparison on Use of Vehicles         Section Properties, partner, or other 'more than 5% owner,'' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year. Add lines 30 through 32.       Yein (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles driven during the year. Add lines 30 through 32.       Yes       No       Yes	26 Property used more than 5	0% in a qu													
Image: Section 2		: :													
27       Property used 50% or less in a qualified business use:       SA         1       96       SA         2       Add amounts in column (h), line 25. Enter here and on line 21, page 1       SA         29       Add amounts in column (h), line 25. Enter here and on line 21, page 1       29         29       Section B - Information on Use of Vehicles       Complete this section for vehicles used by a sole proprietr, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles driven during the year.       Yes       No       Yes       No <td></td> <td>: :</td> <td></td>		: :													
i       i       96       StL         28       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       28         29       Add amounts in column (h), lines 26. Enter here and on line 71, page 1       28         29       Add amounts in column (h), lines 26. Enter here and on line 71, page 1       28         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your amployees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year (f) total other personal (noncommuting) miles driven during the year (f) total other personal (noncommuting) miles driven during the year (f) total other personal (noncommuting) miles driven during the year.         31       Total other personal (noncommuting) miles driven during the year (f) total other personal (noncommuting) miles driven during the year.         32       Total other personal (noncommuting) miles driven during the year.         33       Total other personal (noncommuting) miles driven during the year.         34       Was the vehicle available for personal use driven during the year.         35       Section 6 - Cupestions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. <td></td> <td>: :</td> <td></td>		: :													
i       96       SL         28       Add amounts in column (h), lines 26: Enter here and on line 7, page 1       28         29       Add amounts in column (h), lines 26: Enter here and on line 7, page 1       29         29       Add amounts in column (h), lines 26: Enter here and on line 7, page 1       29         29       Add amounts in column (h), lines 26: Enter here and on line 7, page 1       29         20       Section 8 - Information on Use of Vehicles       29         Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year.       20         31       Total commuting miles.       4         31       Total commuting miles.       4         31       Total othor personal (noncommuting) miles.       4         32       Total miles driven during the year.       4         34       Was the vehicle available for personal use.       Yes       No         44       Yes       No       Yes       No       Yes       No         45       Sus another vehicle available for personal use.       Yes       No       Yes       No	27 Property used 50% or less	in a qualifi	ied business u	se:											
i       96       SrL         28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       28         29 Add amounts in column (h), lines 25. Enter here and on line 7, page 1       29         Section B - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner, 'or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30 Total business/investment miles driven during the year       (a)       (b)       (c)       (d)       (e)       (f)         31 Total commuting miles driven during the year       32       1       1       1       1         32 Total other personal (noncommuting) miles driven during the year       1		: :	%	6						S/L -					
28       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       28         29       Add amounts in column (h), lines 25. there here and on line 7, page 1       29         29       Add amounts in column (h), lines 26. Enter here and on line 7, page 1       29         Section 8 - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         Total business/investment miles driven during the year.         31       Total commuting miles driven during the year.         32       Total other personal (noncommuting miles driven during the year.         33       Total miles driven during the year.         424       Was the vehicle available for personal use during off-tury hours?       Yes       No		: :	%	6						S/L -					
23       Add amounts in column (h), line 26. Enter here and on line 7, page 1       29         Section B - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year		: :	%	6						S/L -					
23       Add amounts in column (h), line 26. Enter here and on line 7, page 1       29         Section B - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year	28 Add amounts in column (h)	, lines 25 t	through 27. Er	iter here	and on	line 21	, page 1				28				
Section B - Information on Use of Vehicles           Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.           20 Total business/investment miles driven during the year. (don't include commuting miles)           (a) (b) (c) (d) (e) (f)           Vehicle 2         Vehicle 2           Vehicle 2         Vehicle 4         Vehicle 5           Vehicle 2         Vehicle 2         Vehicle 4         Vehicle 5           Vehicle 2         Vehicle 2         Vehicle 4         Vehicle 5           Vehicle 1         Vehicle 2         Vehicle 4         Vehicle 5           Vehicle 1         Vehicle 2         Vehicle 5         Vehicle 5         Vehicle 6           Total other personal use divend uning the year.         Vehicle 1         Vehicle 5         Veloce 1												•	29		
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.          30       Total business/investment miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles driven during the year.       (a)       Vehicle 3       Vehicle 4       Vehicle 5       Vehicle 6         32       Total other personal (noncommuting) miles driven during the year.       (a)       Ves       No       Yes       No										<u></u>					
to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.          30       Total business/investment miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles driven during the year.       (a)       Vehicle 1       Vehicle 2       Vehicle 3       Vehicle 4       Vehicle 5       Vehicle 6         32       Total commuting miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         34       Vas the vehicle available for personal use during off-dury hours?       Ves       No       Yes       No       Yes<	Complete this section for vahia	los usod b								rolatodu	ooreon	If you p	rovidod v	obieles	
and the set of the set o	•													enicies	
30       Total business/investment miles driven during the year (fort include commuting miles )       Vehicle 1       Vehicle 2       Vehicle 3       Vehicle 4       Vehicle 5       Vehicle 6         31       Total commuting miles (wiven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year.         33       Total other personal use during off-dury hours?       Image: Commuting miles driven during the year miles driven during the year miles driven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year.         34       Was the vehicle used primarily by a more than 5% owners or related personal use driven during the year miles drincent driven during the policy statement tha	to your employees, first answer	the quest	lions in Section		ee ii you	meera	an excep		completin	ig this se	CLION IO	or those v	venicies.		
30       Total business/investment miles driven during the year (fort include commuting miles )       Vehicle 1       Vehicle 2       Vehicle 3       Vehicle 4       Vehicle 5       Vehicle 6         31       Total commuting miles (wiven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year.         33       Total other personal use during off-dury hours?       Image: Commuting miles driven during the year miles driven during the year miles driven during the year miles driven during the year.       Image: Commuting miles driven during the year miles driven during the year.         34       Was the vehicle used primarily by a more than 5% owners or related personal use driven during the year miles drincent driven during the policy statement tha							(1-)		(-)				- )		r)
year (don't include commuting miles)												-	-		
31       Total commuting miles driven during the year.         21       Total other personal (noncommuting) miles driven.         33       Total miles driven during the year.         Add lines 30 through 32.       Yes       No       Yes       Yes       No       Yes       No       Yes       Yes       No       Yes       No       Yes       No       Yes       Yes       Yes       N			с н	Vehi	cie 1	Vel	nicle 2	Ve	enicle 3	Vehic	cie 4	Veh	ICIE 5	Vehi	cle 6
32       Total other personal (noncommuting) miles driven															
driven	31 Total commuting miles driv	en during	the year												
33       Total miles driven during the year. Add lines 30 through 32       Image: Solution of the problem o	32 Total other personal (nonco	ommuting)	miles												
Add lines 30 through 32       Yes       No       Yes       Yes       Yes	driven														
34       Was the vehicle available for personal use during off-duty hours?       Yes       No	33 Total miles driven during th	e year.													
34       Was the vehicle available for personal use during off-duty hours?       Yes       No	Add lines 30 through 32														
35       Was the vehicle used primarily by a more than 5% owner or related person?				Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
35       Was the vehicle used primarily by a more than 5% owner or related person?	during off-duty hours?	•													
than 5% owner or related person?															
36       Is another vehicle available for personal use?       Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.       aren't         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       9       9         39       Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       4       4         40       Do you meet the requirements concerning qualified automobile demonstration use?       1       Amortization         (a)       (b)       (c)       (d)       (e)       Amortization for this year         (a)       Description of costs       Data amortizable amount       Amortizable amount       Amortization for this year         (a)       Amortization of costs that begins during your 2023 tax year:       4       4       44															
use?         Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       9	•														
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       9															
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a) (b) (c) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f								L							
more than 5% owners or related persons.         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39       Do you treat all use of vehicles by employees as personal use?       Image: Community of the vehicles, and retain the information received?       Image: Community of the vehicles, and retain the information received?       Image: Community of the vehicles.       Image: Community of the v				-	-				-						
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your       memory of the second commuting, by your       Image: Second commuting, by your       Image: Second commuting, by your         39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your       Image: Second commuting, by your       Image: Second commuting, by your         39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your       Image: Second commuting, by your       Image: Second commuting, by your         39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your       Image: Second commuting, by your       Image: Second commuting, by your         39 Do you treat all use of vehicles by employees as personal use?       Image: Second commuting, by your employees, obtain information from your employees about       Image: Second commuting, by your employees about         41 Do you meet the requirements concerning qualified automobile demonstration use?       Image: Second commuting, by your employees, obtain information use?       Image: Second commuting, by your employees, obtain information use?         Image: Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.       Image: Second commuting, by employees, second commuting, by emprind or percentage       Image: Second commut				ception	to comp	leting	Section E	3 for ve	ehicles use	ed by em	ployees	who <b>a</b>	ren't		
employees?		-													
38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your         employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners         39       Do you treat all use of vehicles by employees as personal use?         40       Do you provide more than five vehicles to your employees, obtain information from your employees about         41       Do you meet the requirements concerning qualified automobile demonstration use?         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization         (a)       (b)       (c)       (d)         Description of costs       Date amortization Amortization amount       Amortization for this year         42       Amortization of costs that begins during your 2023 tax year:       43         43       Amortization of costs that began before your 2023 tax year       43         44       Total. Add amounts in column (f). See the instructions for where to report       44	•	-	-						-	-				Yes	No
38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your         employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners         39       Do you treat all use of vehicles by employees as personal use?         40       Do you provide more than five vehicles to your employees, obtain information from your employees about         41       Do you meet the requirements concerning qualified automobile demonstration use?         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization         (a)       (b)       (c)       (d)         Description of costs       Date amortization Amortization amount       Amortization for this year         42       Amortization of costs that begins during your 2023 tax year:       43         43       Amortization of costs that began before your 2023 tax year       43         44       Total. Add amounts in column (f). See the instructions for where to report       44	employees?														
39 Do you treat all use of vehicles by employees as personal use?	38 Do you maintain a written p	olicy state	ement that pro	hibits p	ersonal ι	use of v	vehicles,	except	t commutii	ng, by yo	ur				
40 Do you provide more than five vehicles to your employees, obtain information from your employees about	employees? See the instrue	ctions for v	vehicles used	by corpo	orate offi	icers, c	lirectors,	or 1%	or more ov	wners					
40 Do you provide more than five vehicles to your employees, obtain information from your employees about	39 Do you treat all use of vehic	cles by em	nployees as pe	rsonal u	ise?										
the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) (f) Description of costs bat begins during your 2023 tax year: 42 Amortization of costs that begins during your 2023 tax year: 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report 44 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. 45 Amortization of costs that began before your 2023 tax year 46 Total. Add amounts in column (f). See the instructions for where to report 47 Amortization of costs that began before your 2023 tax year 48 Amortization of costs that began before your 2023 tax year 49 Section of costs that began before your 2023 tax year 40 Section of costs that began before your 2023 tax year 41 Section of costs that began before your 2023 tax year 42 Amortization of costs that began before your 2023 tax year 43 Amortization of costs that began before your 2023 tax year 44 Section year year 45 Section year year 46 Section year year 47 Section year year 47 Section year year 48 Section year year 49 Section year year 40 Section year year 40 Section year year 40 Section year year year 40 Section year year year year 40 Section year year year year year year year year	<b>40</b> Do you provide more than t	five vehicle	es to your emp	loyees,											
41 Do you meet the requirements concerning qualified automobile demonstration use?         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization begins       Amortizable amount       Code section       Amortization period or percentage       Amortization for this year         42       Amortization of costs that begins during your 2023 tax year:					<b>`</b>										
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization begins       Amortizable amount       Code section       Amortization period or percentage       Amortization for this year         42       Amortization of costs that begins during your 2023 tax year:       Image: Code amount       Image: Code section       Amortization period or percentage       Amortization for this year         43       Amortization of costs that began before your 2023 tax year       Image: Code amount       43         44       Total. Add amounts in column (f). See the instructions for where to report       44	-														
Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization begins       Amortizable amount       Code section       Amortization period or percentage       Amortization for this year         42       Amortization of costs that begins during your 2023 tax year:       Image: Code section															
(a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization begins       Amortizable amount       Code section       Amortization period or percentage       Amortization for this year         42       Amortization of costs that begins during your 2023 tax year:       Image: Code in this year       Image: Code section		30, 39, 40	J, 014115 Tes	s, uorri	comple	le Seci		the co		icies.					
Description of costs       Date amortization begins       Amortizable amount       Code section       Amortization period or percentage       Amortization for this year         42       Amortization of costs that begins during your 2023 tax year:       Image:				(b)		(0)			(d)	<u> </u>	(a)			(f)	
begins     amount     section     period or percentage     for this year       42     Amortization of costs that begins during your 2023 tax year:     i     i     i       i     i     i     i     i       43     Amortization of costs that began before your 2023 tax year     43       44     Total. Add amounts in column (f). See the instructions for where to report     44		its	Date a	mortization		Amortiza			Code		Amortiza	ation	Ar	nortization	
43 Amortization of costs that began before your 2023 tax year       43         44 Total. Add amounts in column (f). See the instructions for where to report       44				-					section				fo	r this year	
44 Total. Add amounts in column (f). See the instructions for where to report 44	42 Amortization of costs that I	pegins dur	ring your 2023	tax yea	r:										
44 Total. Add amounts in column (f). See the instructions for where to report 44				:											
44 Total. Add amounts in column (f). See the instructions for where to report 44				: :											
	43 Amortization of costs that a	began befo	ore your 2023	tax year								43			
												44			
316252 12-20-23 Form <b>4562</b> (2023		imn (f). Se	e the instruction	ons for v	vhere to	report	<u></u>	<u></u>	<u></u>	<u></u>		44			

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

022 Date Accepted

#### DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR	California e-file Return Authorization for
<b>2023</b>	Exempt Organizations
Exempt Organization name	

## FORM 8453-EO

Exempt Org	anization name								Identify	ring number
TACO BE	ELL FOUNDAT	TION INC.							33	-0523542
Part I	Electronic F	Return Information (whole do	llars only)							
1 Tota	al gross receip	ots or unrelated business taxa	ble income (Form 199, line	4 or For	n 109, lir	ne 5)			1	50,912,118
<b>2</b> Tota	al gross incom	ne or total tax (Form 199, line a	3 or Form 109, line 14)						2	50,912,118
3 Tota	<b>3</b> Total expenses and disbursements (Form 199, line 9) <b>3</b> 33,993,158									
	erpayment (Fo	rm 109, line 24)							5	
Part II	1	Account Electronically for T	axable Year 2023							
6		sit of refund (Form 109 only.)								
7		nds withdrawal 7a Amo		T :		hdrawal c				······
Part III	Schedule of E	stimated Tax Payments for Taxa						amount	the e	,
		First Payment	Second Paymer	nt		Third Pay	/ment			Fourth Payment
8 Amo										
9 With	drawal Date	ormation (Have you verified t	o oxompt organization's k	anking i	formatio	n2)				
	¥	ormation (nave you vermed t	le exempt organization s t	Janking II	nonnatio	/1?)				
	ing number			<b>10</b> T	pe of ac	aaunti [		alina		
Part V	Dunt number Declaration	of Officer			pe or acc	count. L		ecking		_ Savings
		ganization's account to be settled	as designated in Part II. If I of	nock Dart I	box61	declare the	t the han	k accou	int end	cified in Part IV for the
direct dep	osit refund agre	es with the authorization stated on the analysis of the settled on	n my return. If I check Part II,	box 7, I a	úthorize ar					
Under pen	nalties of perjury	, I declare that I am an officer of t	he above exempt organization	n and that	the inform	ation I pro	vided to	my elec	tronic	return originator (ERO),
		te service provider and the amount								
a balance	due return. I un	n. To the best of my knowledge a derstand that if the Franchise Tax	Board (FTB) does not receive	full and ti	m is true, melv pavn	correct, ar	exempt of	ete. It tr proaniza	ie exe ation's	tax liability, the exempt
organizatio	on will remain li	able for the tax liability and all ap	plicable interest and penalties.	I authoriz	e the exen	npt organi:	zation ret	urn and	accor	npanying schedules and
		l to the FTB by the ERO, transmitt F <b>TB to disclose to the ERO or int</b> e								
• •	, uumonzo mo					uoluy of a	10 4410 1		o rora	
Sign				TREAS	SURER					
Here	Signature o	fofficer	Date	Title						
Part VI	Declaration	of Electronic Return Origina	ator (ERO) and Paid Prepa	arer.						
l declare t	hat I have revie	wed the above exempt organization	n's return and that the entries	on form F	TB 8453-I	EO are cor	nplete an	d correc	ct to th	ne best of my knowledge. (If I
am only ar	n intermediate s	ervice provider, I understand that	I am not responsible for revie	ewing the	exempt or	ganization	s return.	I declar	e, hov	vever, that form FTB 8453-EO
		a on the return.) I have obtained t officer with a copy of all forms a								
1345, 202	3 Handbook fo	r Authorized e-file Providers. I wil	l keep form FTB 8453-EO on f	ile for <b>fou</b>	years fro	m the due	date of th	ne retur	n or f	our years from the date
		eturn is filed, whichever is later, a								
		ined the above exempt organizati te. I make this declaration based o				ements, an		Jest of I	пу кп	owiedge and belief, they are
,					-9					
	ERO's			Date		Check if also paid		Check if self-		ERO'S PTIN
ERO	signature	SINGERLEWAK LLP				preparer	X	employe	ed 🗌	P00748170
	Firm's name (or yo if self-employed)								Firm's	FEIN 95-2302617
			ርጣፑ 300							
Sign	and address	2010 MAIN ST.,	SIE 300							
Sign		2010 MAIN ST., IRVINE, CA	SIE 500						ZIP co	ode 92614
Under pen	and address nalties of perjury	IRVINE, CA , I declare that I have examined th	ne above organization's return					ements,		
Under pen and belief,	and address nalties of perjury	IRVINE, CA	ne above organization's return					ements,		
Under pen and belief, <b>Paid</b>	and address nalties of perjury , they are true, o Paid preparer's	IRVINE, CA , I declare that I have examined th	ne above organization's return					ements,	and to	
Under pen and belief, Paid Prepar	and address nalties of perjury , they are true, of Paid preparer's signature	IRVINE, CA , I declare that I have examined the correct, and complete. I make this	ne above organization's return		which I ha		dge.   Check		and to	o the best of my knowledge Paid preparer's PTIN
Under pen and belief, Paid Prepar Must	and address nalties of perjury , they are true, o Paid preparer's signature Firm's nam if self-empl	IRVINE, CA v, I declare that I have examined the porrect, and complete. I make this e (or yours oyed)	ne above organization's return		which I ha		dge.   Check   if self-		and to	o the best of my knowledge
Under pen and belief, Paid Prepar	and address nalties of perjury, they are true, o Paid preparer's signature Firm's nam	IRVINE, CA v, I declare that I have examined the porrect, and complete. I make this e (or yours oyed)	ne above organization's return		which I ha		dge.   Check   if self-		and to	D the best of my knowledge Paid preparer's PTIN S FEIN
Under pen and belief, Paid Prepar Must	and address nalties of perjury , they are true, o Paid preparer's signature Firm's nam if self-empl	IRVINE, CA v, I declare that I have examined the porrect, and complete. I make this e (or yours oyed)	ne above organization's return		which I ha		dge.   Check   if self-		and to	D the best of my knowledge Paid preparer's PTIN S FEIN

329021 12-27-23

FTB 8453-EO 2023

# TAXABLE YEARCalifornia Exempt Organization2023Annual Information Return

202	3 Annual Information Return				199
Calendar Yea	2023 or fiscal year beginning (mm/dd/yyyy)	, and ending (m	m/dd/yyyy)		
Corporation/Org				a corporation	number
TACO BELL	FOUNDATION INC.			0340	
Additional inform	nation. See instructions.		FEIN		
				3-052354	42
Street address (			PM	B no.	
ONE GLEN	BELL WAY			code	
City					
IRVINE Foreign country	name Foreign province/state/county		CA 926	eign postal co	ode
Foreign country			FUR	eigii postai co	Jue
A First retu	rn Yes X No I Did th	e organization have a	anv changes t	la ite quidel	ines
		ported to the FTB? S		•	
		mpt under R&TC Sec			
		ed in political activiti			
•		organization exempt			
Enter date:	(mm/dd/yyyy) • If "Yes	s," enter the gross red	ceipts from no	onmember	sources \$
E Check ac	counting method: (1) Cash (2) $X$ Accrual (3) Other L Is the	organization a limite	d liability com	npany?	• Yes X No
		e organization file Fo			
. ,	Other 990 series report	t taxable income?			• Yes X No
	group filing? See instructions • Yes X No N Is the				
		udited in a prior year			
It "Yes," \		eral Form 1023/1024			Yes X No
		iled with IRS			
Part I (	l complete Part I unless not required to file this form. See General Information B	and C			
<u> </u>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			• 1	3,646,560 00
					, , <u>00</u> 00
					47,265,558 00
<b>-</b>	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
Receipts	This line must be completed. If the result is less than \$50,000, see Gene	ral Information B		. • 4	50,912,118 00
and	5 Cost of goods sold•	5		00	
Revenues	6 Cost or other basis, and sales expenses of assets sold	6		00	1
	7 Total costs. Add line 5 and line 6			7	00
	8 Total gross income. Subtract line 7 from line 4			• 8	50,912,118 00
Expenses					33,993,158 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from	1 line 8			16,918,960 00
	11 Total payments			• 11	00
	<ul><li>12 Use tax. See General Information K</li><li>13 Payments balance. If line 11 is more than line 12, subtract line 12 from lin</li></ul>			• <u>12</u> • 13	00
Payments	<ul><li>Payments balance. If line 11 is more than line 12, subtract line 12 from lin</li><li>Use tax balance. If line 12 is more than line 11, subtract line 11 from line</li></ul>				00
Fayments	4. Description and interest One Operand Information 1	12		15	00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the resu Under penalties of perjury, I declare that I have examined this return, including accompanying s it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all inf	chedules and statements ormation of which prepar	s, and to the bes er has any know	t of my knowl	edge and belief,
Sign Here	I Title		Date		• Telephone
nere	Signature of officer TREASU	RER			949-863-4500
		Date	Check if		PTIN
	Preparer's LIOR TEMKIN	10/30/24	self-employ	red	P00748170
Paid	Firm's name				<ul> <li>Firm's FEIN</li> </ul>
Preparer's	(or yours, if self-				95-2302617
Use Only	employed) 2010 MAIN ST., STE 300 and address				Telephone
	IRVINE, CA 92614			- []	949-261-8600
	May the FTB discuss this return with the preparer shown above? See instruction	ns		X Yes	No

I

022

TACO BELL FOUNDATION INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

				SEE PART II SU	JBSTITUTE ATTACHN	IENT		
	1	Gross sales or receipts from all b	usiness activities. See instruc	tions	•	1		00
	2	Interest				2		00
	3	Dividends				3		00
Receipts	4	0				4		00
from	5	Gross royalties	•	5		00		
Other	6	Gross amount received from sale				6		00
Sources	7	Other income			•	7		00
	8	Total gross sales or receipts from	n other sources. Add line 1 thr	ough line 7. Enter here and o	n Side 1, Part I, line 1	8		00
	9	Contributions, gifts, grants, and s	imilar amounts paid		•	9		00
	10	Disbursements to or for members	S		•	10		00
	11	Compensation of officers, directo	rs, and trustees		•	11	0	00
	12	Other salaries and wages			•	12		00
Expenses	13	Interest			•	13		00
and	14	Taxes			•	14		00
Disburse-	15	Rents			•	15		00
ments	16	Depreciation and depletion (See i				16		00
	17	Other expenses and disbursemen	ts		•	17		00
Cabadi		Total expenses and disbursemen				18		00
Schedu		Balance Sheet	Beginning of t	-		of taxable y		
Assets		-	(a)	(b)	(C)		(d)	
1 Cash						•		
		receivable				•		
		ceivable				•		
						•		
		state government obligations						
		in other bonds				-		
		in stock						
8 Mortg 9 Other	-							
		le assets				-		
h les	s 2001	mulated depreciation						
11 Land						•		
						•		
Liabilities								
		yable				•		
		, · -						

15	Contributions, gifts, or grants payable				•
	Bonds and notes payable				•
17	Mortgages payable				•
18					
19	Capital stock or principal fund				•
					•
21	Retained earnings or income fund				•
22					
Sc	hedule M-1 Reconciliation of income per t Do not complete this schedule			s than \$50,000.	
1	Net income per books	•	7 Income recorded	on books this year	
	Federal income tax	•	not included in th	nis return. Attach schedule 💠	•
3	Excess of capital losses over capital gains	•	8 Deductions in thi	s return not charged	
4	Income not recorded on books this year.		against book inc	ome this year.	

-	income not recorded on books this year.			ayamsi buuk muume ims year.	
	Attach schedule	•		Attach schedule	•
5	Expenses recorded on books this year not		9	Total. Add line 7 and line 8	
	deducted in this return. Attach schedule	•	10	Net income per return.	
6	Total. Add line 1 through line 5			Subtract line 9 from line 6	
			-		

022

3652234

TATE OF CALIFORNIA					DEPARTMENT		GE 1 of
ev. 01/2024)	ANN	<b>IUAL REGISTRATION RENEV</b>	<b>NAL FEE</b>	REPORT	(For Registry Use Only)		
MAIL TO:		TO ATTORNEY GENERAL OI	CALIFO	RNIA			
Registry of Charities and Fundraisers P.O. Box 903447		ections 12586 and 12587, California					
Sacramento, CA 94203-4470	U	11 Cal. Code Regs. sections 30					
STREET ADDRESS: 1300 I Street	Failure to su	ubmit this report annually no later than four months	and fifteen days	s after the end of the			
Sacramento, CA 95814		on's accounting period may result in the loss of tax	-				
NEBSITE ADDRESS: www.oag.ca.gov/charities		c of \$800, plus interest, and/or fines or filing penaltic 23703; Government Code section 12586.1. IRS ext					
			Check if:	:			
			Cr	nange of address			
TACO BELL FOUNDATION IN( Name of Organization	2.			nended report ganization requests e	mail patifications		
TACO BELL FOUNDATION				ganization requests e	Inali notifications		
List all DBAs and names the organization u	ses or has used						
-							
ONE GLEN BELL WAY			State Ch	arity Registration Nur	mber086806		
Address (Number and Street)							
IRVINE, CA 92618			Corporat	tion or Organization N	lo		
City or Town, State, and ZIP Code							
949-863-4500	TACOBELI	LFOUNDATION@TACOBELL.COM	Federal	Employer ID No. 33-	0523542		
Telephone Number	E-mail Addres	SS	- outrain				
ANNUAL R	EGISTRATIC	ON RENEWAL FEE SCHEDULE (11 C Make Check Payable to Depart		•	)7, and 310)		
Tatal Davianus	<b>F</b> a a		_	Τ			
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue		<u>Fe</u>	
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100		001 and \$100 million		00
Between \$50,000 and \$100,00 Between \$100,001 and \$250,0		Between \$1,000,001 and \$5 millio			0,001 and \$500 million		,000, ,200
Between \$100,001 and \$250,0	00 375	Between \$5,000,001 and \$20 milli	011 - \$400	Greater than \$500		φı	,200
	accounting	period (beginning 01/01/2023	en	ding 12/31/2023	) list:		
For your most recent ful	48,711	period (beginning01/01/2023		<sup>0</sup> Total Asse	ets \$ 69	,602,	729
otal Revenue	48,711	period (beginning			ets \$ 69	,602,	729
For your most recent ful otal Revenue ncluding noncash contributions) \$ Program Expens	48,711 es \$	, 154 Noncash Contributions \$	Total Exp	0 Total Asse penses \$	ets \$ 69	,602,	729
For your most recent ful otal Revenue neluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be	48 , 711 es \$ ARDING ORC	.,154 Noncash Contributions \$ 30,028,914	Total Exp OF THIS RI stions belo	0 Total Asse penses \$ EPORT w, you must attach a	ets \$69069069069696969069696969	,602, <b>Yes</b>	1
For your most recent ful otal Revenue reluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or	48,711 es \$ ARDING ORC answered. If on and detai	A Noncash Contributions \$ 30,028,914 GANIZATION DURING THE PERIOD	Total Exp OF THIS RI stions belo review RRF financial tran	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between th	ets \$69 31,792,194 a separate page formation required. e organization		No
For your most recent ful otal Revenue neluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest?	48,711 es \$ ARDING ORC answered. If on and detai d, were there trustee there	Anization definition and the second definition of the second definition	Total Exp OF THIS RI stions belo review RRF financial tran which any su	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between the uch officer, director or	a separate page formation required. e organization trustee had		1
For your most recent ful otal Revenue neluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest?	48,711 es \$ ARDING ORC answered. If on and detai d, were there trustee there	And the second s	Total Exp OF THIS RI stions belo review RRF financial tran which any su	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between the uch officer, director or	a separate page formation required. e organization trustee had		No
For your most recent ful total Revenue ncluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds?	48,711 es \$ ARDING ORC answered. If on and detai d, were there trustee there d, was there a	Anization definition and the second definition of the second definition	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of th	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between th uch officer, director or ne organization's char	a separate page formation required. e organization trustee had		No x
For your most recent ful otal Revenue netuding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period	48 , 711 es \$ ARDING ORC answered. If on and detai d, were there trustee there d, was there a d, were any o d, were the se	A state of the sta	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between th uch officer, director or ne organization's char judgment?	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property		No x x x
For your most recent ful otal Revenue ncluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer use	48,711 es \$ ARDING ORC answered. If on and detai d, were there trustee there d, was there any o d, were any o d, were the se ed?	A state of the sta	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or ndraising co	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between th uch officer, director or ne organization's char judgment?	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property		No x x x x
For your most recent ful otal Revenue neluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer use 5. During this reporting period	48,711 es \$	An interview of a commercial fundraiser, f	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or ndraising co unding?	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between th uch officer, director or ne organization's char judgment?	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property		x x x x
For your most recent ful         otal Revenue         Program Expens         Program Expens         PART B - STATEMENTS REGA         Note:       All questions must be providing an explanati         1.       During this reporting period and any officer, director or any financial interest?         2.       During this reporting period or funds?         3.       During this reporting period commercial coventurer use         5.       During this reporting period         6.       During this reporting period	48,711 es \$ ARDING ORC answered. If on and detail d, were there trustee there d, was there any o d, were any o d, were the se d? d, did the org d, did the org d, did the org	Anization hold a raffle for charitable p	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or ndraising co unding?	0 Total Asse penses \$ EPORT w, you must attach a -1 instructions for in nsactions between th uch officer, director or ne organization's char judgment?	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property		No x x x x
For your most recent ful otal Revenue Icluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer use 5. During this reporting period 6. During this reporting period	48,711 es \$	Anization hold a raffle for charitable pre-	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or ndraising co inding?	0 Total Asse penses \$	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property urposes, or		x x x x
For your most recent ful otal Revenue Icluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer use 5. During this reporting period commercial coventurer use 5. During this reporting period 6. During this reporting period 7. Does the organization condu	48,711 es \$	Anization hold a raffle for charitable p	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or ndraising co inding?	0 Total Asse penses \$	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property urposes, or		Nc       x       x       x       x       x       x       x       x
For your most recent ful fotal Revenue ncluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer use 5. During this reporting period 6. During this reporting period 7. Does the organization condu generally accepted accourt	48,711 es \$	Anization hold a raffle for charitable pre-	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or ndraising co unding? urposes?	Total Asserbenses \$     Total Asserbenses \$     EPORT     w, you must attach a     -1 instructions for in     nsactions between the     uch officer, director or     ne organization's char      judgment?     unsel for charitable p ents in accordance wi	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property urposes, or	Yes	No x x x x x x
For your most recent ful otal Revenue ncluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer use 5. During this reporting period commercial coventurer use 5. During this reporting period 6. During this reporting period 7. Does the organization condu- generally accepted accour 9. At the end of this reporting I declare under penalty of period	48,711 es \$ ARDING ORC answered. If on and detail d, were there trustee there d, was there and d, were any o d, were any o d, were the se ed? d, did the org d, did the org duct a vehicle tring principle period, did t ury that I ha	Anization hold a raffle for charitable pre- charitation program?	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of the nalty, fine or ndraising co inding? urposes? cial statement sets, while r ccompanyi	Total Asserbenses \$     Total Asserbenses \$     EPORT  w, you must attach a -1 instructions for in nsactions between the uch officer, director or ne organization's char  judgment? unsel for charitable p ents in accordance wi eporting negative unr	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property urposes, or th estricted net assets?	Yes	No x x x x x x x x x x x x
For your most recent ful otal Revenue ncluding noncash contributions) \$ Program Expens PART B - STATEMENTS REGA Note: All questions must be providing an explanati 1. During this reporting period and any officer, director or any financial interest? 2. During this reporting period or funds? 3. During this reporting period commercial coventurer use 5. During this reporting period commercial coventurer use 5. During this reporting period 6. During this reporting period 7. Does the organization condu- generally accepted accour 9. At the end of this reporting I declare under penalty of period	48,711 es \$	An interview of the second sec	Total Exp OF THIS RI stions belo review RRF financial tran which any su misuse of th nalty, fine or ndraising co inding? urposes? cial stateme sets, while r ccompanyi ign.	Total Asserbenses \$     Total Asserbenses \$     EPORT  w, you must attach a -1 instructions for in nsactions between the uch officer, director or ne organization's char  judgment? unsel for charitable p ents in accordance wi eporting negative unr	ets \$69 31,792,194 a separate page formation required. e organization trustee had itable property urposes, or th estricted net assets?	Yes	No x x x x x x x x x x x x

Form	8868
(Rev	January 2024)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

1

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Id	entification							
Type or	Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number							
Print								
	TACO BELL FOUNDATION INC.			33-0523542				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. ONE GLEN BELL WAY							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRVINE, CA 92618							
Enter the l	Return Code for the return that this application is for (file	e a separa	te application for each return)		0 1			
Applicatio	on Is For	Return	Application Is For		Return			
		Code			Code			
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)					
Form 4720 (individual)			Form 5227		10			
Form 990-	Form 990-PF 04 Form 6069							
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 8870					

Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)		Form 5330 (other than individual)	14
Form 1041-A	08		
<ul> <li>After you enter your Return Code, complete either Part II or Pa</li> </ul>	rt III. Part II	I, including signature, is applicable only for an extension of	
time to file Form 5330.			

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name			
Plan Number			
Plan Year Ending (MM/DD/YYYY)			
Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)			
The books are in the care of CARI ANDERSON			
ONE GLEN BELL WAY - IRVINE, CA 92618			
Telephone No.         949-863-4321         Fax No.			
• If the organization does not have an office or place of business in the United States, check this box			
If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)			
box If it is for part of the group, check this box and attach a list with the names and	TINs of all member	ers the exte	ension is for.
1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24	, to file the exem	npt organiza	ation return for
the organization named above. The extension is for the organization's return for:	•		
X calendar year 20 23 or			
tax year beginning, 20, and ending			, 20
If the tax year entered in line 1 is for less than 12 months, check reason:     Initial return     Change in accounting period	Final retur	n	
<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less			
any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
using EFTPS (Electronic Federal Tax Payment System). See instructions.	30	\$	٥.
For Privacy Act and Paperwork Reduction Act Notice, see instructions.		Form	8868 (Rev. 1-2024)
MAIL TO: DEPARTMENT OF THE TREASURY			
LHA 323841 12-22-23 INTERNAL REVENUE SERVICE CENTER			
OGDEN, UT 84201-0045 5			
.71030 701224 7757 2023.05000 TACO BE	ELL FOUNDA	TION	INC. 7757

990

Department of the Treasury Internal Revenue Service

Form

# EXTENDED TO NOVEMBER 15, 2024 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.

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



A	or th	e 2023 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre				
	Name			33-0523542	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	ONE GLEN BELL WAY		949-863-4500	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	50,912,118.
	Amer returr	IRVINE, CA 92010		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer. CAMES CASCONE		for subordinates	? Yes 🗴 No
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	icluded? Yes No
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	n number
		f organization: X Corporation Trust Association Other	L Year	of formation: 1992	State of legal domicile: CA
Pa	art I	Summary			
Ø	1	Briefly describe the organization's mission or most significant activities:		OUNDATION BREAKS	
ů Ľ		DOWN BARRIERS TO EDUCATE AND INSPIRE THE NEXT GENERATION OF	LEADERS.		
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
Š	3				8
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)	8		
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		19	
iviti	6	Total number of volunteers (estimate if necessary)		6	8
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		35,171,246.	47,265,558.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		70,762.	1,445,596.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		- •	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,242,008.	48,711,154.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,083,389.	26,113,127.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,389,649.	0. 2,072,937.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,309,049.	2,072,937.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	۰.
Ä				1,450,172.	3,606,130.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,923,210.	31,792,194.
	18   19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,318,798.	16,918,960.
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
its o	20	Total assets (Part X, line 16)		49,068,263.	69,602,729.
Assets ( Balanc	20			492,915.	3,762,441.
Net /	21	Net assets or fund balances. Subtract line 21 from line 20		48,575,348.	65,840,288.
<u> </u>	art II	Signature Block		10,0,0,010.	

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	Signature of officer				Date					
Here	JAMES CASCONE, TREASURER									
	Type or print name and title									
	Print/Type preparer's	s name	Preparer's signature	Date	Check	PTIN				
Paid	LIOR TEMKIN		LIOR TEMKIN	10/30/24	self-employed	P00748170				
Preparer	Firm's name SIN	NGERLEWAK LLP			Firm's EIN 95-	2302617				
Use Only	Firm's address 201	10 MAIN ST., STE 300								
	IRV	VINE, CA 92614			Phone no.949-26	1-8600				
May the IF	RS discuss this retur	rn with the preparer shown abo	ve? See instructions			X Yes	No No			
						- 0				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2023) TACO BELL FOUNDATION INC.	33-0523542	Page <b>2</b>
	t III Statement of Program Service Accomplishments		<u>g</u> -
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE TACO BELL FOUNDATION BREAKS DOWN BARRIERS TO EDUCATE AND INSPIRE		
	THE NEXT GENERATION OF LEADERS.		
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	XNo
	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	X 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 m	easured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		hd
	revenue, if any, for each program service reported.	, the total expenses, an	
4a	(Code:) (Expenses \$18,868,278. including grants of \$16,407,844. ) (Revenue		)
ти	TACO BELL FOUNDATION GRANTED BACK TO YOUTH-SERVING ORGANIZATIONS,	, φ	)
	INCLUDING THE BOYS AND GIRLS CLUBS OF AMERICA. IN AND AROUND		
	COMMUNITIES WHERE TACO BELL DOES BUSINESS. OUR LOCAL GRANTS SUPPORT		
	PROGRAMS AND EXPERIENCES THAT PREPARE YOUNG PEOPLE FOR HIGH SCHOOL		
	GRADUATION AND EMPOWERS THEM TO CHANNEL THEIR PASSIONS SO THEY CAN GO		
	ON TO ACHIEVE THEIR DREAMS THROUGH SECONDARY EDUCATION. SINCE 2013, THE		
	TACO BELL FOUNDATION HAS GRANTED NEARLY \$78.5 MILLION TO APPROXIMATELY		
	350 BOYS AND GIRLS CLUBS ACROSS THE COUNTRY.		
4b	(Code:) (Expenses \$11,160,636. including grants of \$9,705,283. ) (Revenue	*\$	)
	THE LIVE MAS SCHOLARSHIP PROGRAM IS DESIGNED TO HELP INNOVATORS AND		
	CREATORS AGES 16-24 PURSUE UNIQUE PASSIONS THAT MAY NOT NECESSARILY FIT		
	INTO THE TRADITIONAL "ACADEMIC" OR "ATHLETIC" SCHOLARSHIP CATEGORIES.		
	THE APPLICATION ONLY REQUIRES SUBMISSION OF A TWO-MINUTE VIDEO WHERE		
	APPLICANTS SHARE WHAT THEY LOVE TO DO. THE 2023 SCHOLARSHIP PROGRAM		
	AWARDED \$9.7 MILLION. THE WIDE RANGE OF STUDENT PASSIONS INCLUDE		
	MEDICINE, FILM, ENGINEERING, MUSIC AND COMMUNITY SERVICE. IN THE FIRST		
	FIVE YEARS OF THE SCHOLARSHIP, THE TACO BELL FOUNDATION HAS ALREADY		
	AWARDED \$36.9 MILLION IN EDUCATION SUPPORT TO NEARLY 3000 STUDENTS,		
	INCLUDING TACO BELL EMPLOYEES. STUDENTS IN THE PROGRAM HAVE ALSO BEEN		
	GIVEN ACCESS TO OPPORTUNITIES BEYOND FINANCES, THROUGH WORKSHOPS TO		
	HELP DEVELOP PERSONAL AND PROFESSIONAL SKILLS.		
4c	(Code:         ) (Expenses \$) (Revenue	÷\$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 30,028,914.		
		Form 9	<b>90</b> (2023)
332002	2 12-21-23		

	990 (2023) TACO BELL FOUNDATION INC. 33-052354	2	Р	age 3
Par	TIV 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)?	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
1 <b>2</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
b	Schedule D, Parts XI and XII	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	
332003	3 12-21-23	Form	390	(2023)

	990 (2023) TACO BELL FOUNDATION INC. 33-0523	542	P	Page 4				
Par	t IV Checklist of Required Schedules (continued)							
22	Did the exception report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	x					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>				
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23	х					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		x				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x				
	contributions? If "Yes," complete Schedule M	30		x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x				
22	Schedule N, Part II	32						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	0.00		x				
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33						
34		34		x				
35 a	Part V, line 1			x				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000						
D D	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?	000						
	If "Yes," complete Schedule R, Part V, line 2	36		x				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	х					
Par								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>					
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
332004	12-21-23	Form	9 <b>90</b>	(2023)				

16171030 701224 7757

	990 (2023) TACO BELL FOUNDATION INC.		33-052354	2	Р	age <b>5</b>		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
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	19					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	•	2b	х			
3a								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a 3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		x		
h	If "Yes," enter the name of the foreign country	00000		14				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A							
Fo				5a		x		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file form 2000 TO							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	-						
_	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		•					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	provided to the payor?	7a	Х	<u> </u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
	to file Form 8282?			7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h				
8								
	sponsoring organization have excess business holdings at any time during the year?							
9								
а								
b				9a 9b				
10	Section 501(c)(7) organizations. Enter:							
а	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:							
		11a						
b	Gross income from members or snareholders	- 14						
b		446						
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	۱ ۲	100				
			:	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.0	I					
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	3					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
332005	12-21-23			Form	990	(2023)		

Form	990 (2023) TACO BELL FOUNDATION INC.		33-0523		P	Page 6			
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and fo	ra "No" i	respor	nse			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.								
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion 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		8					
	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 on Schedule O.								
h		16		8					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				x				
-	officer, director, trustee, or key employee?			. 2					
3	Did the organization delegate control over management duties customarily performed by or under the		·		v				
					X				
4	Did the organization make any significant changes to its governing documents since the prior Form 99					X			
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?				X			
6	Did the organization have members or stockholders?			. 6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?			. 7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	ders, or						
	persons other than the governing body?			. 7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:						
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?				Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		x			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev								
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cha								
			· · ·	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ū						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$								
Ū	on Schedule O how this was done			12c	х				
13	Did the organization have a written whistleblower policy?				х				
14	Did the organization have a written document retention and destruction policy?				x				
15	Did the process for determining compensation of the following persons include a review and approval								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	dependent						
-				150		x			
	The organization's CEO, Executive Director, or top management official					X			
b	Other officers or key employees of the organization			. 15b					
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		Al						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					v			
-	taxable entity during the year?			<u>16a</u>		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	'S						
<u> </u>	exempt status with respect to such arrangements?			. 16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedCA,AL,AK,AZ,AR,CO,C								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	T (section 501(c)	(3)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request X Other (explain								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, a	and finan	cial				
	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 boo	ks and	l records						
	CARI ANDERSON - 949-863-4321								
	ONE GLEN BELL WAY, IRVINE, CA 92618								
332006	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Forn	ז <b>990</b>	(2023)			

2023.05000 TACO BELL FOUNDATION INC. 7757\_\_\_1

Form 990 (2023) TACO BELL FOUNDATION INC.	33-0523542	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year endin</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), r</li> </ul>	5 5	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pe	rson i	is botl	n an	compensation	compensation	amount of
	week		cer an I	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JENNIFER BRADBURY	40.00	_			-	<u> </u>	-			
EXECUTIVE DIRECTOR				х				230,770.	0.	23,325.
(2) MARCHELA IAHDJIAN	40.00									
PROGRAMS AND PARTNERSHIPS						x		125,481.	0.	17,728.
(3) MORGAN TABOR	40.00									
DEVELOPMENT MANAGER						X		104,875.	0.	18,229.
(4) NEIL BORKAN	10.00									
CHAIRMAN		х		х				٥.	0.	0.
(5) SEAN TRESVANT (START 04/27/2023	0.20									
VICE CHAIRMAN		Х		х				0.	0.	0.
(6) JAMES CASCONE	2.50									
TREASURER		х		х				0.	0.	0.
(7) ROB ALVARADO	0.20									_
DIRECTOR		х						0.	0.	0.
(8) IMAAN FERDOWSI	0.20									
DIRECTOR		х				<u> </u>		0.	0.	0.
(9) DAVID GRIEVE	0.20									
DIRECTOR		х				<u> </u>		0.	0.	0.
(10) MARK KING	0.20									
DIRECTOR		х						0.	0.	0.
(11) MARJORIE PERLMAN	0.20									
DIRECTOR		Х						0.	0.	0.
						$\vdash$				

332007 12-21-23

Form 990 (2023)

	FOUNDATION INC	Ξ.							33-052	3542		Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Emp	loye	es, a	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box, office	F not chr unless er and	eck n s per:	tion nore f son is	than c s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	Reportable I compensation a from related		) ated nt of er
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		comper from organiz and re organiz	the zation lated
			_									
			_									
										_		
			_	_						_		
		_	+	_						+		
			_							_		
		_	+	_						+		
1b Subtotal								461,126.		0.	5	9,282.
c Total from continuation sheets to Pa <u>d</u> Total (add lines 1b and 1c)	rt VII, Section A							0. 461,126.		0. 0.	5	0. 9,282.
2 Total number of individuals (including to compensation from the organization	out not limited to the	ose li	isted	l ab	ove)	) wh	o re	ceived more than \$100,	000 of reportable			3
<b>3</b> Did the organization list any <b>former</b> off	ficer, director, truste	e, ke	ey er	nplo	oyee	e, or	hig	hest compensated emp	oyee on	Γ	Ye	s No
line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> 4 For any individual listed on line 1a, is th	ne sum of reportable	e cor	nper	nsat	ion	and	oth	er compensation from t	ne organization		3	X
<ul><li>and related organizations greater than</li><li>5 Did any person listed on line 1a received</li></ul>	e or accrue compen	satio	on fro	om a	any	unre	late	ed organization or individ	lual for services		4 X	
rendered to the organization? <i>If</i> "Yes," Section B. Independent Contractors	•										5	X
1 Complete this table for your five highes the organization. Report compensation	for the calendar ye	•						the organization's tax y	, 1	nsatio		
(A) Name and busir		NON	IE					(B) Description of s	ervices	Со	<b>(C)</b> mpensa	tion
2 Total number of independent contractor	ors (includina but no	ot lim	iited	to †	hos	e list	ted	above) who received mo	ore than			
\$100,000 of compensation from the or					C			,			orm <b>99</b>	) (2022)

			2023) TACO BELL FO	DUNDATI	ON INC.			33-052354	2 Page <b>9</b>
Pa	rt V	/	Statement of Revenue						
_			Check if Schedule O contains a	response	e or note to any line	e in this Part VIII		<u></u>	
				·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C)	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
0.0	4	~	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	'			1b					
j g			Membership dues	10 1c	39,800,105.				
Ar Ar			Fundraising events		33,000,103.				
ilar İlar			Related organizations	1d					
ns,			Government grants (contributions)	1e					
er ei		f	All other contributions, gifts, grants, and	1 1					
- pi			similar amounts not included above	1f	7,465,453.				
		g	Noncash contributions included in lines 1a-1f	1g  \$					
<u> </u>		h	Total. Add lines 1a-1f			47,265,558.			
					Business Code				
e	2	а							
ه ڏڏ		b							
Se		с							
e a		d							
Program Service Revenue		е							
Å		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, inte	rest, and				
			other similar amounts)			1,445,596.			1,445,596.
	4		Income from investment of tax-exem						
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			· · /	ecurities	(ii) Other				
		u	assets other than inventory <b>7a</b>						
		h	Less: cost or other basis						
Ð		5	and sales expenses 7b						
evenue		~	Gain or (loss) 70						
			Net gain or (loss)						
يد R			Gross income from fundraising events (r						
Other	0	a	including \$ 39,800,105.						
0				- 1					
			contributions reported on line 1c). So		a 2,200,964.				
		<b>I</b> -	Part IV, line 18	······ ⊢	<b>b</b> $2,200,964$ .				
			Less: direct expenses	····· –		0.			
			Net income or (loss) from fundraising			0.			
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of inv	ventory					
S					Business Code				
e.	11	а							<b> </b>
ane		b							ļ
scellaneo Revenue		с							
Miscellaneous Revenue		d	All other revenue						
2		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions	<u></u>		48,711,154.	٥.	0.	1,445,596.
33200	9 12-	-21-	23						Form <b>990</b> (2023)

#### TACO BELL FOUNDATION INC.

Form 990 (2023) 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).

<u></u>	Check if Schedule O contains a respons			1	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,407,844.	16,407,844.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,705,283.	9,705,283.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	254,094.	121,965.	45,737.	86,392.
7 8	persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include	1,674,303.	803,665.	301,375.	569,263.
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10 11	Payroll taxes Fees for services (nonemployees):	144,540.	69,379.	26,017.	49,144.
a b	Management	108,369. 5,350.		108,369. 5,350.	
с	Accounting	43,371.		43,371.	
	Professional fundraising services. See Part IV, line 17 Investment management fees				
g 12	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	1,896,419. 572,936.	1,878,800.	17,619.	
13	Office expenses	22,834.	10,960.	4,110.	7,764.
14 15	Information technology Royalties	84,730.	40,671.	15,251.	28,808.
16 17 18	Occupancy Travel Payments of travel or entertainment expenses	8,333.	4,000.	1,500.	2,833.
19	for any federal, state, or local public officials Conferences, conventions, and meetings	861,273.	413,411.	155,029.	292,833.
20 21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	2,515.		2,515.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a b					
c d					
е <u>25</u>	All other expenses	31,792,194.	30,028,914.	726,243.	1,037,037.
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)				
33201	0 12-21-23		l		Form <b>990</b> (2023)

orm 990 <b>Part X</b>	(2023) TACO BELL FOUNDATION Balance Sheet	TINC.			33-0523542 Page <b>11</b>		
	Check if Schedule O contains a response or not	te to any line i	n this Part X				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
1	Cash - non-interest-bearing			42,244,355.	1	31,507,298	
2	Savings and temporary cash investments			4,351,846.	2	33,851,371	
3		Pledges and grants receivable, net				4,243,078	
4	Accounts receivable, net				4		
5	Loans and other receivables from any current o						
	trustee, key employee, creator or founder, subs						
	controlled entity or family member of any of the		, , , , , , , , , , , , , , , , , , ,		5		
6	Loans and other receivables from other disquali	-	Γ				
_	under section 4958(f)(1)), and persons described				6		
ω 7	Notes and loans receivable, net				7		
Assets	Inventories for sale or use			3,535.	8	(	
¥ 9				,	9		
	Land, buildings, and equipment: cost or other				-		
	basis. Complete Part VI of Schedule D	10a	31,120.				
h			30,140.	3,495.	10c	980	
11	Investments - publicly traded securities		, ,	-,•	11		
12	Investments - other securities. See Part IV, line				12		
13	Investments - program-related. See Part IV, line				13		
14					14		
15	Intangible assets Other assets. See Part IV, line 11			2.	15		
16	Total assets. Add lines 1 through 15 (must equ			49,068,263.	16	69,602,72	
17	Accounts payable and accrued expenses			492,915.	17	3,762,443	
18	Grants payable			,•	18		
19					19		
20	Deferred revenue				20		
20	Tax-exempt bond liabilities				20		
00	Escrow or custodial account liability. Complete				21		
22   22	Loans and other payables to any current or form						
	trustee, key employee, creator or founder, subs				00		
	controlled entity or family member of any of the	-			22		
23	Secured mortgages and notes payable to unrela	-	F		23		
24	Unsecured notes and loans payable to unrelate				24		
25	Other liabilities (including federal income tax, pa						
	parties, and other liabilities not included on lines	,			05		
06	of Schedule D			492,915.	25	3,762,441	
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	al have	X	472,913.	26	5,702,441	
20		eck here					
	and complete lines 27, 28, 32, and 33.			48,066,706.	07	65,840,288	
			·····	508,642.	27	05,040,200	
<u> </u>	Net assets with donor restrictions	500,042.	28				
5	Organizations that do not follow FASB ASC 9						
	and complete lines 29 through 33.						
29	Capital stock or trust principal, or current funds		29				
	Paid-in or capital surplus, or land, building, or ed				30		
Net Assets or Fund Balances 8 25 8 26 8 26 8 27 8 26 8 26 8 26 8 26 8 26 8 26 8 26 8 26	Retained earnings, endowment, accumulated in			10 575 340	31		
	Total net assets or fund balances			48,575,348.	32	65,840,288	
33	Total liabilities and net assets/fund balances .			49,068,263.	33	69 , 602 , 729 Form <b>990</b> (202	

Form 990 (2023)

Form	990 (2023) TACO BELL FOUNDATION INC.	33-052354	2	Pa	<sub>ge</sub> 12
Par					30
	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	48,	711,	154.
	Total expenses (must equal Part IX, column (A), line 25)	2	31,	792,	194.
	Revenue less expenses. Subtract line 2 from line 1	3	16,	918,	960.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,	575,	348.
5	Net unrealized gains (losses) on investments	5		345,	980.
6	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	65,	840,	288.
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual L Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		1

Form **990** (2023)

SCHEDULE A (Form 990)			Public Cha	rity Status an	d Pub	olic Su	pport		OMB No. 1545-0047	
(Form 99	90)		omplete if the organ	ization is a section 501	(c)(3) orga	anization o			2023	
Department o	f the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public	
Internal Reve				Form990 for instruction			ormation.		Inspection	
Name of	the organization	on						Employer identification number		
			ELL FOUNDATION						33-0523542	
Part I	Reason	or Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The organ		•	•	For lines 1 through 12, cl						
1				n of churches described		n 170(b)(1	l)(A)(i).			
2				Attach Schedule E (Form						
3	-	-		anization described in se			-			
4		-	ation operated in col	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
-	city, and state	-	with a banafit of a cal	llaga ar university overad	or on orat		verementel	nit describe	ad in	
5				llege or university owned	or operation	ed by a go	vernmentalu	nit describe		
6	-		Complete Part II.)	nental unit described in a	soction 17	70(h)(1)(A)	( <sub>1</sub> )			
7 X		-	-	ntial part of its support fr				ne deneral i	oublic described in	
•	•		omplete Part II.)		om a gove			ie general j		
8	-			(1)(A)(vi). (Complete Parl	: 11.)					
9	-			in section 170(b)(1)(A)(	-	ed in conju	nction with a	land-grant	college	
	•	-	-	ulture (see instructions).		-		-	-	
	university:	-				-				
10	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
	activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
				(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.	
			mplete Part III.)		_					
	-	-	-	vely to test for public saf	•					
12	-	-	-	vely for the benefit of, to	-			•		
			-	d in section 509(a)(1) o f supporting organizatior					Jneck the box on	
a	-	-	• •	upervised, or controlled				-	aivina	
u				gularly appoint or elect a	• • •	-				
		0	complete Part IV, Se							
b	¬ ~		•	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving	
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
c 🗌	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,	
	_ its supporte	ed organization	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.			
d	••	-	• •	oorting organization oper				•	. ,	
			с С	ation generally must sat	•		•	an attentiv	/eness	
	-			nplete Part IV, Sections						
e 🗌	_	Ũ		written determination from			Type I, Type	II, Type III		
f Ente	er the number of			nally integrated supportir	ig organiz	ation.				
			about the supporte	d organization(s).						
	i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	fmonetary	(vi) Amount of other	
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Total										

		ACO BELL FOUND				33-05235	
Pa	rt II Support Schedule for	-					-
	(Complete only if you checke			-	n failed to qualify u	nder Part III. If the	organization
_	fails to qualify under the tests	s listed below, plea	se complete Part II	1.)			
	ction A. Public Support	1				1	[
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,673,432.	21,907,033.	23,838,646.	35,171,246.	47,265,558.	149,855,915.
2	Tax revenues levied for the organ-						
	ization'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	21,673,432.	21,907,033.	23,838,646.	35,171,246.	47,265,558.	149,855,915.
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)						3,698,451.
	Public support. Subtract line 5 from line 4.						146,157,464.
Se	ction B. Total Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	21,673,432.	21,907,033.	23,838,646.	35,171,246.	47,265,558.	149,855,915.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	131,143.	84,038.	56,101.	218,081.	1,445,596.	1,934,959.
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.)						
11	Total support. Add lines 7 through 10						151,790,874.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Se	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	line 6, column (f), d	ivided by line 11, c	olumn (f))		14	96.29 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	96.15 %
<b>16</b> a	33 1/3% support test - 2023. If the o					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
k	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	ganization	-	
k	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
<u>18</u>	Private foundation. If the organization	on did not check a	<u>box on line 13, 1</u> 6a	, <u>16b, 17a, or 17b</u>	, check this box a	nd see instructions	;
						Schedule A	(Form 990) 2023

33 - 0523542Page 3

Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

TACO BELL FOUNDATION INC.

(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.) Contion

Sec	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
_							
Sec	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20	-				17	%
	Investment income percentage from						%
19a	<b>33 1/3% support tests - 2023.</b> If the						ne 17 is not
	more than 33 1/3%, check this box at						
b	<b>33 1/3% support tests - 2022.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	IT UIU NOT CHECK A	box on line 14, 19	a, or 190, check t	nis box and see ins		
33202	23 12-21-23					Sched	ule A (Form 990) 2023

Schedule A (Form 990) 2023

TACO BELL FOUNDATION INC.

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- **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.* 
  - **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.)

Sche	dule A (Form 990) 2023 TACO BELL FOUNDATION INC.	33-0523542	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	g the 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		
Sec	tion 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		
Sec	tion 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 on line 2, above, 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 ins	tructions).		
а	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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	titv (see instructior	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" provide details in <b>Part VI.</b>	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.	Зb		
33202		Schedule A (Form	n 990)	2023

16171030 701224 7757

chedu	ule A (Form 990) 2023 TACO BELL FOUNDATION INC.			33-0523542 Pag
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualify			$_{7}$ Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complete a	Sections A through E.	
ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> N	let short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
<b>3</b> (	Other gross income (see instructions)	3		
<b>4</b> A	Add lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> F	Portion of operating expenses paid or incurred for production or			
С	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (	Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
iı	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
еΓ	Discount claimed for blockage or other factors			
(,	explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d.	3		
4 (	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	ee instructions).	4		
<b>5</b> N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Aultiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	finimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> E	Enter 0.85 of line 1.	2		
	Ainimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-function			

instructions).

Schedule A (Form 990) 2023

Sche Par	dule A (Form 990) 2023     TACO BELL FOUNDATION       t V     Type III Non-Functionally Integrated 509(		nizations (continu		33-0523542	Page <b>7</b>
	on D - Distributions	<u></u>			Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Ourrent I	cai
2	Amounts paid to perform activity that directly furthers exemp			•		
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.	5		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributa Amount for	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 TACO BELL	FOUNDATION INC.	33-0523542 Page
Part VI	Supplemental Information. Prov Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; P	de the explanations required by Part II, line 10; Ic, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa ection E, lines 2, 5, and 6. Also complete this p	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,

Schedule A (Form 990) 2023

Docusign Envelope ID: 2C2EC287-E4A4-4909-9204-7F0C9908B705

SCHEDULE D (Form 990)		Supplementa	OMB No. 1545-0047					
		Complete if the orga						
	ment of the Treasury	А	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.					
Internal Revenue Service Go to www.irs.gov/Form990 for instructions a Name of the organization			o for instructions and the latest information.	Employe	Inspection identification nu	mbor		
INAIII	33-0523542	mber						
Pa	rt I 📔 Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts.	Complete if the			
	organization	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised funds	(b) Funds an	d other accounts			
1		nd of year						
2		f contributions to (during year)						
3 4		f grants from (during year)						
5		• • • • • • • • • • • • • • • • • • • •	writing that the assets held in donor advised fun	ds				
	-		exclusive legal control?		Yes	No		
6			dvisors in writing that grant funds can be used o					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	ring				
D.	impermissible priva				Yes	No		
Pa			ganization answered "Yes" on Form 990, Part IV	, line 7.				
1		ervation easements held by the organization						
		of land for public use (for example, recrea	, <u> </u>					
		f natural habitat	Preservation of a cert	ified historic	structure			
2		of open space	fied conservation contribution in the form of a co	nconvotion o	acomont on the la	et		
2	day of the tax year	<b>.</b> .			at the End of the Ta			
а				2a				
b				2b				
с	•	vation easements on a certified historic stru		2c				
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not					
	on a historic struct	ture listed in the National Register		2d				
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization during	g the tax			
	year							
4		where property subject to conservation eas						
5		tion have a written policy regarding the per			Yes	No		
6	•	orcement of the conservation easements it	holds? handling of violations, and enforcing conservation					
U		i nours devoted to morntoning, inspecting,			s during the year			
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sements dur	ing the year			
-			······j -······························					
8	Does each conserv	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(	i)				
	and section 170(h)	(4)(B)(ii)?			Yes	No		
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense staten	nent and				
			note to the organization's financial statements th	at describes	the			
Da	organization's accounting for conservation easements.           Part III         Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
ra		the organization answered "Yes" on Form			5013.			
10	· · · · · ·		8, not to report in its revenue statement and bal	anco choot w	vorks			
Ia	•							
	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 FASB 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							
	.,							
2	•		asures, or other similar assets for financial gain,	provide				
	-	unts required to be reported under FASB A	-	*				
a L	, , , ,							
	b       Assets included in Form 990, Part X       \$         HA       For Paperwork Reduction Act Notice, see the Instructions for Form 990.       \$							
	1 09-28-23			0010	dule D (Form 990	., _020		

Sche		FOUNDATION INC.					)523542	Р	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art, Hi	storical Tre	easures, o	r Other S	Similar Ass	ets <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, accessi	on, and other records, che	eck any of the	following that	t make sign	ificant use of i	ts		
	collection items (check all that apply).								
а	Public exhibition d Loan or exchange program								
b	Scholarly research e Other								
с	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be ma	aintained as part of the org	ganization's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements Complete if the	he organizatio	n answered "	Yes" on Fo	rm 990, Part IV	V, line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermediary f	or contribution	ns or other as	sets not ind	cluded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the followin	g table:						
							Amour	ıt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					lf			
2a	Did the organization include an amount on F	orm 990, Part X, line 21, fo	or escrow or c	ustodial acco	ount liability	?	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if								<del></del>
		(a) Current year (b	) Prior year	(c) Two yea	irs back (d	) Three years ba	ack <b>(e)</b> Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance (line	1g, column (a	ı)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization t	hat are held a	nd administer	red for the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		I
b	If "Yes" on line 3a(ii), are the related organization	tions listed as required or	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		nt funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11a. S	See Form 990	), Part X, lin	e 10.			
	Description of property	(a) Cost or other	• •	t or other		umulated	( <b>d)</b> Boo	ok valu	е
		basis (investment)	basis	(other)	depre	eciation			
	Land								
	Buildings								
	Leasehold improvements								
	Equipment			04 4					
	Other			31,120.		30,140.			980.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, line	<u>e 10c. column</u>	( <u>B))</u>					980.
						Sched	lule D (Forr	n 990)	2023

332052 09-28-23

Part VII Investments - Other Securities			33-0523542 Pag
Complete if the organization answered "Yes" of	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 o	r end-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
(9) otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" co (a) [	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" complete (a) [ (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of (a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of (a) [ (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" c (a) [ (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" c (a) [ (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" c (a) [ (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" of (a) [         (1)       (a) [         (2)       (3)         (4)       (5)         (6)       (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" of (a) [         (1)       (a) [         (2)       (a) [         (3)       (4)         (5)       (6)         (7)       (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part IX       Other Assets         Complete if the organization answered "Yes" of (a) [         (1)       (a) [         (2)       (a) [         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)	Description		(b) Book value
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes" of (a) [           (1)         (a) [           (2)         (a) [           (3)         (b) [           (4)         (c) [           (7)         (c) [           (8)         (c) [           (9)         (c) [           Other Assets         (c) [	Description		(b) Book value
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes" of (a)           (1)         (a)           (2)         (a)           (3)         (b)           (4)         (c)           (6)         (c)           (7)         (a)           (b)         (c)           (c)         (c)           (a)         (c)           (b)         (c)           (c)         (c)           (c)         (c)           (c)         (c)           (b)         (c)           (c)         (c)           (b)         (c)           (c)         (c)           (c)	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" c (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" c	Description		e 25.
(9) tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" co (a) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" co (a) Description of liability	Description		
<ul> <li>(9)</li> <li>tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))</li> <li>Part IX Other Assets Complete if the organization answered "Yes" of (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes</li> </ul>	Description		e 25.
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           'art IX         Other Assets           Complete if the organization answered "Yes" or (a) [           (1)         (a) [           (2)         (a) [           (3)         (4)           (5)         (6)           (7)         (8)           (9)	Description		e 25.
(9)         tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Vart IX         Other Assets           Complete if the organization answered "Yes" or (a) [0]           (1)         (a) [1]           (2)         (a) [1]           (3)         (b) must equal Form 990, Part X, line 15, col.           (6)         (7)           (8)         (9)           ttal. (Column (b) must equal Form 990, Part X, line 15, col.           Vart X         Other Liabilities           Complete if the organization answered "Yes" or (a) Description of liability           (1)         Federal income taxes           (2)         (3)	Description		e 25.
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes" of (a) [0]           (1)         (a) [1]           (2)         (a) [1]           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (b) must equal Form 990, Part X, line 15, col.           Part X         Other Liabilities           Complete if the organization answered "Yes" of (a) Description of liability           (1)         Federal income taxes           (2)         (3)           (4)         (4)	Description		e 25.
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes" or (a) I           (1)         (a) I           (1)         (a) I           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Other Liabilities           Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability           (1)         Federal income taxes         (2)           (3)         (4)         (5)	Description		e 25.
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Other Assets           Complete if the organization answered "Yes" or (a) I           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           other Liabilities           Complete if the organization answered "Yes" or (a) Description of liability           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           other Liabilities           Complete if the organization answered "Yes" or (a) Description of liability           (1)         Federal income taxes           (2)         (3)           (4)         (5)           (6)         (6)	Description		e 25.
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes" or (a) I           (1)         (a) I           (1)         (a) I           (2)         (a) I           (3)         (b) must equal Form 990, Part X, line 15, col.           (6)         (7)           (8)         (9)           Other Liabilities         Complete if the organization answered "Yes" or (a) Description of liability           (1)         Federal income taxes           (2)         (3)         (4)           (5)         (6)         (7)	Description		e 25.
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes" or (a) [           (1)         (a) [           (2)         (a) [           (3)         (4)           (5)         (6)           (7)         (8)           (9)         Other Liabilities           Complete if the organization answered "Yes" or (a) Description of liability           (1)         Federal income taxes           (2)         (3)           (4)         (5)           (6)         (7)           (8)         (1)           (2)         (3)           (4)         (5)           (6)         (7)           (8)         (4)	Description		e 25.
(9)           tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets           Complete if the organization answered "Yes" or (a) I           (1)         (a) I           (1)         (a) I           (2)         (a) I           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (a) I           (column (b) must equal Form 990, Part X, line 15, col.           Part X         Other Liabilities           Complete if the organization answered "Yes" or (a) Description of liability           (1)         Federal income taxes           (2)         (3)           (4)         (5)           (6)         (7)	Description (B)) on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.

Schedule D (Form 990) 2023

332053 09-28-23

	dule D (Form 990) 2023 TACO BELL FOUNDATION INC.			33-0523542	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1				1	54,139,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	345,980.		
а	Net unrealized gains (losses) on investments	-			
b	Donated services and use of facilities	-			
С	Recoveries of prior year grants			4	
d	Other (Describe in Part XIII.)	2d	2,045,964.		
е	Add lines 2a through 2d			2e	5,428,682.
3	Subtract line 2e from line 1			3	48,711,154.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b	4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				48,711,154.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	36,874,896.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	3,036,738.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	2,045,964.		
е	Add lines 2a through 2d			2e	5,082,702.
3	Subtract line 2e from line 1			3	31,792,194.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	<u></u>	<u></u>	5	31,792,194.
Pa	t XIII Supplemental Information				

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

PART X, LINE 2:

THE FOUNDATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES UNDER

SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS NOT

GENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE

FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED

FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF

THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION

HAS BEEN RECORDED AS, IN THE OPINION OF MANAGEMENT, THE NET INCOME, IF

ANY, FROM ANY UNRELATED TRADE OR BUSINESS IS NOT MATERIAL TO THE BASIC

FINANCIAL STATEMENTS TAKEN AS A WHOLE.

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2	023 TACO BELL FOUNDATION INC. ental Information (continued)	33-0523542	Page <b>5</b>
	entar mormation (continued)		
THE FOUNDATION WIL	L RECOGNIZE THE IMPACT OF TAX POSITIONS IN THE FINANCIAL		
STATEMENTS IF THAT	POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON		
AUDIT, BASED ON TH	E TECHNICAL MERITS OF THE POSITION. TO DATE, THE		
FOUNDATION HAS NOT	RECORDED ANY UNCERTAIN TAX POSITIONS.		
THE FOUNDATION REC	OGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED		
TO UNCERTAIN TAX PO	OSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED		
DECEMBER 31, 2023,	THE FOUNDATION DID NOT RECOGNIZE ANY AMOUNT IN		
POTENTIAL INTEREST	AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
THE FOLLOWING SUMM	ARIZES THE OPEN TAX YEARS FOR EACH MAJOR JURISDICTION:		
JURISDICTION	OPEN TAX YEARS		
FEDERAL	2020 - 2023		
STATE	2019 - 2023		
PART XI, LINE 2D -	OTHER ADJUSTMENTS:		
DIRECT FUNDRAISING	EXPENSES ALLOCATED TO FUNCTIONAL		
EXPENSES	2,045,964.		
PART XII, LINE 2D	- OTHER ADJUSTMENTS:		
DIRECT FUNDRAISING	EXPENSES ALLOCATED FROM FUNDRAISING		
INCOME	2,045,964.		

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)	Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2023	
Department of the Treasury Internal Revenue Service		Open to Public Inspection							
						Employer i	r identification number		
						33-0523	542		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 required to complete this part.								EZ filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	es 🗌 No be	
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	fundraiser to (or			
			Yes	No					
			1	I					
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt from	registration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

			FOUNDATION INC.			0523542 Page <b>2</b>
Pa	nrt I	Fundraising Events. Complete if the of fundraising event contributions and gree				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TACO CHARITY			(add col. (a) through
			FUNDRAISER (event type)	(event type)	3 (total number)	col. <b>(c)</b> )
anı				(event type)		
Revenue	1	Gross receipts	41,959,569.		41,500.	42,001,069.
æ						20.000.005
	2	Less: Contributions	39,760,780.		39,325.	39,800,105.
_	3	Gross income (line 1 minus line 2)	2,198,789.		2,175.	2,200,964.
		Cash prizes				
	-					
6	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D		Entertainment				
	9	Other direct expenses	2,198,789.		2,175.	2,200,964.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			2,200,964.
D	11					0.
Pa	irτ	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш.	1	Gross revenue				
	2	Cash prizes				
Expenses						
st Expe	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%		Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ad				Yes No
U	. 11	No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
b	) If "	Yes," explain:				
33208	32 09	9-13-23			Sche	dule G (Form 990) 2023

16171030 701224 7757

Docusign Envelope ID: 2C2EC287-E4A4-4909-9204-7F0C9908B705

Sch	edule G (Form 990) 2023	TACO BELL	FOUNDATION INC.	3-05235	42	Page	3
			with nonmembers?		Yes		lo
12	to administer charitable gaming?		ee of a trust, or a member of a partnership or other entity formed		Yes		١o
	Indicate the percentage of gaming			40-	1		•
							% %
			prepares the organization's gaming/special events books and records:	105			_/0
	Name						
	Address						
15a	Does the organization have a cont	tract with a thir	d party from whom the organization receives gaming revenue?		Yes		٩o
ŀ	If "Yes," enter the amount of gam	ina revenue rec	ceived by the organization \$ and the amoun	t			
~	of gaming revenue retained by the						
c	If "Yes," enter name and address						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
	Director/officer	Employe	e Independent contractor				
	Mandatory distributions:						
a	untain the state memoire lineares		ake charitable distributions from the gaming proceeds to		Yes	<b></b> r	٩٥
b			state law to be distributed to other exempt organizations or spent in th				
Pa	organization's own exempt activiti rt IV Supplemental Infor		x year \$ vide the explanations required by Part I, line 2b, columns (iii) and (v); and	1 Dart III li	noc 0	96 106	
			so provide any additional information. See instructions.	i rait iii, ii	1165 9,	90, 100	,
3320	33 09-13-23		Sc	hedule G	(Form	990) 20	23

16171030 701224 7757

Schedule G	G (Form 990)	TACO BELL FOUNDATION INC.	33-0523542	Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)		
			Schedule G	(Form 990)

332084 04-01-23

SCHEDULE I (Form 990) Department of the Treasury	Go	rants and Ot vernments, and ete if the organization	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	s.gov/Form990 for		ation.		Inspection
Name of the organization TACO BELL FOUR	NDATION INC						Employer identification number 33-0523542
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> <li>Part II Grants and Other Assistance to I</li> </ol>	tance? cedures for monito Domestic Organiz	oring the use of grant ations and Domesti	t funds in the United	States.			X Yes No
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YOURCAUSE, LLC 6505 W PARK BLVD SUITE 306 PMB 369 PLANO. TX 75093	26-0638742	501(C)(3)	12,081,704.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FO UNDERPRIVILEGED CHILDREN TO HELP THEM GROW UP TO
JUNIOR ACHIEVEMENT USA (LOCAL OFFICES - LIST AVAILABLE UPON REQUEST) - VARIOUS LOCATIONS THROUGHOUT THE US - MULTIPLE	84-1223492			0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FO UNDERPRIVILEGED CHILDREN
CITY YEAR, INC 287 COLUMBUS AVE BOSTON, MA 02116	22-2882549		1,577,430.	0.			TO HELP THEM GROW UP TO PROVIDE SUPPORT SERVICES AND PROGRAMS FO UNDERPRIVILEGED CHILDREN TO HELP THEM GROW UP
, NATIONAL COLLEGE ADVISING CORPS INC 301 W BARBEE CHAPEL RD STE 210 - CHAPEL HILL, NC 27517	46-1192687	501(C)(3)	535,470.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FC UNDERPRIVILEGED CHILDRE, TO HELP THEM GROW UP
BOYS & GIRLS CLUBS OF AMERICA (LOCAL OFFICES - LIST AVAILABLE UPON REQUEST) - VARIOUS LOCATIONS THROUGHOUT THE US - MULTIPLE	13-5562976		141,217.	0.			TO PROVIDE FINANCIAL SUPPORT AT THE LOCAL LEVEL FOR BOYS AND GIRLS CLUBS THROUGHOUT THE
JOBS FOR THE FUTURE, INC 50 MILK ST BOSTON, MA 02108	06-1164568	501(C)(3)	100,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FC UNDERPRIVILEGED CHILDREN TO HELP THEM GROW UP

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other A		_					
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
USASPIRE							SERVICES AND PROGRAMS FC
6 LIBERTY SQUARE							UNDERPRIVILEGED CHILDREN
BOSTON, MA 02109	46-1314848	501(C)(3)	100,000.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
BRAVEN INC							SERVICES AND PROGRAMS FO
100 N. LASALLE STREET							UNDERPRIVILEGED CHILDRE,
CHICAGO, IL 60602	46-4340594	501(C)(3)	50,000.	Ο.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
FULFILLMENT FUND							SERVICES AND PROGRAMS FO
1150 S OLIVE ST							UNDERPRIVILEGED CHILDREN
LOS ANGELES, CA 90015	95-3180934	501(C)(3)	25,000.	Ο.			TO HELP THEM GROW UP
			,				TO PROVIDE SUPPORT
MONEYTHINK							SERVICES AND PROGRAMS FO
1730 DWIGHT WAY							UNDERPRIVILEGED CHILDREN
BERKELEY, CA 94703	27-1052771	501(C)(3)	25,000.	Ο.			TO HELP THEM GROW UP
			,				TO PROVIDE SUPPORT
YMCA OF RAPID CITY							SERVICES AND PROGRAMS FO
815 KANSAS CITY ST							UNDERPRIVILEGED CHILDREN
RAPID CITY, MI 57701	46-0227218	501(C)(3)	7,500.	Ο.			TO HELP THEM GROW UP
,			,				TO PROVIDE SUPPORT
AMERICAN EDUCATION ASSISTANCE							SERVICES AND PROGRAMS FO
FOUNDATION - 40 BURTON HILLS BLVD							UNDERPRIVILEGED CHILDREN
- NASHVILLE, TN 37215	06-1688758	501(C)(3)	5,500.	Ο.			TO HELP THEM GROW UP

Schedule I (Form 990)

Schedule I	(Form 990) 2023	TACO BELL FOUNDATION INC.	33-0523542	Page <b>2</b>
Part III	Grants and Other	r Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990. Part IV line 22		

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IVE MAS SCHOLARSHIP	979	9,705,283.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: YOURCAUSE, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT SERVICES AND

PROGRAMS FOR UNDERPRIVILEGED CHILDREN. TO HELP THEM GROW UP TO BE

PRODUCTIVE ADULTS, AND TO PROVIDE THEM A SAFE ENVIRONMENT IN WHICH TO

LEARN AND PLAY.

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF AMERICA (LOCAL OFFICES - LIST AVAILABLE UPON REQUEST)

Chedule I (Form 990) TACO BELL FOUNDATION INC.	33-0523542	Page 2
Part IV Supplemental Information		
H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL SUPPORT AT THE		
OCAL LEVEL FOR BOYS AND GIRLS CLUBS THROUGHOUT THE UNITED STATES, THE		
OCAL CLUBS USE THESE FUNDS TO HELP TEENAGERS TO GRADUATE FROM HIGH		
CHOOL BY PROVIDING RESOURCES AND A SAFE LOCATION IN WHICH TO STUDY.		
ART I, LINE 2		
HE PARTNER ORGANIZATIONS REPORT TO THE FOUNDATION ON A REGULAR BASIS		
OW THEY ARE FULFILLING THE CONDITIONS OF THEIR GRANT AGREEMENT AND HOW		
HEY ARE TRACKING AGAINST THE KEY PERFORMANCE INDICATORS THAT THE		
OUNDATION PUT FORTH (NUMBER OF TEENS REACHED, NUMBER OF PROJECTS		
MPLEMENTED, TEENS WHO HAVE MADE THE PROMISE TO GRADUATE, ETC.). THE		
ARTNER ORGANIZATIONS ALSO PROVIDE THE FOUNDATION WITH ASSETS LIKE		
ICTURES, VIDEOS, TEEN STORIES, ETC.		

Schedule I (Form 990)

332291 04-01-23

Docusign Envelope ID: 2C2EC287-E4A4-4909-9204-7F0C9908B705

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>n</b> n	)
	-	Compensated Employees		20	ZJ	)
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	n	Employer i	dentificatio	on nur	nber
		TACO BELL FOUNDATION INC.	33-0	523542		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fe				
	Discretionary	spending account Personal services (such as maid, chauffe	eur, chef)			
-						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la d'acta e del de 16 au		-			
3		ny, of the following the organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Fue public Director, but applies in Part III)	lion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	·	compensation consultant				
		ther organizations Approval by the board or compensation	committee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severanc	e payment or change-of-control payment?		4a		х
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on			
	contingent on the r	evenues of:				
а	The organization?			5a		x
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	on			
	contingent on the n	-				
а	The organization?			<u>6a</u>		X
b		ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		L
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.	Sched	ule <mark>J (F</mark> orn	n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023	TACO BELL FOUNDATION INC.	33-0523542	Page <b>2</b>

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JENNIFER BRADBURY	(i)	211,539.	0.	19,231.	13,758.	9,567.	254,095.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

hedule J (Form 990) 2023	TACO BELL FOUNDATION INC.	33-0523542	Page
art III Supplemental Informa			
ovide the information, explanat	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	and 8, and for Part II. Also complete this part for any additional information.	

SCHEDULE O (Form 990)									
Department of the Treasury Internal Revenue Service	Open to Public Inspection								
Name of the organization	Employer identification number 33-0523542								
FORM 990, PART VI,	SECTION A, LINE 2:								
THE FOLLOWING PERS	ONS HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER OUTSIDE								
OF TACO BELL FOUND	ATION: (1) KELLY MUCCULLOCH, (2) STEVE PLANK, (3) MARK								
KING.									
FORM 990, PART VI,	SECTION A, LINE 3:								
THE ORGANIZATION P	UT THEIR GRANT AWARD PROGRAM UNDER THE SUPERVISION OF AN								
OUTSIDE ORGANIZATI	ON.								
FORM 990, PART VI,	SECTION B, LINE 11B:								
A COPY OF FORM 990	WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY TO								
REVIEW BEFORE IT W	AS FILED.								
FORM 990, PART VI,	SECTION B, LINE 12C:								
TACO BELL FOUNDATI	ON HAS ADOPTED TACO BELL CORPORATION'S (YUM! BRANDS) CODE								
OF CONDUCT AND CON	FLICT OF INTEREST POLICIES; THESE ARE REVIEWED ON A								
REGULAR BASIS AND	PROVIDED TO THE OFFICERS/DIRECTORS.								
FORM 990, PART VI,	LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:								
CA, AL, AK, AZ, AR, CO,	CT, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, MT, NE, NV, NJ, NM, NY, NC, ND								
OH, OK, OR, PA, RI, SC,	SD, TN, TX, UT, DE, VA, WA, WV, WI, WY, MD, MA, MI, MN, MS, MO, HI, VT								
FORM 990, PART VI,	SECTION C, LINE 18:								
THE ORGANIZATION M	AKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC								
INSPECTION UPON RE	QUEST AND ON CHARITYNAVIGATOR.ORG.								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

16171030 701224 7757

Schedule O (Form 990) 2023	Page <b>2</b>		
Name of the organization	Employer identification number		
TACO BELL FOUNDATION INC.	33-0523542		

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THE OVERSIGHT

PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Schedule O (Form 990) 2023

332212 11-14-23

1560		Deprec	iation and	Amortizatio	n		OMB No. 1545-0172		
Form <b>4302</b>	62 (Including Information on Listed Property) 990 Attach to your tax return.								
Department of the Treasury Internal Revenue Service	Go to		Attachment Sequence No. <b>179</b>						
Name(s) shown on return				Business or activity to whi		3	Identifying number		
TACO BELL FOUNDAT	-			FORM 990 PAGE 1			33-0523542		
Part I Election To Ex	pense Certain Propert	y Under Section 17	79 Note: If you have	any listed property, o	complete Part				
1 Maximum amount (	see instructions)						1,160,000.		
2 Total cost of sectio	2								
3 Threshold cost of s	3	2,890,000.							
	ion. Subtract line 3 fr		,						
5 Dollar limitation for tax yea	r. Subtract line 4 from line 1					5			
6	(a) Description of prop	perty	(b) Co	st (business use only)	(c) Elected of	cost			
7 Listed property. En			, ,						
8 Total elected cost of									
9 Tentative deduction									
10 Carryover of disallo									
11 Business income lir			(	,					
12 Section 179 expense						12			
13 Carryover of disallo				13					
Note: Don't use Part II Part II Special D				in altrata liada al muana at					
opeela B	•		· ·	include listed propert					
14 Special depreciatio	n allowance for qualit	fied property (oth	er than listed prope	rty) placed in service	during				
-						14			
15 Property subject to		tion							
16 Other depreciation	<u> </u>			·····		16			
	epreciation (Don't	ficilide listed pro	Section A						
17 MACRS deductions	for acosta placed in	convice in toy ye		-		17			
<ul><li>17 MACRS deductions</li><li>18 If you are electing to group</li></ul>	•	,	6 6			<u>17  </u>			
				Year Using the Gene	ral Deprecia	tion System	 n		
		(b) Month and	(c) Basis for deprecia						
(a) Classification	n of property	year placed in service	(business/investment only - see instructio	use	(e) Convention	(f) Method	(g) Depreciation deduction		
<b>19a</b> 3-year property									
<b>b</b> 5-year property									
c 7-year property									
d 10-year property	V								
e 15-year propert	-								
f 20-year propert	-								
g 25-year propert				25 yrs.		S/L			
g zo your proport	<i>)</i>	/		27.5 yrs.	ММ	S/L			
h Residential rent	al property	/		27.5 yrs.	MM	S/L			
		/		39 yrs.	MM	S/L			
i Nonresidential	real property	/		00 yrs.	MM	S/L			
S	ection C - Assets PI	aced in Service	During 2023 Tax Y	ear Using the Altern			em		
20a Class life						S/L			
b 12-year				12 yrs.		S/L			
<b>c</b> 30-year		/		30 yrs.	MM	S/L			
<b>d</b> 40-year		/		40 yrs.	MM	S/L			
	(See instructions.)	,	I	- ,	1				
21 Listed property. En		28				21			
22 Total. Add amounts						···			
		•		prporations - see instr.		22	2,515.		
23 For assets shown a	••••		•	·					
	attributable to section	•							

Form 4562 (2023) TACO	BELL FOUNDA	TION	INC.							33-	052354	2	Page 2
Part V Listed Property (Include au		ain oth	er vehicl	es, cer	tain aircr	aft, an	d property	used for					
entertainment, recreation, o	,	na tha	otondoro	1 miloo	ao roto o	dodu	otina looo			loto em	h. 94a		
<b>Note:</b> For any vehicle for wh 24b, columns (a) through (c)	of Section A, a	all of Se	ection B,	and So	ection C i	f appli	cable.	expense	, comp	nete on	<b>iy</b> 24a,		
Section A - Depreciatio	n and Other In	format	ion (Cau	ution:	See the i	nstruc	tions for lir	nits for p	asseng	er auton	nobiles. )		
24a Do you have evidence to support the bus	iness/investment	t use cla	imed?		Yes	No	24b If "Y	es." is the	e evider	nce writt	en?	Yes	No
(b)	(c)		(d)		(e)		(f)	(9			h)		(i)
(a) (b) Type of property Date	Business/		Cost or		asis for depre		Recovery	Meth			ciation	Ele	cted
(list vehicles first) placed in service	investment use percentage	ot ot	her basis	(bi	usiness/inve use only		period	Conve			uction		on 179 ost
25 Special depreciation allowance for qu		-				, +ha ta		I					51
			•		•				05				
used more than 50% in a qualified bu 26 Property used more than 50% in a qu									25				
26 Property used more than 50% in a qu										<u> </u>			
	%												
	%	-											
: :	%												
27 Property used 50% or less in a qualifi	ed business us	ie:					1			r			
i i	%							S/L -					
	%							S/L -					
	%							S/L -					
28 Add amounts in column (h), lines 25 t	through 27. Ent	ter here	and on	line 21	, page 1				28				
29 Add amounts in column (i), line 26. E											29		
					on Use								,
Complete this section for vehicles used b								related r	erson	lf you pr	ovided v	ehicles	
to your employees, first answer the quest		•••						•				ernelee	
to your employees, mat answer the quest		10103	ce il you	meera	апслоср		compictin	9 1113 300			cincico.		
		10			(b)		(a)	(4	<u>،</u>		-)	(f	F)
00 Tatal husiness /investment miles driven du	uin a tha	(£			(b)		(c)	(d		-	e) ala E		
<b>30</b> Total business/investment miles driven du	° –	Vehi	cie i	vei	hicle 2	Ve	ehicle 3	Vehic	16 4	veni	cle 5	Vehio	
year ( <b>don't</b> include commuting miles)													
31 Total commuting miles driven during													
32 Total other personal (noncommuting)	miles												
driven	·····												
<b>33</b> Total miles driven during the year.													
Add lines 30 through 32													
34 Was the vehicle available for persona	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?													
35 Was the vehicle used primarily by a r													
<b>36</b> Is another vehicle available for person													
use?	- Questions for	r Empl	ovore W	ho Dro	wido Voh	iolos 1	for Lleo by	Thoir Er	nnlovo	05			
		•	-				-				· • • · •		
Answer these questions to determine if y		eption	to comp	leting	Section E	o lor ve	enicies use	a by emp	loyees	who a	ent		
more than 5% owners or related persons.													T
37 Do you maintain a written policy state	-						-	-				Yes	No
employees?													
<b>38</b> Do you maintain a written policy state	-								ur				
employees? See the instructions for	vehicles used b	y corpo	orate offi	cers, d	lirectors,	or 1%	or more ov	wners .					
39 Do you treat all use of vehicles by em	nployees as per	sonal u	ise?										
40 Do you provide more than five vehicle	es to your empl	oyees,	obtain ir	nforma	tion from	your e	employees	about					
the use of the vehicles, and retain the	e information re	ceived	?										
41 Do you meet the requirements conce	rning qualified	automo											
<b>Note:</b> If your answer to 37, 38, 39, 40													
Part VI Amortization	,		e e mpres										
(a)		(b)		(c)			(d)		(e)			(f)	
Description of costs	Date an	nortization		Amortiza amour	able		Code section		Amortiza		Ar	nortization r this year	
<b>42</b> Amortization of costs that begins dur		egins tax vea	r.	amoul			300001	p	eriod or per	udinaye		. uno ycai	
42 Amorization of costs that begins dur		lan yea	•										
		:											
		:											
<b>43</b> Amortization of costs that began before										43			
44 Total. Add amounts in column (f). Se	e the instructio	ns for v	vhere to	report				<u></u>		44			
316252 12-20-23											F	orm <b>456</b> 2	<b>2</b> (2023)