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.

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning	and	ending			
	heck if oplicable	C Name of organization			D Employer ide	ntificati	on number
	Addres	TACO BELL FOUNDATION INC.					
	Name change	D MAGO DELL HOUNDANTON	Ī		33-05235	542	
	Initial return	Number and street (or P.O. box if mail is not delivere	d to street address)	Room/suite	E Telephone nur		
	Final return/	ONE GLEN BELL WAY	a to stroot address)	949-863-4			
	termin ated	City or town, state or province, country, and ZIP of		G Gross receipts \$		40,268,849.	
	Ameno return	IRVINE, CA 92010			H(a) Is this a grou	ıp returi	n
	Application	F Name and address of principal officer: OAMES CA	SCONE		for subordin	ates?	Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordina	ites include	ed? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attac	ch a list.	See instructions
	Vebsit				H(c) Group exem	ption nu	umber
		organization: X Corporation Trust Associa	ation Other	L Year	of formation: 1992	M St	ate of legal domicile: CA
Pa	rt I	Summary					
Ð		Briefly describe the organization's mission or most sign			OUNDATION BREA	AKS	
anc		DOWN BARRIERS TO EDUCATE AND INSPIRE THE					
Governance		Check this box if the organization discontinu	·	sed of more	than 25% of its ne	1 1	
δ		Number of voting members of the governing body (Part				3	12
		Number of independent voting members of the governi				4	12
Activities &		Total number of individuals employed in calendar year 2				5	18
Ę		Total number of volunteers (estimate if necessary)				6	0.
Ac		Total unrelated business revenue from Part VIII, column Net unrelated business taxable income from Form 990-				7a 7b	0.
_	D	Net differated business taxable income from Form 990-	1, Fait i, iiile 11		Prior Year	70	Current Year
	8	Contributions and grants (Part VIII, line 1h)			23,838,64	46.	35,171,246.
Revenue		D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				0.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and			71,86	53.	70,762.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			,	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part			23,910,50	J9.	35,242,008.
		Grants and similar amounts paid (Part IX, column (A), lir	17,077,7	-	16,083,389.		
		Benefits paid to or for members (Part IX, column (A), lin				0.	0.
G	45	Salaries, other compensation, employee benefits (Part I			1,114,2	51.	1,389,649.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 1				0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)					
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			975,64	45.	1,450,172.
		Total expenses. Add lines 13-17 (must equal Part IX, co			19,167,63	18.	18,923,210.
	19	Revenue less expenses. Subtract line 18 from line 12			4,742,89	91.	16,318,798.
Net Assets or Fund Balances				Ве	ginning of Current Ye	ar	End of Year
sets	20	Total assets (Part X, line 16)			32,895,10		49,068,263.
t As	21	Total liabilities (Part X, line 26)			182,60)8.	492,915.
		Net assets or fund balances. Subtract line 21 from line	20		32,712,50)1.	48,575,348.
	rt II	Signature Block					
Unde	er pena	lties of perjury, I declare that I have examined this return, inclu t, and complete. Declaration of preparer (other than officer) is	ding accompanying schedules	s and stateme	ents, and to the best c	ıf my kno	wledge and belief, it is
true,	correc	1 /	based on all information of wh	nich preparer		6/202	3
		James (ascone Signaturo:1862Affirer/14F4			Date		
Sigr					Date		
Her	е	JAMES CASCONE, TREASURER Type or print name and title					
		· · ·		П	Date Chec	<u> </u>	PTIN
Paid			parer's signature	٠.	1 (00 (00 lif		P00748170
Paiu Prep			A THEFT	<u> </u>	1 000		2302617
Prep Use		Firm's name SINGERLEWAK LLP Firm's address 2010 MAIN ST., STE 300			Firm's EIN		
556	J.11y	IRVINE, CA 92614			Phone no.	949-26	1-8600
	Al 15	S discuss this return with the preparer shown above?	Pan instructions		1 110110 110.		X Yes No

	1000 (2022)	023542	Page 4
Pa	rt 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		Yes	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res	INO
2		□ vaa	Y No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L res	LA INO
	If "Yes," describe these changes on Schedule O.	h	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	•	_
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	ai expenses, ar	a
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$10,126,680. including grants of \$9,111,464.) (Revenue \$)		
4a	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 2022 SCHOLARSHIP PROGRAM		
	AWARDED \$9.1 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 \$25.9 MILLION IN EDUCATION SUPPORT TO NEARLY 2300 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.		
4 b	7 740 750 6 071 025 3 4		
4b	(Code:) (Expenses \$,
	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 \$62 MILLION TO APPROXIMATELY		
	350 BOYS AND GIRLS CLUBS ACROSS THE COUNTRY.		
4c	(Code:) (Expenses \$		
70	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 17,875,430.	J	
	, , ,	Form 9	90 (2022)

33-0523542

Page 3

ı aı	Onecklist of nequired schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV	9		
10		10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
• •	as applicable.			
а				
u	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		х
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		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 25	
ıσ	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
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	х	

Pai	t IV Checklist of Required Schedules _(continued)					
			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? If "Yes," complete Schedule I, Parts I and III	22	х			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current					
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
	Schedule J	23	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		Х		
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				
	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		Х		
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					
2.5	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		Х		
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		Х		
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? <i>If</i>					
	"Yes," complete Schedule L, Part IV	28a		Х		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х		
	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		Х		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete					
	Schedule N, Part II	32		Х		
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		Х		
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		Х		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		Х		
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		Х		
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			
Pai						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>				
			Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х			
232004	12-13-22	Form	990	(2022)		

Form	990 (2022) TACO BELL FOUNDATION INC. 33-052354	2	Р	age 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 18								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 55							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
h	If "Yes," enter the name of the foreign country								
b	• • • • • • • • • • • • • • • • • • • •								
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		х					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		┝┷					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8									
_	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
b									
10	Section 501(c)(7) organizations. Enter:	9b							
	Initiation fees and capital contributions included on Part VIII, line 12								
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
	, , , , , , , , , , , , , , , , , , , ,	1							
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a	1							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40	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?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1							
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							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	4							
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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		Х					
	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		х					
	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							
	If "Yes," complete Form 6069.	<u> </u>							
	1. 100, Complete Ferri Cook.								

232005 12-13-22

Form **990** (2022)

TACO BELL FOUNDATION INC. Form 990 (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12						
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		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
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		Х			
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		Х			
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		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х				
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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?			77			
	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		Х			
40	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	40		Х			
	taxable entity during the year?	16a		Λ			
D	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	4Ch					
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b					
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		: -	-1-			
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	oniy) a	avallal	JIE			
	for public inspection. Indicate how you made these available. Check all that apply.						
40	Own website Another's website X Upon request X Other (explain on Schedule O)	fin	sial.				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	rinand	ciai				
00	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records CARI ANDERSON - 949-863-4321						
	ONE GLEN BELL WAY, IRVINE, CA 92618						
220000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)			
202UUC	/ IE IV-LL	i UIIII		160661			

Form 990 (2022) TACO BELL FOUNDATION INC. 33-0523542 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				l than o	one i an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JENNIFER BRADBURY	40.00								_	
EXECUTIVE DIRECTOR				Х				355,214.	0.	9,567.
(2) MORGAN TABOR	40.00									
DEVELOPMENT MANAGER						Х		150,487.	0.	9,567.
(3) MARCHELA IAHDJIAN	40.00									
PROGRAMS AND PARTNERSHIPS						Х		136,992.	0.	9,567.
(4) AMBER SNOWDEN	40.00							440 500		0.55
MARKETING MANAGER	10.00					Х		118,523.	0.	9,567.
(5) NEIL BORKAN	10.00								_	
CHAIRMAN/DIRECTOR	0.20	Х		Х				0.	0.	0.
(6) MARK KING	0.20	,		3,7					_	
VICE CHAIR/DIRECTOR	2 50	Х		Х				0.	0.	0.
(7) JAMES CASCONE	2.50	X		х				0.	0.	0
TREASURER/DIRECTOR (8) LEIGH ANNE TUOHY	0.20							0.	٠.	0.
SECRETARY/DIRECTOR	0.20	Х		Х				0.	0.	_
(9) MARK PETERSON	0.20	^		^				0.	0.	0.
DIRECTOR	0.20	X						0.	0.	0.
(10) STEVE PLANK	0.20	Λ						0.	0.	· ·
DIRECTOR	0.20	X						0.	0.	0.
(11) ROB ALVARADO	0.20	Λ						· ·	0.	••
DIRECTOR	0.20	х						0.	0.	0.
(12) TODD BISBOCCI	0.20							•	•	
DIRECTOR		х						0.	0.	0.
(13) IMAAN FERDOWSI	0.20									
DIRECTOR		Х						0.	0.	0.
(14) MARJORIE PERLMAN	0.20								-	
DIRECTOR		х						0.	0.	0.
(15) DAVID & KATHLEEN GRIEVE	0.20									
DIRECTOR		Х						0.	0.	0.
(16) KELLY MCCULLOCH	0.20									
DIRECTOR		х						0.	0.	0.

232007 12-13-22 Form **990** (2022)

TACO BELL FOUNDATION INC. 33-0523542 Page 8 Form 990 (2022) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the Highest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 761,216. 0. 38,268. 1b Subtotal 0. 0. 0 c Total from continuation sheets to Part VII, Section A 761,216. 0. 38,268. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Description of services Name and business address Compensation NONE

Form 990 (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pai	rt V	III	Statement of Rev	venue						
			Check if Schedule O c	ontains a	response o	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I Total. Add lines 1a-1f	butions) grants, and above ines 1a-1f	1f 1g \$	Business Code	35,171,246.	TunctionTevende	Dusiness revenue	sections 512 - 514
-			All other program service							
	3		Income from investment o	ling divider	nds, intere	st, and roceeds	218,081.			218,081.
	5		Royalties) Real	(ii) Personal				
		b	Gross rents Less: rental expenses Rental income or (loss)	6a (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)) Neai	(II) Personal				
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
		b	assets other than inventory Less: cost or other basis		164,989.					
une			and sales expenses	7b 1,3	312,308.					
Revenue				7c -1			-147,319.			-147,319.
Other R		а	Net gain or (loss) Gross income from fundraisir including \$ 28,8	ng events (r 889,447.	not _ of		-147,319.			-147,319.
		b	contributions reported on Part IV, line 18		8a 8b	, ,	0.			
			Net income or (loss) from to Gross income from gamine				J.			
			Part IV, line 19 Less: direct expenses		9a					
			Net income or (loss) from							
			Gross sales of inventory, lead allowances		10a					
			Less: cost of goods sold							
-		С	Net income or (loss) from s	sales of inv	ventory	Business Code				
snc	11	а								
anec	•	b								
sells eve		С								
Miscellaneous Revenue		d .	All other revenue							
_			Total. Add lines 11a-11d							
	12		Total revenue. See instructio	ns			35,242,008.	0.	0.	70,762.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,971,925.	6,971,925.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,111,464.	9,111,464.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	255 045	150 500	62 020	100 552
	trustees, and key employees	355,215.	170,503.	63,939.	120,773.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		940,077.	451,237.	169,214.	319,626.
7 8	Other salaries and wages Pension plan accruals and contributions (include	510,011.	101,207.	100,211.	515,020,
0	,				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes	94,357.	45,292.	16,984.	32,081.
11	Fees for services (nonemployees):	,	,	,	32,032.
''	Management	72,707.		72,707.	
b	Legal	1,786.		1,786.	
	Accounting	34,699.		34,699.	
	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A), amount, list line 11g expenses on Sch O.)	570,085.	559,728.	10,357.	
12	Advertising and promotion	383,991.	383,991.		
13	Office expenses	33,078.	15,877.	5,954.	11,247.
14	Information technology	79,419.	38,122.	14,295.	27,002.
15	Royalties				
16	Occupancy				
17	Travel	30,172.	14,483.	5,431.	10,258.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	230,351.	110,569.	41,463.	78,319.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,219.		9,219.	
23	Insurance				
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.)				
а	MISCELLANEOUS EXPENSES	4,665.	2,239.	840.	1,586.
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,923,210.	17,875,430.	446,888.	600,892.
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)				

Form **990** (2022)

. ui	LA	Check if Schedule O contains a response or	note to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	24,790,823.	1	42,244,355.		
	2	Savings and temporary cash investments			2,503,721.	2	4,351,846.
	3	Pledges and grants receivable, net	5,585,914.	3	2,465,030.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descri	bed in sect	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,535.	8	3,535.
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	31,120.			
	b	Less: accumulated depreciation	10b	27,625.	7,968.	10c	3,495.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ne 11			12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			3,148.	15	2,
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	32,895,109.	16	49,068,263.
	17	Accounts payable and accrued expenses		182,608.	17	492,915.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or f	ormer offic	er, director,			
ijij		trustee, key employee, creator or founder, su	ubstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of	these perso	ons		22	
-	23	Secured mortgages and notes payable to un	related thir	d parties		23	
	24	Unsecured notes and loans payable to unrel	ated third p	parties		24	
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on I	ines 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			182,608.	26	492,915.
,		Organizations that follow FASB ASC 958,	check here				
ce		and complete lines 27, 28, 32, and 33.			24 540 504		10.055.705
alar	27				31,712,501.	27	48,066,706.
B	28	Net assets with donor restrictions			1,000,000.	28	508,642.
ŭ		Organizations that do not follow FASB AS	C 958, che	ck here			
Ϋ́		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fur			29		
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			20 740 751	31	40 555 000
§	32	Total net assets or fund balances		L	32,712,501.	32	48,575,348.
	33	Total liabilities and net assets/fund balances			32,895,109.	33	49,068,263.

Form **990** (2022)

orm	990 (2	(022) TACO BELL FOUNDATION INC.	33-0523542	2	Pag	ge 12			
Par	t XI	Reconciliation of Net Assets							
		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total	revenue (must equal Part VIII, column (A), line 12)	1	35	,242,	008.			
2	Total	expenses (must equal Part IX, column (A), line 25)	2	18	,923,	210.			
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	,712,	501.			
5	Net u	nrealized gains (losses) on investments	5		455,	951.			
6		ted services and use of facilities	6						
7		ment expenses	7						
8	Prior	period adjustments	8						
9	Other	changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net as	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
		nn (B))	10	48	,575,	348.			
Par	t XII	Financial Statements and Reporting							
		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X			
					Yes	No			
1	Accou	unting 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	O.						
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Ye	s," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separ	ate 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	Х				
	If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consc	olidated basis, or both:							
	Х	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the	organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a r	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Unifor	m Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
b	If "Yes	s," did the organization undergo the required audit or audits? If the organization did not undergo the requir							
	or auc	dits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Nam	ame of the organization Employer identification numb								r identification number		
			BELL FOUNDATION						33-0523542		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructior	ıs.			
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	(v).				
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor		
		university:									
10		An organization that norma									
		activities related to its exen		•					-		
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.		
		See section 509(a)(2). (Co	-	San barbar da and da a an an alaite a san	f-t- 0		20/-1/41				
11		An organization organized a	•	•	•						
12		An organization organized a	•	•	•			•			
		more publicly supported or lines 12a through 12d that	-						SHECK THE BOX OH		
а		Type I. A supporting orga	* *			-		-	aivina		
а		the supported organization		·	•	_					
		organization. You must o			i majority c	or tine direc	iors or truste	cs of the st	аррогинд		
b		Type II. A supporting org	-		tion with it	s supporte	ed organizatio	n(s) by hav	vina		
-		control or management o	•				-		-		
		organization(s). You mus						9			
С		Type III functionally inte	-		in connec	tion with, a	and functional	ly integrate	ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		•		
d		Type III non-functionally		•				ted organiz	zation(s)		
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness		
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information			I (iv) Is the ora	anization listed					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)		
		Organization		above (see instructions))	Yes	No	Support (See II	istructions)	support (see instructions)		
						-					
					-	-					
					-	-					

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

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

Sec	ction A. Public Support		•	,					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	(4,) = 0.10	(2) 20 10	(0) = 0 = 0	(4,) = 0 = 1	(0) = 0 = 1	(1) 1 0 101		
•	membership fees received. (Do not								
	include any "unusual grants.")	13,820,550.	21,673,432.	21,907,033.	23,838,646.	35,171,246.	116,410,907.		
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	13,820,550.	21,673,432.	21,907,033.	23,838,646.	35,171,246.	116,410,907.		
	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)						3,995,460.		
6	Public support. Subtract line 5 from line 4.						112,415,447.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	13,820,550.	21,673,432.	21,907,033.	23,838,646.	35,171,246.	116,410,907.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	14,226.	131,143.	84,038.	56,101.	218,081.	503,589.		
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						116,914,496.		
	Gross receipts from related activities,	etc. (see instructio	ns)			12			
	First 5 years. If the Form 990 is for the			ourth. or fifth tax v	ear as a section 50	D1(c)(3)			
	organization, check this box and stor								
Sec	tion C. Computation of Publi								
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	96.15 %		
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	95.96 %		
	33 1/3% support test - 2022. If the o					ore, check this box	x and		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X		
b	33 1/3% support test - 2021. If the								
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion					
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te				acnization				
b	10% -facts-and-circumstances test								
	more, and if the organization meets the	_							
	organization meets the facts-and-circu				-				
18	Private foundation. If the organization		-		• • •		s		
	Schodula A (Farm 000) 0000								

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	siow, piease comp	Diete Part II.)				
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(6) 2322	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")						
	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						
	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5					+	
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-	1	
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section	501(c)(3) organizatio	n
	check this box and stop here	J		,	•	(/ (/)	· —
	tion C. Computation of Publi						
	Public support percentage for 2022 (li			column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ine 13 column (f)		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
							, 19 HOT
	more than 33 1/3%, check this box an	=	-	•			L
	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
Z U	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a. or 190. check th	iis dox and see in	SITUCTIONS	1 1

232023 12-09-22

Schedule A (Form 990) 2022

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.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	0		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	.04		
	10b		
ule	A (Forn	n 990)	2022

232024 12-09-22

Sche	edule A (Form 990) 2022	TACO BELL FOUNDATION INC.	33-0523542	Pa	age 5
Pai	rt IV Supporting Org	ganizations _(continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accep	oted a gift or contribution from any of the following persons?			
а	A person who directly or in	directly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing b	pody of a supported organization?	11a		
b	A family member of a perso	on 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 Suppor	ting Organizations			
				Yes	No
1	more supported organization directors, or trustees at all effectively operated, supervorganization, describe how	embers of the governing body, officers acting in their official capacity, or membership of or ons have the power to regularly appoint or elect at least a majority of the organization's off times during the tax year? If "No," describe in Part VI how the supported organization(s) vised, or controlled the organization's activities. If the organization had more than one support the powers to appoint and/or remove officers, directors, or trustees were allocated among and what conditions or restrictions, if any, applied to such powers during the tax year.	icers, orted		
2		te for the benefit of any supported organization other than the supported	•		
_		ed, supervised, or controlled the supporting organization? If "Yes," explain in			
		benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled th		2		
Sec	tion C. Type II Suppo	rting Organizations			
	<u> </u>			Yes	No
1	Were a majority of the orga	anization's directors or trustees during the tax year also a majority of the directors		100	140
•		organization's supported organization(s)? If "No." describe in Part VI how control			
		porting organization was vested in the same persons that controlled or managed			
	the supported organization		1		
Sec	tion D. All Type III Su	pporting Organizations			
				Yes	No
1	Did the organization provid	le to each of its supported organizations, by the last day of the fifth month of the		100	140
•	*	a written notice describing the type and amount of support provided during the prior tax			
		n 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ocuments in effect on the date of notification, to the extent not previously provided?	1		
2		on's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	•	g on the governing body of a supported organization? If "No." explain in Part VI how			
		, ,	2		
3	•	d a close and continuous working relationship with the supported organization(s). In described on line 2, above, did the organization's supported organizations have a			
	-	anization's investment policies and in directing the use of the organization's			
	income or assets at all time	es during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations pla	ayed in this regard.	3		
Sec	tion E. Type III Functi	onally Integrated Supporting Organizations			
1 a		method that the organization used to satisfy the Integral Part Test during the year (see instrisfied the Activities Test. Complete line 2 below.	ructions).		
b		he parent of each of its supported organizations. Complete line 3 below.			
С	The organization sup	ported a governmental entity. Describe in Part VI how you supported a governmental enti	ty (see instructior	n <u>s).</u>	
2	Activities Test. Answer line			Yes	No
а	Did substantially all of the	organization's activities during the tax year directly further the exempt purposes of			
	the supported organization	n(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organiza	ations and explain how these activities directly furthered their exempt purposes,			
		esponsive to those supported organizations, and how the organization determined			
	that these activities constitu	uted substantially all of its activities.	2a		
b		d on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organiza	ation'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 o	organization's involvement.	2b		
3	Parent of Supported Organ	nizations. Answer lines 3a and 3b below.			
а	Did the organization have t	the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the sup	ported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exerci	se a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organization	ons? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 TACO BELL FOUNDATION INC.			33-0523542 Page 6
Pai		ng Orgar	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2022

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

emergency temporary reduction (see instructions).

instructions).

TACO BELL FOUNDATION INC. 33-0523542 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c.

Schedule A (Form 990) 2022

8 Breakdown of line 7:
 a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule A	(Form 990) 2022 TACO BELL FOUNDATION INC.	33-0523542	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section /, Section B, line 1e; Pa	n C,

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

	TACO BELL FOUNDATION INC.			33-0523542
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accoun	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			·········· —
	for charitable purposes and not for the benefit of the donor or		-	
	• •		•	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990. F	art IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		,	
·	Preservation of land for public use (for example, recreating the control of land for public use)	`	a historically	important land area
	Protection of natural habitat	Preservation of	-	•
	Preservation of open space	T TOOGIVATION OF	a cortinoa riic	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservat	tion easement on the last
_	day of the tax year.	ica conservation contribution in the form c	n a consciva	Held at the End of the Tax Year
a			2a	
b	Number of conservation easements on a certified historic stru	ucture included in (a)		
G	Number of conservation easements included in (c) acquired a			
d			2d	
2	historic structure listed in the National Register			during the toy
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax
4	Number of states where preparty subject to concernation and	coment is legated		
4 5	Number of states where property subject to conservation eas			
3	Does the organization have a written policy regarding the per	1.110		Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	mandling of violations, and emorcing const	ervation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion occomon	to during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and emorcing conservat	ion cascinen	is during the year
8	Does each conservation easement reported on line 2(d) above	o satisfy the requirements of section 170/h	\/4\/D\/i\	
Ü		, ,	,,,,,,,	Yes No
9	In Part XIII, describe how the organization reports conservation	on accompate in its revenue and expense		
9	balance sheet, and include, if applicable, the text of the footn	·		
		ote to the organization's imancial stateme	ilis illai uesc	libes tile
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Treasures, or Otl	ner Simila	r Assets.
1 3	Complete if the organization answered "Yes" on Form	-		
12	If the organization elected, as permitted under FASB ASC 95		nd halanca ch	noot works
Ia		•		
	of art, historical treasures, or other similar assets held for pub	, , , , , , , , , , , , , , , , , , ,		Dublic
	service, provide in Part XIII the text of the footnote to its finan			ada af
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth-	erance of pur	DIIC Service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				\$
2	If the organization received or held works of art, historical trea		gain, provide	•
	the following amounts required to be reported under FASB A	_		•
a	Revenue included on Form 990, Part VIII, line 1			\$
				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

Sche	dale B (i dilli 666) E6EE	FOUNDATION INC.						33-052			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or C	Other S	imilar	Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that m	ake signi	ficant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d	· ∐ ⊦	oan or exc	hange program						
b	Scholarly research	е	· 🗀 c	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organization's	s exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o		,		,			_	_	_	_
D :	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the o	organizatio	n answered "Ye	es" on Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	·									
1a	Is the organization an agent, trustee, custodi		•						٦.,		٦
	on Form 990, Part X?							L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	bie:					Amoun	+	
	Designing belows						1		Amoun		
	Beginning balance						1c				
	Additions during the year						1d				
e f	Distributions during the year						1e 1f				
	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			_ 103]
Par											
	·	(a) Current year		ior year	(c) Two years I		Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance			-							
	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	e (line 1g,	column (a))) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administered	for the			ı		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dor	Describe in Part XIII the intended uses of the		wment fu	nds.							
Par	t VI Land, Buildings, and Equipm) David IV	lina 44 a C	F 000 F	and V line	- 10				
	Complete if the organization answered							<u>. I</u>	(.I) =	1	
	Description of property	(a) Cost or o basis (investr			or other (other)	(c) Accu	ımulated ciation	a	(d) Boo	k valu	е
	Lond	· · ·	nent)	Dasis	(Other)	uepre	oiatiOH				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment Other				31,120.		27,6	25.		3	495.
	Add lines to through to (0.4 (4) (4)		<u> </u>	(D) !' 1	,						495

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 TACO BELL FOUNDATION INC.			33-052354	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	40,800,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			
а	· · · · · · · · · · · · · · · · · · ·	2a	-455,951.		
b		2b	2,671,269.		
С	1 7 9	2c	2 242 542		
d	,	2d	3,343,542.		5 550 060
е	Add lines 2a through 2d			2e	5,558,860.
3	Subtract line 2e from line 1			3	35,242,008.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 1			
а	· · · · · · · · · · · · · · · · · · ·	4a			
b	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statements	e With I	Evnances per E		35,242,008.
Pai		S WILIII	expenses per n	eturri.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				24 020 021
1	Total expenses and losses per audited financial statements			1	24,938,021.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	2 671 260		
а		2a	2,671,269.		
b	Prior year adjustments	2b			
С		2c	2 242 542		
d	,	2d	3,343,542.		
е	Add lines 2a through 2d			2e	6,014,811.
3	Subtract line 2e from line 1			3	18,923,210.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	- 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.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	18,923,210.
Pai	t XIII Supplemental Information.				
Iines ——— PART	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition X, LINE 2:	nal informa			
	FOUNDATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVEITS SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES				
	TION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS 1				
GENE	RALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE				
FOUN	DATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERI	VED			
FROM	A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANG	CE OF			
THE	PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVIS	SION			
HAS	BEEN RECORDED AS, IN THE OPINION OF MANAGEMENT, THE NET INCOME, :	IF			
	FROM ANY UNRELATED TRADE OR BUSINESS IS NOT MATERIAL TO THE BASE				
	NCIAL STATEMENTS TAKEN AS A WHOLE.				

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 TACO BELL FOUNDATION INC.	33-0523542	Page 5
Part XIII Supplemental Information (continued)		
THE FOUNDATION WILL 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 THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE		
FOUNDATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.		
THE FOUNDATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED		
TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED		
DECEMBER 31, 2022, THE FOUNDATION DID NOT RECOGNIZE ANY AMOUNT IN		
POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
THE FOLLOWING SUMMARIZES THE OPEN TAX YEARS FOR EACH MAJOR JURISDICTION:		
JURISDICTION OPEN TAX YEARS		
FEDERAL 2019 - 2022		
STATE 2018 - 2022		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
DIRECT FUNDRAISING EXPENSES ALLOCATED TO FUNCTIONAL		
EXPENSES 3,343,542.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
DIRECT FUNDRAISING EXPENSES ALLOCATED FROM FUNDRAISING		
INCOME 3,343,542.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer ide	ntification number	
TACO BELL FOUNDATION INC.							2	
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.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration	

232081 10-27-22

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

Schedule G (Form 990) 2022

DocuSign Envelope ID: DA4BAE6D-2A2C-4FD5-B7C7-08C0767C925D TACO BELL FOUNDATION INC. Schedule G (Form 990) 2022 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events TACO CHARITY (add col. (a) through FUNDRAISER col. (c)) (event type) (total number) (event type) 32,463,980 140,000 32,603,980. Gross receipts 2 Less: Contributions 28,765,397 124,050 28,889,447. Gross income (line 1 minus line 2) 3,698,583 15,950 3,714,533. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 3,698,583. 3,714,533 Other direct expenses 3,714,533, **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G (Form 990) 2022

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

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

b If "No," explain:

b If "Yes," explain:

232082 10-27-22

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

Sch	edule G (Form 990) 2022 TACO BELL FOUNDATION INC.	3-05235	542	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		140	_ 1	0/
	The organization's facility		\neg	<u>%</u>
	An outside facility	13	0	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
		_	_	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
_				
	Name			
	Addison			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а			Yes	No
	retain the state gaming license?	🗀	_ 1 C S	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Do	organization's own exempt activities during the tax year \$			<u> </u>
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III,	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 1								
TACO BELL FOUNDATION INC. 33-0523542								
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t					-			
criteria used to award the grants or assis	tance?						X Yes No	
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
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	(f) 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 FOR	
6505 W PARK BLVD SUITE 306 PMB 369							UNDERPRIVILEGED CHILDREN,	
PLANO, TX 75093	26-0638742	501(C)(3)	5,127,364.	0.			TO HELP THEM GROW UP TO	
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)	135,000.	0.			CLUBS THROUGHOUT THE	
JUNIOR ACHIEVEMENT USA (LOCAL							TO PROVIDE SUPPORT	
OFFICES - LIST AVAILABLE UPON							SERVICES AND PROGRAMS FOR	
REQUEST) - VARIOUS LOCATIONS							UNDERPRIVILEGED CHILDREN,	
THROUGHOUT THE US - MULTIPLE	84-1223492	501(C)(3)	962,011.	0.			TO HELP THEM GROW UP	
							TO PROVIDE SUPPORT	
CITY YEAR, INC							SERVICES AND PROGRAMS FOR	
287 COLUMBUS AVE							UNDERPRIVILEGED CHILDREN,	
BOSTON, MA 02116	22-2882549	501(C)(3)	613,540.	0.			TO HELP THEM GROW UP	
							TO PROVIDE SUPPORT	
MONEYTHINK							SERVICES AND PROGRAMS FOR	
1730 DWIGHT WAY							UNDERPRIVILEGED CHILDREN,	
BERKELEY, CA 94703	27-1052771	501(C)(3)	100,000.	0.			TO HELP THEM GROW UP	
							TO PROVIDE SUPPORT	
NATIONAL COLLEGE ADVISING CORPS							SERVICES AND PROGRAMS FOR	
INC 301 W BARBEE CHAPEL RD STE							UNDERPRIVILEGED CHILDRE,	
210 - CHAPEL HILL, NC 27517	46-1192687	501(C)(3)	315,095.	0.			TO HELP THEM GROW UP	
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				393.	
3 Enter total number of other organizations	listed in the line	1 table						

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Schedule I (Form 990) TACO BELL FOUNDATION INC. 33-0523542

(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTOR-THE NATIONAL MENTOR PARTNERSHIP - 201 SOUTH STREET SUITE 615 - BOSTON, MA 02111	52-1674088	501(C)(3)	50,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN TO HELP THEM GROW UP
AMERICAN CANCER SOCIETY, INC 3380 CHASTAIN MEADOWS PKWY NW STE : KENNESAW, GA 30144	2 13-1788491		28,660.	0.			TO IMPROVE THE LIVES OF PEOPLE WITH CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND
ASHOKA 1700 NORTH MOORE STREET ARLINGTON, VA 22209	51-0255908	501(C)(3)	201,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR ENTREPRENEURS
CRISIS TEXT LINE 24 WEST 25TH STREET 6TH FLOOR NEW YORK, NY 10010	46-5039599	501(C)(3)	50,000.	0.			TO PROVIDE SUPPORT SERVICES FOR PERSONS IN ANY TYPE OF MENTAL HEALTH CRISIS
IOLA FOUNDATION DBA IT GETS BETTER PROJECT - 7288 SUNSET BLVD STE 207 - LOS ANGELES, CA 90046	26-1906629	501(C)(3)	206,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR LGBTQ+ YOUTH
KALEIDOSCOPE 212 3RD AVENUE N MINNEAPOLIS, MN 55401	86-3398414	501(C)(3)	8,050,000.	0.			TO PROVIDE SCHOLARSHIPS TO YOUTH THROUGH CORPORATE PHILANTHROPY
NOTES FOR NOTES, INC. 1900 CHURCH ST STE 300 NASHVILLE, TN 37203	20-4875556	501(C)(3)	50,000.	0.			TO PROVIDE MUSICAL EQUIMENT AND PROGRAMS IN PUBLIC SCHOOLS

Schedule I (Form 990)

Page 1

Schedule I (Form 990) 2022 TACO BELL FOUNDATION INC. 33-0523542 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 777 0 LIVE MAS SCHOLARSHIP 9,111,464. 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) 2022

Schedule 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		
I OCAL LEVIEL BOD BOAG AND CIDLS CILIDS MUDOLICUOLIM MUE HINTMED SMAMES MUE		
LOCAL LEVEL FOR BOYS AND GIRLS CLUBS THROUGHOUT THE UNITED STATES, THE		
LOCAL CLUBS USE THESE FUNDS TO HELP TEENAGERS TO GRADUATE FROM HIGH		
SCHOOL BY PROVIDING RESOURCES AND A SAFE LOCATION IN WHICH TO STUDY.		
NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY, INC		
,		
(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE LIVES OF PEOPLE WITH		
The result of th		
GANGED AND MILETD EASTITED MILDOIGH ADVOCAGY PROPERTY AND DAMEDUM		
CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT		
SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT,		
AND SURVIVE CANCER		
PART I, LINE 2		
THE DARWIND ORGANIZATIONS DEPOND TO THE TOURDATION ON A DESIGNAD DAGES		
THE PARTNER ORGANIZATIONS REPORT TO THE FOUNDATION ON A REGULAR BASIS		
HOW THEY ARE FULFILLING THE CONDITIONS OF THEIR GRANT AGREEMENT AND HOW		
THEY ARE TRACKING AGAINST THE KEY PERFORMANCE INDICATORS THAT THE		
FOUNDATION PUT FORTH (NUMBER OF TEENS REACHED, NUMBER OF PROJECTS		
IMPLEMENTED, TEENS WHO HAVE MADE THE PROMISE TO GRADUATE, ETC.). THE		
PARTNER ORGANIZATIONS ALSO PROVIDE THE FOUNDATION WITH ASSETS LIKE		
TARTNER ORGANIZATIONS ABSO TROVIDE THE FOUNDATION WITH ASSETS BIRE		
PICTURES, VIDEOS, TEEN STORIES, ETC.		

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

TACO BELL FOUNDATION INC.

Employer identification number 33-0523542

Pa	Part I Questions Regarding Compensation						
			Yes	No			
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal us	se					
	Travel for companions Payments for business use of personal residen	ce					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, che	ef)					
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	, ,,						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee X Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation comm	ittee					
4	During the year did any person listed on Form 000 Part VIII. Section A line 1s, with respect to the filing						
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 related organization:						
а	Receive a severance payment or change-of-control payment?	4a		х			
	b Participate in or receive payment from a supplemental nonqualified retirement plan?			Х			
	c Participate in or receive payment from an equity-based compensation arrangement?						
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c					
	······································						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	a The organization?	5a	Х				
b	b Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
	a The organization?	<u>6a</u>		X			
b	b Any related organization?	6b		X			
	If "Yes" on line 6a or 6b, describe in Part III.						
7							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8				7.			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х			
9	, ,	_					
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

TACO BELL FOUNDATION INC.

33-0523542

Page 2

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(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)	196,442.	158,772.	0.	0.	9,567.	364,781.	0,
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0,	0,
(2) MORGAN TABOR	(i)	119,903.	30,584.	0.	0.	9,567.	160,054.	0.
DEVELOPMENT MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 TACO BELL FOUNDATION INC.	33-0523542	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	te this part for any additional information.	
PART I, LINE 5:		
BONUS PAID TO ORGANIZATION OFFICERS BASED ON ACHIEVING ANNUAL FUNDRAISING		
GOALS.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

TACO BELL FOUNDATION INC. 33-0523542 FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING PERSONS HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER OUTSIDE OF TACO BELL FOUNDATION: (1) KELLY MUCCULLOCH. (2) STEVE PLANK. (3) MARK KING FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION PUT THEIR GRANT AWARD PROGRAM UNDER THE SUPERVISION OF AN OUTSIDE ORGANIZATION 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 WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: TACO BELL FOUNDATION HAS ADOPTED TACO BELL CORPORATION'S (YUM! BRANDS) CODE OF CONDUCT AND CONFLICT OF INTEREST POLICIES; THESE ARE REVIEWED ON A REGULAR BASIS AND PROVIDED TO THE OFFICERS/DIRECTORS 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 FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ON CHARITYNAVIGATOR.ORG.

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

Schedule O (Form 990) 2022	Page 2
Name of the organization TACO BELL FOUNDATION INC.	Employer identification number 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.	
FORM 990, PART I, LINE 8:	
THE INCREASE IN REVENUE IS DUE TO ROUND UP FUNDRAISER BEING RUN FOR ALL	
363 DAYS OF THE YEAR THAT TACO BELL RESTAURANTS WERE OPEN IN 2022.	

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

Identifying number

Sequence No. 179

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

TACO BELL FOUNDATION INC FORM 990 PAGE 10 33-0523542

P	art Election To Expense Certain Propert	y Under Section 17	'9 Note: If yo	ou have any lis	sted pro	perty, co	mplete Part	V before y	ou complete Part I.
1	Marriagnus assertat (and in atmosticus)		-					1	1,080,000.
	Total cost of section 179 property place								, , ,
	Threshold cost of section 179 property is								2,700,000.
	Reduction in limitation. Subtract line 3 fr			_				1	' '
	Dollar limitation for tax year. Subtract line 4 from line 1							5	
6	(a) Description of pro			(b) Cost (busin			(c) Elected of	ost	
7	Listed property. Enter the amount from I	line 29				7			
	Total elected cost of section 179 proper				·-			8	
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the sn					_			
	Section 179 expense deduction. Add lin		•		•			12	
	Carryover of disallowed deduction to 20	•			Г	13			
	te: Don't use Part II or Part III below for li		•			10			
	art II Special Depreciation Allowan				e listed	property	.)		
14	Special depreciation allowance for quali		-	•					
	the tax year						ŭ	14	
15	Property subject to section 168(f)(1) elec								
	011 1 111 (1 1 11 4000)							16	
	art III MACRS Depreciation (Don't	include listed pro						10	<u> </u>
	MACITO Depreciation (Don't	molade noted pro	-	ection A					
17	MACRS deductions for assets placed in	sonvice in tax ve						17	T
	If you are electing to group any assets placed in service	•	•			k horo		ij ''	
10	Section B - Assets I						al Depreciat	tion Syste	em
		(b) Month and	(c) Basis fo	r depreciation		Recovery			
	(a) Classification of property	year placed in service		nvestment use instructions)		eriod	(e) Convention	(f) Method	(g) Depreciation deduction
198	a 3-year property								
k	5-year property								
C	7-year property								
C	10-year property								
e	15-year property								
f	20-year property								
ç	25-year property				25	ō yrs.		S/L	
	Posidontial rontal proporty	/			27.	.5 yrs.	MM	S/L	
	n Residential rental property	/			27.	.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39	9 yrs.	MM	S/L	
_'	Nonresidential real property	/					MM	S/L	
	Section C - Assets PI	laced in Service	During 2022	2 Tax Year Us	ing the	Alterna	tive Depreci	ation Sys	tem
20a	a Class life							S/L	
	n 12-year				12	2 yrs.		S/L	
(30-year	/			30) yrs.	MM	S/L	
	d 40-year	/			40) yrs.	MM	S/L	
P	art IV Summary (See instructions.)								
21	Listed property. Enter amount from line	28						21	
	Total. Add amounts from line 12, lines 1		es 19 and 20) in column (g)), and li	ne 21.			
	Enter here and on the appropriate lines	of your return. Pa	ırtnerships a	nd S corporat				22	9,219.
23	For assets shown above and placed in sportion of the basis attributable to section	-	-						
		on 1647 / 000to				23			

Form 4562 (2022) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.)

TACO BELL FOUNDATION INC.

						leage rate or dedu d Section C if appl			expense,	comp	ete only 24a,		
	Section A -	Depreciation	n and Other Inf	ormation (Caut	ioi	n: See the instruc	ctions	s for lin	nits for pa	ssenge	er automobiles.)	
24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written?										Yes	☐ No		
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis		(e) Basis for depreciation (business/investment use only)		(f) (g) Recovery Method/ period Convention		od/	(h) Depreciation deduction	sect	(i) lected tion 179 cost
25 S	oecial depreciation allo	wance for q	ualified listed pro	perty placed in	se	ervice during the ta	ах уе	ar and					
used more than 50% in a qualified business use													
26 Pr	roperty used more thar	n 50% in a qı	ualified business	use:									
		: :	%										
		: :	%										
		: :	%										
27 Pr	operty used 50% or le	ss in a qualif	ied business use										
		: :	%						S/L -				
		: :	%						S/L -			1	
		: :	%						S/L -			1	
28 A	dd amounts in column	(h), lines 25	through 27. Ente	er here and on lir	ne	21, page 1				28			
29 A	dd amounts in column	(i), line 26. E	nter here and on	line 7, page 1							29		
			Sec	tion B - Inform	ati	ion on Use of Vel	hicle	s					

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 (don't include commuting miles)		(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		f) iicle
31 ³	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No								
35	Was the vehicle used primarily by a more than 5% owner or related person?												
	ls 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.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
	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) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year			
42 Amortization of costs that begins during your 2022 tax year:									
	: :								
	: :								
43 Amortization of costs that began before your 2		43							
44 Total. Add amounts in column (f). See the instr	Total. Add amounts in column (f). See the instructions for where to report								

216252 12-08-22 Form **4562** (2022)

33-0523542

Page 2

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 DO NOT MAIL THIS FORM TO THE FTB Date Accepted TAXABLE YEAR **FORM** California e-file Return Authorization for 8453-EO 2022 **Exempt Organizations** Exempt Organization name Identifying number TACO BELL FOUNDATION INC. 33-0523542 Electronic Return Information (whole dollars only) 40,268,849 Total gross receipts (Form 199, line 4) 1 38,956,541 2 Total gross income (Form 199, line 8) 22,637,743 Total expenses and disbursements (Form 199, line 9) Part II Settle Your Account Electronically for Taxable Year 2022 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Banking Information (Have you verified the exempt organization's banking information?) Part III 5 Routing number Checking Savings 6 Account number 7 Type of account: Part IV Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. Sign TREASURER Signature of office Date Here Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. Date ERO's PTIN Check if Check ERO's also paid if self-**ERO** SINGERLEWAK LLP P00748170 preparer employed Must Firm's name (or yours 95-2302617 SINGERLEWAK LLP Firm's FEIN if self-employed) Sign 2010 MAIN ST., STE 300 and address IRVINE CA ZIP code 92614 Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

FTB 8453-EO 2022

Paid preparer's PTIN

Paid

Must

Sign

Preparer

Paid

preparer's signature

Firm's name (or yours

if self-employed)

and address

TAXABLE YEAR 2022

California Exempt Organization **Annual Information Return**

May the FTB discuss this return with the preparer shown above? See instructions

228941 01-10-23 **FORM**

199 Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) Corporation/Organization name California corporation number TACO BELL FOUNDATION INC. 1710340 Additional information. See instructions. 33-0523542 PMB no. Street address (suite or room) ONE GLEN BELL WAY City State ZIP code IRVINE CA 92618 Foreign country name Foreign province/state/county Foreign postal code Yes X No A Did the organization have any changes to its guidelines В Yes X No not reported to the FTB? See instructions Yes X No Amended return Yes X No IRC Section 4947(a)(1) trust ______ L C If exempt under R&TC Section 23701d, has the organization Final information return? engaged in political activities? See instructions. Dissolved Surrendered (Withdrawn) K Is the organization exempt under R&TC Section 23701g? ● Enter date: (mm/dd/yyyy) If "Yes," enter the gross receipts from nonmember sources \$ Is the organization a limited liability company? _______• _ F Check accounting method: (1) Cash (2) X Accrual (3) Other Federal return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990) M Did the organization file Form 100 or Form 109 to (4) X Other 990 series report taxable income? _____ ● _ Yes X No Is this a group filing? See instructions Is the organization under audit by the IRS or has the Yes X No Yes X No Is this organization in a group exemption IRS audited in a prior year? Is federal Form 1023/1024 pending? If "Yes," what is the parent's name? Date filed with IRS Part I Complete Part I unless not required to file this form. See General Information B and C. 5,097,603 Gross sales or receipts from other sources. From Side 2, Part II, line 8 Gross dues and assessments from members and affiliates 2 00 Gross contributions, gifts, grants, and similar amounts received 3 35,171,246 Total gross receipts for filing requirement test. Add line 1 through line 3. Receipts 40,268,849 00 This line must be completed. If the result is less than \$50,000, see General Information B and 00 Revenues Cost or other basis, and sales expenses of assets sold Total costs. Add line 5 and line 6 1,312,308 00 Total gross income. Subtract line 7 from line 4 8 38,956,541 22,637,743 9 Total expenses and disbursements. From Side 2, Part II, line 18 00 **Expenses** 16,318,798 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 10 00 11 00 12 Use tax. See General Information K 12 00 13 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 00 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 Filing Fee 00 14 15 Penalties and interest. See General Information J 00 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 00 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 taxpayer) is based on all information of which preparer has any knowledge. Sign Telephone Here TREASURER 949-863-4500 Date Check if Preparer's signature LIOR TEMKIN 11/09/23 P00748170 self-employed ● Firm's FFIN Paid Firm's name (or yours, SINGERLEWAK LLP 95-2302617 Preparer's 2010 MAIN ST., STE 300 Telephone Use Only employed) and address IRVINE, CA 92614 949-261-8600 • X

> 022 3651224 Form 199 2022 Side 1

33-0523542

228951 01-10-23

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.

							SE	E PART II S	UBSTITUTE ATT	ACHM	ENT		
		1	Gross sales or receipts from all bus	siness	s activities. See instructior	ıs				•	1		00
		2	Interest							•	2		00
		3	Dividends								3		00
Recei	pts	4									4		00
from	.	5	Gross royalties								5		00
Other		6	Gross amount received from sale of		-t- (O !t)					_	6		00
Source		7									7		00
	"	8	Total gross sales or receipts from								8		00
		9	Contributions, gifts, grants, and sir			-					9		00
		10	Disbursements to or for members								10		00
		11	Compensation of officers, directors	and	l trustees						11		0 00
		12	Other salaries and wages	,							12		00
Expen	ses	13	Interest								13		00
and		14	Taxes								14		00
Disbu	rse-	15	Rents								15		00
ments		16	Depreciation and depletion (See ins	structi	ions)					•	16		00
		17	Other expenses and disbursements								17		00
			Total expenses and disbursements								18		00
Sch	edul			. Auu	Beginning of taxa					End		able year	100
Assets					(a)		- ,	(b)	(c)				d)
1 C			-		(u)			(5)	(5)			•	
			s receivable									•	
			ceivable									•	
												•	
			state government obligations									•	
			in other bonds									•	
			in stock									•	
	lortga											•	
	-	-										•	
			ments le assets									•	
10 a	Lace	عددانا	mulated depreciation ()				(
11 La					/				(-1	•	
												•	
			et worth										
			yable									•	
			s, gifts, or grants payable									•	
			otes payable									•	
			ayable									•	
			ies										
			c or principal fund									•	
	•		tal surplus. Attach reconciliation									•	
			nings or income fund									•	
			ies and net worth										
Sch				. hool	ke with income ner return								
00	ouu.	· · · ·	Do not complete this schedul				e 13.	column (d), is les	s than \$50,000.				
1 N	et inco	nme r	per books		•				on books this year				
			me tax	⊢	•		l '		nis return. Attach sc	hadul	2	•	
			pital losses over capital gains		•	\dashv	Ω		s return not charge				
				···	-		ľ		_	ı			
			recorded on books this year.	-	•		1	against book inco				•	
			dule	F			_		and line 0			<u> </u>	
			corded on books this year not		•		1		and line 8				
			this return. Attach schedule			-	10	Net income per r					
<u>0</u> 10	otal. A	aa III	ne 1 through line 5				<u> </u>	Subtract line 9 fr	om line 6				

STATE OF CALIFORNIA RRF-1

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICE
PAGE 1 of 5 (For Registry Use Only)

	Check if:								
	Ch	ange of address							
TACO BELL FOUNDATION INC. Name of Organization	Am	nended report							
TACO BELL FOUNDATION									
List all DBAs and names the organization uses or has used									
ONE GLEN BELL WAY Address (Number and Street)	State Ch	arity Registration Number CT 086806							
IRVINE, CA 92618	0	ion or Orneriostica No. 1710340							
City or Town, State, and ZIP Code	Corporat	ion or Organization No. 1710340							
949-863-4500 TACOBELLFOUNDATION@TACOBELL.COM	Federal E	Employer ID No. 33-0523542							
Telephone Number E-mail Address									
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departm									
Total Revenue Fee Total Revenue	<u>Fee</u>	<u>Total Revenue</u>	Fe	<u>e</u>					
Less than \$50,000 \$25 Between \$250,001 and \$1 million Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million	\$100 \$200	Between \$20,000,001 and \$100 million	\$80	00 .000					
Between \$1,000,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million		Between \$100,000,001 and \$500 million Greater than \$500 million		,000 ,200					
PART A - ACTIVITIES	·			-					
For your most recent full accounting period (beginning 01/01/2022	end	ling							
Total Revenue		0 Total Assets \$49 ,	068	263					
(including noncash contributions) \$ 35,242,008 Noncash Contributions \$ Program Expenses \$ 17,875,430	Total Exp	enses \$ 18,923,210	,						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD C									
Note: All questions must be answered. If you answer "yes" to any of the ques	tions belov	w. vou must attach a separate page							
providing an explanation and details for each "yes" response. Please re			Yes	No					
During this reporting period, were there any contracts, loans, leases or other fir and any officer, director or trustee thereof, either directly or with an entity in whether the second of the s		· ·							
any financial interest?				Х					
During this reporting period, was there any theft, embezzlement, diversion or m or funds?	nisuse of th	e organization's charitable property		х					
3. During this reporting period, were any organization funds used to pay any pena	alty, fine or	judgment?		х					
During this reporting period, were the services of a commercial fundraiser, fund commercial coventurer used?	draising cou	unsel for charitable purposes, or		х					
5. During this reporting period, did the organization receive any governmental fun	nding?			х					
6. During this reporting period, did the organization hold a raffle for charitable pur	rposes?			х					
7. Does the organization conduct a vehicle donation program?				х					
8. Did the organization conduct an independent audit and prepare audited financ generally accepted accounting principles for this reporting period?	ial stateme	nts in accordance with	Х						
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?									
I declare under penalty of perjury that I have examined this report, including ac and belief, the content is true, correct and complete, and I am authorized to sig	I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowle and belief, the content is true, correct and complete, and I am authorized to sign.								
	J								
JAMES CASCONE Signature of Authorized Agent Printed Name	I	PREASURER itte Date							

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-0047

► Go to www.irs.gov/Form8868 for the latest information. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print TACO BELL FOUNDATION INC. 33-0523542 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your ONE GLEN BELL WAY return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions IRVINE, CA 92618 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CARI ANDERSON The books are in the care of 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) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning __ , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2023

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change TACO BELL FOUNDATION INC. Name change TACO BELL FOUNDATION 33-0523542 Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated ONE GLEN BELL WAY 949-863-4500 40,268,849. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return IRVINE, CA 92618 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JAMES CASCONE Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.TACOBELLFOUNDATION.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1992 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE TACO BELL FOUNDATION BREAKS Activities & Governance DOWN BARRIERS TO EDUCATE AND INSPIRE THE NEXT GENERATION OF LEADERS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 12 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 23,838,646, 35,171,246. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 71,863 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 70 762. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 23,910,509 35,242,008 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 17,077,722 16,083,389. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,114,251. 1,389,649. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 975,645. 1,450,172. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19,167,618. 18,923,210. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,742,891. 16,318,798. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 32,895,109 49,068,263. Total assets (Part X, line 16) 182,608 492,915. 21 Total liabilities (Part X, line 26) 三年 32,712,501. 48,575,348. Net assets or fund balances. Subtract line 21 from line 20 ... 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. Signature of officer Date Sign

JAMES CASCONE, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LIOR TEMKIN LIOR TEMKIN 11/09/23 P00748170 Paid 95-2302617 Firm's name SINGERLEWAK LLP Preparer Firm's EIN Firm's address 2010 MAIN ST., STE 300 Use Only Phone no.949-261-8600 IRVINE, CA 92614 Yes May the IRS discuss this return with the preparer shown above? See instructions No

	1000 (2022)	3-0523542	Page ∠
Pai	rt 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		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	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 measured accomplishments for each of its three largest program services.	ared by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10,126,680. including grants of \$9,111,464.) (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 2022 SCHOLARSHIP PROGRAM		
	AWARDED \$9.1 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 \$25.9 MILLION IN EDUCATION SUPPORT TO NEARLY 2300 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.		
4b	(Code:) (Expenses \$ 7,748,750. including grants of \$ 6,971,925.) (Revenue \$		
	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 \$62 MILLION TO APPROXIMATELY		
	350 BOYS AND GIRLS CLUBS ACROSS THE COUNTRY.		
4-			
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 17,875,430.		
		Form	990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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,		v	
	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	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's slability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
	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		Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Λ	

Page 4

Pai	Triv Checklist of Required Schedules (continued)			
			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? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		Х
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		Х
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		
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 non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 +		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	¥ 12-13-22	Form	990 ((2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
		1		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	2 a 18						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	х			
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	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	ccount)?	4a		Х			
b	If "Yes," enter the name of the foreign country	(FD 4 D)						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				х			
			5a		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 for the line for or finding the organization file form 2006 TO		5b 5c					
6a	5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		6a		Х			
b	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).		6b					
' a								
			7a 7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		10					
Ū	to file Form 8282?		7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.0					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		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	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:	1						
	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	4					
11	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders	11a	-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441						
40-	amounts due or received from them.)	11b	40-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1					
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.		IJa					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
~	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c	1					
14a	Did the consideration was to a superior for independent or a desired and the terror of		14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		х			
	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		Х			
	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 act	ivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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

	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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decision b requests information about policies not required by the internal revenue dead.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	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 to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	Own website Another's website X Upon request X Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	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 books and records			
	CARI ANDERSON - 949-863-4321			
	ONE GLEN BELL WAY, IRVINE, CA 92618			_

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2022)

Form 990 (2022) TACO BELL FOUNDATION INC. 33-0523542 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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	on nor any related	orga	niza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than obox, unless person is both officer and a director/truste				one	Reportable	Reportable	Estimated
	hours per	box				is both	h an	compensation	compensation	amount of
	week	-			I) / ii us	T	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	1033 (VEO)	and related
	below	ndividual trustee or director	nstitutional trustee	_	oldm	st co	, i.e.	1335 1125/		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER BRADBURY	40.00									
EXECUTIVE DIRECTOR				х				355,214.	0.	9,567.
(2) MORGAN TABOR	40.00									
DEVELOPMENT MANAGER						Х		150,487.	0.	9,567.
(3) MARCHELA IAHDJIAN	40.00									
PROGRAMS AND PARTNERSHIPS						Х		136,992.	0.	9,567.
(4) AMBER SNOWDEN	40.00									
MARKETING MANAGER						Х		118,523.	0.	9,567.
(5) NEIL BORKAN	10.00	1								
CHAIRMAN/DIRECTOR		Х		Х		_		0.	0.	0.
(6) MARK KING	0.20									
VICE CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(7) JAMES CASCONE	2.50									
TREASURER/DIRECTOR		Х		Х				0.	0.	0.
(8) LEIGH ANNE TUOHY	0.20									
SECRETARY/DIRECTOR		Х		Х				0.	0.	0.
(9) MARK PETERSON	0.20									
DIRECTOR		Х				_		0.	0.	0.
(10) STEVE PLANK	0.20	1								
DIRECTOR		Х						0.	0.	0.
(11) ROB ALVARADO	0.20	-								
DIRECTOR		Х				_	<u> </u>	0.	0.	0.
(12) TODD BISBOCCI	0.20	1								
DIRECTOR		Х				_		0.	0.	0.
(13) IMAAN FERDOWSI	0.20									
DIRECTOR		Х				├	ļ	0.	0.	0.
(14) MARJORIE PERLMAN	0.20	ł								
DIRECTOR		Х				_	<u> </u>	0.	0.	0.
(15) DAVID & KATHLEEN GRIEVE	0.20									
DIRECTOR	0.00	Х			\vdash	\vdash	<u> </u>	0.	0.	0.
(16) KELLY MCCULLOCH	0.20	ļ.,								
DIRECTOR		Х				\vdash	<u> </u>	0.	0.	0.
		-								
	1						1	1	ı	i

232007 12-13-22 Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

\$100,000 of compensation from the organization

Pa	rt V	Statement of Re	ven	ue							
		Check if Schedule O	conta	ains a	respons	se or	note to any lin		(D)	(0)	(D)
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
ıts	1 :	a Federated campaigns			1a						
irar oun	-	b Membership dues			1b						
Ĕ,	(c Fundraising events			1c	2	8,889,447.				
ar /					1d						
s, G mila	,	e Government grants (contri			1e						
Sign		f All other contributions, gifts,									
her		similar amounts not included			1f		6,281,799.				
햦		Noncash contributions included in			1g \$						
Contributions, Gifts, Grants and Other Similar Amounts		- h Tatal Add Gasa 1 a 1 f						35,171,246.			
<u> </u>	'						usiness Code	, , ,			
	2 :	_				_					
/ice						- -					
er, ue		b				- -					
n S /en		c									
ar Be	(d				_ -					
Program Service Revenue	(e				- -					
а.		f All other program service									
-		g Total. Add lines 2a-2f									
	3	3						218,081.			210 001
								210,001.			218,081.
	4	Income from investment o			•	•	ceeds				
	5	Royalties	. <u></u>				(:) D				
				(1) Real		(ii) Personal				
	6	a Gross rents	<u>6a</u>								
	ı	b Less: rental expenses	6b								
	•	c Rental income or (loss)	6с								
	(d Net rental income or (loss)) <u></u>								
	7 :	a Gross amount from sales of		<u> </u>	ecuritie		(ii) Other				
		assets other than inventory	7a	1,1	164,98	39.					
	-	b Less: cost or other basis									
ne		and sales expenses	7b	1,3	312,30	8.					
Revenue	(c Gain or (loss)	7с	-1	L 47 ,31	9.					
Re		d Net gain or (loss)			<u>.</u>			-147,319.			-147,319.
ē		a Gross income from fundraisir									
Ğ		including \$ 28,8									
		contributions reported on	line	1c). S	ee						
		Part IV, line 18				8a	3,714,533.				
						8b	3,714,533.				
		c Net income or (loss) from						0.			
		a Gross income from gamin		•	·	<u> </u>					
		Part IV, line 19	-			9a					
		b Less: direct expenses				9b					
		c Net income or (loss) from									
		a Gross sales of inventory, I			Г						
		and allowances				10a					
	ı	b Less: cost of goods sold				10b					
		c Net income or (loss) from									
		2 . TOT INSOLITE OF TIOSO, HOTH	Ja:00	. J. III	. 0. 1.01 y		Susiness Code				
snc	11 :	a					3				
nec		b									
ella		c									
Miscellaneous Revenue		d All other revenue									
Σ		e Total. Add lines 11a-11d									
	12	Total revenue. See instruction						35,242,008.	0.	0.	70,762.
232009								•	•	-	Form 990 (2022)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in t			
	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	6,971,925.	6,971,925.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,111,464.	9,111,464.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	355,215.	170,503.	63,939.	120,773.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	940,077.	451,237.	169,214.	319,626.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	94,357.	45,292.	16,984.	32,081.
11	Fees for services (nonemployees):				
а	Management	72,707.		72,707.	
b	Legal	1,786.		1,786.	
С	Accounting	34,699.		34,699.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	, ,	550 005	550 500	40.055	
	column (A), amount, list line 11g expenses on Sch O.)	570,085.	559,728.	10,357.	
12	Advertising and promotion	383,991.	383,991.	5 054	11 045
13	Office expenses	33,078.	15,877.	5,954.	11,247.
14	Information technology	79,419.	38,122.	14,295.	27,002.
15	Royalties				
16	Occupancy	20 172	14 402	F 421	10.250
17	Travel	30,172.	14,483.	5,431.	10,258.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	220 251	110 560	11 163	70 210
19	Conferences, conventions, and meetings	230,351.	110,569.	41,463.	78,319.
20	Interest Payments to officials			+	
21	Payments to affiliates	9,219.		9,219.	
22	Depreciation, depletion, and amortization	9,219.		3,413.	
23 24	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS EXPENSES	4,665.	2,239.	840.	1,586.
b		<i>- ,</i>			_,
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	18,923,210.	17,875,430.	446,888.	600,892.
26	Joint costs. Complete this line only if the organization	, ,	, , ,	, 1	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			24,790,823.	1	42,244,355
	2	Savings and temporary cash investments	2,503,721.	2	4,351,846		
	3	Pledges and grants receivable, net	5,585,914.	3	2,465,030		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified pe	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	on 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	3,535
ğ	9	Dona sid some sees and defermed also made				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	31,120			
	b	Less: accumulated depreciation	. 10b	27,625	7,968.	10c	3,495
	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				15	2
	16	Total assets. Add lines 1 through 15 (must ed				16	49,068,263
	17	Accounts payable and accrued expenses			182,608.	17	492,915
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
တ္	22	Loans and other payables to any current or for	rmer offic	, director,			
itie		trustee, key employee, creator or founder, sub	stantial	ntributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	s		22	
ĵ	23	Secured mortgages and notes payable to unre	elated thi			23	
	24	Unsecured notes and loans payable to unrelat	ed third	rties		24	
	25	Other liabilities (including federal income tax, p	oayables	related third			
		parties, and other liabilities not included on lin	es 17-24	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			182,608.	26	492,915
		Organizations that follow FASB ASC 958, cl	heck her	X			
ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			31,712,501.	27	48,066,706
Ва	28	Net assets with donor restrictions			1,000,000.	28	508,642
nd I		Organizations that do not follow FASB ASC	958, ch	k here			
ᇳ		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	ls			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated	income,	other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			32,712,501.	32	48,575,348
_	33	Total liabilities and net assets/fund balances			32,895,109.	33	49,068,263 Form 990 (202

orm	990 (2022) TACO BELL FOUNDATION INC. 33-05235	42	Pag	ge 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	35	,242,	008.
2	Total expenses (must equal Part IX, column (A), line 25)	18	,923,	210.
3	Revenue less expenses. Subtract line 2 from line 1	16	,318,	798.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	32	,712,	501.
5	Net unrealized gains (losses) on investments		-455,	951.
6	Donated services and use of facilities			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			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	48	,575,	348.
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Х
		_	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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	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	Х	
	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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2022

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Nam	e of t	the organization						Employer	r identification number	
			BELL FOUNDATION						33-0523542	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete t	his part.) S	ee instructior	ıs.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor	
		university:								
10		An organization that norma								
		activities related to its exen		•					-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975.	
		See section 509(a)(2). (Co	-	San barbar da and da a an an alaite a san	f-t- 0		20/-1/41			
11		An organization organized a	•	•	•					
12		An organization organized a	•	•	•			•		
		more publicly supported or lines 12a through 12d that	-						SHECK THE BOX OH	
а		Type I. A supporting orga	* *			-		-	aivina	
а		the supported organization		·	•	_				
		organization. You must o			i majority c	or tine direc	iors or truste	cs of the st	аррогинд	
b		Type II. A supporting org	-		tion with it	s supporte	ed organizatio	n(s) by hav	vina .	
-		control or management o	•				-		-	
		organization(s). You mus						9		
С		Type III functionally inte	-		in connec	tion with, a	and functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		•	
d		Type III non-functionally		•				ted organiz	zation(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness	
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information			I (iv) Is the ora	anization listed				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)	
		Organization		above (see instructions))	Yes	No	Support (See II	istructions)	support (see instructions)	
						-				
					-	-				
					-	-				

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

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

Section B. Total Support Subtract line 5 from line 4 Section B. Total Support									
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 6 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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									
membership fees received. (Do not include any "unusual grants.") 2	,907.								
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Calendar year (or fiscal year beginning in) 7 Amounts from line 4 13,820,550. 21,673,432. 21,907,033. 23,838,646. 35,171,246. 116,410 13,820,550. 21,673,432. 21,907,033. 23,838,646. 35,171,246. 116,410 13,820,550. 14,226. 131,143. 84,038. 56,101. 218,081. 503 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	,447.								
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11 Total support. Add lines 7 through 10									
Total support white most amount of									
· · · · · · · · · · · · · · · · · · ·	,496.								
12 Gross receipts from related activities, etc. (see instructions)									
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
organization, check this box and stop here									
Section C. Computation of Public Support Percentage									
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 96.1									
15 Public support percentage from 2021 Schedule A, Part II, line 14 95.9	<u>%</u>								
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
stop here. The organization qualifies as a publicly supported organization	X								
	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization									
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	. Ш								
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	. 🔲								

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sectio	qualify under the tests listed be n A. Public Support	elow, please comp	olete Part II.)				
	year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ts, grants, contributions, and	(=,) = = : =	(2,-2.1	(5,	(-7	(5,-5	(-)
	mbership fees received. (Do not						
	lude any "unusual grants.")						
	oss receipts from admissions,						
	rchandise sold or services per-						
	med, or facilities furnished in						
	activity that is related to the anization's tax-exempt purpose						
-	oss receipts from activities that						
	not an unrelated trade or bus-						
	ss under section 513						
	revenues levied for the organ-						
	tion's benefit and either paid to						
	expended on its behalf						
	e value of services or facilities						
	nished by a governmental unit to						
	organization without charge						
	tal. Add lines 1 through 5						
	ounts included on lines 1, 2, and						
	eceived from disqualified persons						
	ounts included on lines 2 and 3 received other than disqualified persons that						
	eed the greater of \$5,000 or 1% of the						
amo	unt on line 13 for the year						
c Add	d lines 7a and 7b						
8 Pul	blic support. (Subtract line 7c from line 6.)						
Sectio	n B. Total Support		,	_	_	,	
	year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ounts from line 6						
	oss income from interest,						
	idends, payments received on curities loans, rents, royalties,						
and	d income from similar sources						
b Unr	elated business taxable income						
(les	s section 511 taxes) from businesses						
acq	uired after June 30, 1975						
c Add	d lines 10a and 10b						
	t income from unrelated business						
	ivities not included on line 10b,						
	ether or not the business is ularly carried on						
12 Oth	ner income. Do not include gain						
	oss from the sale of capital						
	sets (Explain in Part VI.)						
	st 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tax	vear as a section !	501(c)(3) organizatio	n
		· ·			•	. , . , .	,,,
	n C. Computation of Publi						
	olic support percentage for 2022 (li			column (f))		15	%
	olic support percentage from 2021	, , , , , , , , , , , , , , , , , , , ,	•			16	%
	n D. Computation of Inves		•				·-
17 Inv	estment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	estment income percentage from 2					18	%
	1/3% support tests - 2022. If the						
	re than 33 1/3%, check this box ar						
	1/3% support tests - 2021. If the						
	e 18 is not more than 33 1/3%, che						
	vate foundation. If the organizatio						

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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (For	m 990)	2022

Schedule A (Form 990) 2022

09371109 701224 7757

Sche	dule A (Form 990) 2022 TACO BELL FOUNDATION INC.			33-0523542 Page 6
Pa		ng Organi	zations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

instructions).

TACO BELL FOUNDATION INC. 33-0523542 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2022

a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule A	(Form 990) 2022	TACO BELL FOUNDATION INC.	33-0523542	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, , 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lir 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for a	n B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; Pa	ı C,

232028 12-09-22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

epartment of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

TACO BELL FOUNDATION INC. 33-0523542 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under 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 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Sche	dale B (i eiiii eee) EeEE	FOUNDATION INC.						33-052			ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other S	Similar	Assets	(contir		
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that i	make sign	ificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	C	d 💹	Loan or exc	hange prograr	m					
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	•		•	•	•		se in Part	XIII.		
5	During the year, did the organization solicit of		,		,			_	_		
Davi	to be sold to raise funds rather than to be ma								_ Yes		No
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered "\	Yes" on Fo	orm 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	·									
1a	Is the organization an agent, trustee, custod		•						7		
	on Form 990, Part X?							∟	Yes	Ш	No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing to	able:					Amoun		
_	Paginning halance						10		Amoun		
	Beginning balance						1c 1d				
	Additions during the year Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.					•	•			一	
Par											
	•	(a) Current year		rior year	(c) Two years			ears back	(e) Four	years b	ack
1a	Beginning of year balance										
	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	rent year end balanc	e (line 1g	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 organiza	ation that	t are held ar	nd administere	ed for the			ſ	V	NI -
	organization by:								- "	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations	At a ser Paka da a ser ser ser se							3a(ii)		
_	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment ii	unas.							
	Complete if the organization answere		0. Part IV	'. line 11a. S	See Form 990.	Part X. lin	e 10.				
	Description of property	(a) Cost or o			or other		umulate	ed T	(d) Boo	k value	
	becomplied of property	basis (investr		. ,	(other)	. ,	eciation	·	(4) 500	value	
1a	Land	<u> </u>	,		` '						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				31,120.		27,	625.		3,4	95.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B). line 1	0c.)					3,4	95.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	dule D (Form 990) 2022 TACO BELL FOUNDATION INC.			33-052354	2 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	40,800,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-455,951.		
b	Donated services and use of facilities	2b	2,671,269.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,343,542.		
е	Add lines 2a through 2d			2e	5,558,860.
3	Subtract line 2e from line 1			3	35,242,008.
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.)		<u></u>	5	35,242,008.
Pa	t XII Reconciliation of Expenses per Audited Financial Statement		Expenses per F	łeturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	24,938,021.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	2,671,269.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,343,542.		
е	Add lines 2a through 2d			2e	6,014,811.
3	Subtract line 2e from line 1			3	18,923,210.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	THIS HIGH COURT OF ALL I. HITC TO.			5	18,923,210.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	,		; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional inform	ation.		
PARI	X, LINE 2:				
THE	FOUNDATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL RE	EVENUE			
CODE	GROWTON FOLICA (2) AND TO ALGO DYDNOW DOOM OWNED DRAWGUTGE WAS	zna iminan			
CODE	SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAX	KES UNDER			
anan	TON 22701/D) OF MILE CALLEDDNIA DEVENUE AND MAYAMTON CODE AND I	ra Nom			
SECT	ION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND 1	LS NOT			
CENT	DALLY GUDTEGE EO EEDEDAL OD GEARE TAGOME MAVEG HOUEVED EUE				
JENE	RALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE				
EOITA.	DAMION IS SUDJESON NO INSOME MAYES ON ANY NEW INSOME MUAN IS DE	an Turin			
FOON	DATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DE	FKIAFD			
ED ()	A MDADE OD DIIGTNEGG. DEGITADIV GADDIED ON AND NOM IN ETIDMUEF	ANCE OF			
r KON	A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHER	RANCE OF			
ים בו	DIIDDOCEC EOD MUTCU TE MAC CDANEED EVENDETON NO INCOME EAV DDO	N/T C T O M			
THE	PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PRO	OVISION			
плс	BEEN BECORDED AS IN THE ODINION OF MANACEMENT THE NET INCOME	य इ			
IIVO	BEEN RECORDED AS, IN THE OPINION OF MANAGEMENT, THE NET INCOME	2, IF			
ΔNV	FROM ANY UNRELATED TRADE OR BUSINESS IS NOT MATERIAL TO THE E	RASTC			
,	TWO INTERPRETATION OF SCHWICKS IS NOT MAINTAIN TO THE	211010			
FJNZ	NCIAL STATEMENTS TAKEN AS A WHOLE.				

Schedule D (Form 990) 2022 TACO BELL FOUNDATION INC.	33-0523542	Page 5				
Part XIII Supplemental Information (continued)						
THE FOUNDATION WILL 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 THE TECHNICAL MERITS OF THE POSITION. TO DATE, THE						
FOUNDATION HAS NOT RECORDED ANY UNCERTAIN TAX POSITIONS.						
THE FOUNDATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED						
TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED						
DECEMBER 31, 2022, THE FOUNDATION DID NOT RECOGNIZE ANY AMOUNT IN						
POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.						
THE FOLLOWING SUMMARIZES THE OPEN TAX YEARS FOR EACH MAJOR JURISDICTION:						
JURISDICTION OPEN TAX YEARS						
FEDERAL 2019 - 2022						
STATE 2018 - 2022						
PART XI, LINE 2D - OTHER ADJUSTMENTS:						
DIRECT FUNDRAISING EXPENSES ALLOCATED TO FUNCTIONAL						
EXPENSES 3,343,542.						
PART XII, LINE 2D - OTHER ADJUSTMENTS:						
DIRECT FUNDRAISING EXPENSES ALLOCATED FROM FUNDRAISING						
INCOME 3,343,542.						

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Name of the organization						Employer ide	ntification 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.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of ITOTH activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									

232081 10-27-22

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

TACO BELL FOUNDATION INC. 33-0523542 Schedule G (Form 990) 2022 Page 2

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000									
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			TACO CHARITY			(add col. (a) through				
			FUNDRAISER		3	col. (c))				
a			(event type)	(event type)	(total number)	331. (3)/				
ne Le										
Revenue	1	Gross receipts	32,463,980.		140,000.	32,603,980.				
٦										
	2	Less: Contributions	28,765,397.		124,050.	28,889,447.				
	_	0	2 600 502		15 050	2 714 522				
-	3	Gross income (line 1 minus line 2)	3,698,583.		15,950.	3,714,533.				
	4	Cach prizes								
	4	Cash prizes								
	5	Noncash prizes								
တ္သ	3	Nondain prizes								
Su	6	Rent/facility costs								
ğ	Ū									
Direct Expenses	7	Food and beverages								
Ë		•								
_	8	Entertainment								
	9	Other direct expenses	3,698,583.		15,950.	3,714,533.				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			3,714,533.				
		Net income summary. Subtract line 10 from lin				0.				
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than					
		\$15,000 on Form 990-EZ, line 6a.								
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue			-	bingo/progressive bingo		col. (a) through col. (c))				
æ										
	1	Gross revenue								
	2	Cash prizes								
ses	~	Odsii piizes								
Sen	3	Noncash prizes								
Direct Expenses	•									
e c	4	Rent/facility costs								
ā										
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	☐ No	☐ No	No No					
	7	Direct expense summary. Add lines 2 through	5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
_			-4							
		ter the state(s) in which the organization condu				Yes No				
a Is the organization licensed to conduct gaming activities in each of these states? Yes										
b If "No," explain:										
	_									
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No				
		Yes," explain:								
			·							

Schedule G (Form 990) 2022 232082 10-27-22

Sche	edule G (Form 990) 2022 TACO BELL FOUNDATION INC.	3-0523542	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Enter the mane and address of the person time property the organization of garming operation of the books and records.		
	Name		
	Truito		
	Address		
	Addiess		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
h	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	+	
-	of gaming revenue retained by the third party \$	•	
c	If "Yes," enter name and address of the third party:		
·	in 103, office flame and address of the time party.		
	Name		
	Name		
	Address		
	Address		
40	Opening response information.		
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation \$		
	Describilities of a surface associated		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э	
Da	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	I Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) 2022

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

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization TACO BELL FOUR	NDATION INC						Employer identification number 33-0523542
Part I General Information on Grants at	-						
Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro	tance?						
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	es" on Form 990, Part	IV, line 21, for any
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	(f) 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 FOR
6505 W PARK BLVD SUITE 306 PMB 369							UNDERPRIVILEGED CHILDREN,
PLANO, TX 75093	26-0638742	501(C)(3)	5,127,364.	0.			TO HELP THEM GROW UP TO
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)	135,000.	0.			CLUBS THROUGHOUT THE
JUNIOR ACHIEVEMENT USA (LOCAL							TO PROVIDE SUPPORT
OFFICES - LIST AVAILABLE UPON							SERVICES AND PROGRAMS FOR
REQUEST) - VARIOUS LOCATIONS							UNDERPRIVILEGED CHILDREN,
THROUGHOUT THE US - MULTIPLE	84-1223492	501(C)(3)	962,011.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
CITY YEAR, INC							SERVICES AND PROGRAMS FOR
287 COLUMBUS AVE							UNDERPRIVILEGED CHILDREN,
BOSTON, MA 02116	22-2882549	501(C)(3)	613,540.	0.			TO HELP THEM GROW UP
			·				TO PROVIDE SUPPORT
MONEYTHINK							SERVICES AND PROGRAMS FOR
1730 DWIGHT WAY							UNDERPRIVILEGED CHILDREN
BERKELEY, CA 94703	27-1052771	501(C)(3)	100,000.	0.			TO HELP THEM GROW UP
,			,				TO PROVIDE SUPPORT
NATIONAL COLLEGE ADVISING CORPS							SERVICES AND PROGRAMS FOR
INC 301 W BARBEE CHAPEL RD STE							UNDERPRIVILEGED CHILDRE
210 - CHAPEL HILL, NC 27517	46-1192687	501(C)(3)	315,095.	0.			TO HELP THEM GROW UP
2 Enter total number of section 501(c)(3) ar		l .	· · · · · · · · · · · · · · · · · · ·	- •		1	393.
	55	gaa					······

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

Schedule I (Form 990) TACO BELL FOUNDATION INC. 33-0523542

Part II Continuation of Grants and Other A							
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
MENTOR-THE NATIONAL MENTOR							SERVICES AND PROGRAMS FOR
PARTNERSHIP - 201 SOUTH STREET							UNDERPRIVILEGED CHILDREN,
SUITE 615 - BOSTON, MA 02111	52-1674088	501(C)(3)	50,000.	0.			TO HELP THEM GROW UP
							TO IMPROVE THE LIVES OF
AMERICAN CANCER SOCIETY, INC							PEOPLE WITH CANCER AND
3380 CHASTAIN MEADOWS PKWY NW STE	2						THEIR FAMILIES THROUGH
KENNESAW, GA 30144	13-1788491	501(C)(3)	28,660.	0.			ADVOCACY, RESEARCH, AND
ASHOKA							TO PROVIDE SUPPORT
1700 NORTH MOORE STREET							SERVICES AND PROGRAMS FOR
	51-0255908	E01/G\/2\	201 000	0.			
ARLINGTON, VA 22209	51-0255906	501(C)(3)	201,000.	0.			ENTREPRENEURS
ODICIC MEYM LINE							TO PROVIDE SUPPORT
CRISIS TEXT LINE							SERVICES FOR PERSONS IN
24 WEST 25TH STREET 6TH FLOOR	46-5039599	E01/G\/3\	E0 000				ANY TYPE OF MENTAL HEALTH
NEW YORK, NY 10010	46-5039599	501(C)(3)	50,000.	0.			CRISIS
IOLA FOUNDATION DBA IT GETS BETTER							TO PROVIDE SUPPORT
PROJECT - 7288 SUNSET BLVD STE 207							SERVICES AND PROGRAMS FOR
- LOS ANGELES, CA 90046	26-1906629	501(C)(3)	206,000.	0.			LGBTQ+ YOUTH
KALEIDOSCOPE							TO PROVIDE SCHOLARSHIPS
212 3RD AVENUE N							TO YOUTH THROUGH
MINNEAPOLIS, MN 55401	86-3398414	501(C)(3)	8,050,000.	0.			CORPORATE PHILANTHROPY
NOTEG FOR NOTEG THE							TO DROWING MIGIGAL
NOTES FOR NOTES, INC.							TO PROVIDE MUSICAL
1900 CHURCH ST STE 300	00 4075556	504 (5) (2)	50.000				EQUIMENT AND PROGRAMS IN
NASHVILLE, TN 37203	20-4875556	501(C)(3)	50,000.	0.			PUBLIC SCHOOLS

Page 1

TACO BELL FOUNDATION INC.

Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 777 0 LIVE MAS SCHOLARSHIP 9,111,464. 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) 2022

33-0523542

Schedule 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		
LOCAL LEVEL FOR BOYS AND GIRLS CLUBS THROUGHOUT THE UNITED STATES, THE		
LOCAL CLUBS USE THESE FUNDS TO HELP TEENAGERS TO GRADUATE FROM HIGH		
SCHOOL BY PROVIDING RESOURCES AND A SAFE LOCATION IN WHICH TO STUDY.		
NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY, INC		
(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE LIVES OF PEOPLE WITH		
CANCER AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH, AND PATIENT		
SUPPORT, TO ENSURE EVERYONE HAS AN OPPORTUNITY TO PREVENT, DETECT, TREAT,		
AND SURVIVE CANCER		
PART I, LINE 2		
THE PARTNER ORGANIZATIONS REPORT TO THE FOUNDATION ON A REGULAR BASIS		
HOW THEY ARE FULFILLING THE CONDITIONS OF THEIR GRANT AGREEMENT AND HOW		
THEY ARE TRACKING AGAINST THE KEY PERFORMANCE INDICATORS THAT THE		
FOUNDATION PUT FORTH (NUMBER OF TEENS REACHED, NUMBER OF PROJECTS		
IMPLEMENTED, TEENS WHO HAVE MADE THE PROMISE TO GRADUATE, ETC.). THE		
PARTNER ORGANIZATIONS ALSO PROVIDE THE FOUNDATION WITH ASSETS LIKE		
PICTURES, VIDEOS, TEEN STORIES, ETC.		

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number TACO BELL FOUNDATION INC. 33-0523542

Pa	art I Questions Regarding Compensation	·			
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the	following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant in	nformation regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow	a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If	f "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allo	wing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding	g the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establi	ish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes	s for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in	Part III.			
	Compensation committee X	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A	A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in or receive payment from a supplemental nonqualified re	tirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation	arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable	e amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus	t complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the or	ganization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a	Х	
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the or	ganization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		Х
			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the or				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pu				
	initial contract exception described in Regulations section 53.4958-4(a	a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presu	umption procedure described in			
	Regulations section 53.4958-6(c)?		9		ı

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

TACO BELL FOUNDATION INC.

33-0523542

Page 2

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) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(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)	196,442.	158,772.	0.	0.	9,567.	364,781.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MORGAN TABOR	(i)	119,903.	30,584.	0.	0.	9,567.	160,054.	0.
DEVELOPMENT MANAGER	(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)							

Schedule J (Form 990) 2022	TACO BELL FOUNDATION INC.	33-0523542	Page 3
Part III Supplemental Information	n		
Provide the information, explanation	, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8	B, and for Part II. Also complete this part for any additional information.	
PART I, LINE 5:			
	OFFICERS BASED ON ACHIEVING ANNUAL FUNDRAISING		
	OTTIONAL PRODUCTION THOUSAND TONDAMED THE		
GOALS.			

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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 PERSONS HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER OUTSIDE	
OF TACO BELL FOUNDATION: (1) KELLY MUCCULLOCH, (2) STEVE PLANK, (3) MARK	
KING.	
FORM 990, PART VI, SECTION A, LINE 3:	
THE ORGANIZATION PUT THEIR GRANT AWARD PROGRAM UNDER THE SUPERVISION OF AN	
OUTSIDE ORGANIZATION.	
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 WAS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TACO BELL FOUNDATION HAS ADOPTED TACO BELL CORPORATION'S (YUM! BRANDS) CODE	
OF CONDUCT AND CONFLICT 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	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC	
INSPECTION UPON REQUEST AND ON CHARITYNAVIGATOR.ORG.	

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization TACO BELL FOUNDATION INC.	Employer identification number 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.	
FORM 990, PART I, LINE 8:	
THE INCREASE IN REVENUE IS DUE TO ROUND UP FUNDRAISER BEING RUN FOR ALL	
363 DAYS OF THE YEAR THAT TACO BELL RESTAURANTS WERE OPEN IN 2022.	

232212 10-28-22 Schedule O (Form 990) 2022

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

TACC	BELL FOUNDATION INC.			FORM 990	PAGE 1	0			33-0523542
Pai	rt Election To Expense Certain Proper	ty Under Section 17	79 Note: If you have	any listed p	roperty, c	omplete Part	V befo	ore y	ou complete Part I.
1 N	Maximum amount (see instructions)							1	1,080,000.
2 7	otal cost of section 179 property place	ed in service (see	instructions)					2	
	Threshold cost of section 179 property							3	2,700,000.
4 F	Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -0-				[4	
	Pollar limitation for tax year. Subtract line 4 from line							5	
6	(a) Description of pro	perty	(b) Co	st (business use	only)	(c) Elected	cost		
7 L	isted property. Enter the amount from	line 29			7				
8 7	otal elected cost of section 179 proper	ty. Add amounts	in column (c), lines	3 and 7			[8	
	entative deduction. Enter the smaller							9	
	Carryover of disallowed deduction from							10	
	Business income limitation. Enter the sr							11	
	Section 179 expense deduction. Add lir							12	
	Carryover of disallowed deduction to 20				13		•		
	: Don't use Part II or Part III below for I		•		•				
Pai	rt II Special Depreciation Allowar	nce and Other D	epreciation (Don't	include liste	d propert	y.)			
14 5	Special depreciation allowance for quali	fied property (oth	ner than listed prope	ty) placed ir	service (during			
	he tax year	, , ,		,,,		J		14	
	Property subject to section 168(f)(1) elec							15	
								16	
	rt III MACRS Depreciation (Don't						!		
	,	· ·	Section A						
17 N	MACRS deductions for assets placed in	service in tax ve	ars beginning before	2022				17	
	you are electing to group any assets placed in service	•	0 0				ï l		
	Section B - Assets					ral Deprecia	tion S	vste	m
		(b) Month and	(c) Basis for deprecia	tion (d)	Recovery	T .			
	(a) Classification of property	year placed in service	(business/investment only - see instruction	use · ·	period	(e) Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
c	7-year property								
d	10-year property								
e	15-year property					1			
f	20-year property								
	25-year property				25 yrs.	1	S	/I	
<u>g</u>	20 your property	,			7.5 yrs.	MM	S/		
h	Residential rental property	,			7.5 yrs.	MM	S/		
		,			39 yrs.	MM	S/		
i	Nonresidential real property	/			9 yrs.	MM	S/		
	Section C - Assets P	laced in Service	During 2022 Tax V	ear Using th	e Altern:				l tem
		lacea III Gel Vice	Daring 2022 Tax T		ic Aiterna	The Bepreen			
<u>20a</u>	Class life			- -	0.450	+	S/		
b	12-year	,			2 yrs.		S/		
	30-year	/			30 yrs.	MM	S/		
Par	40-year rt IV Summary (See instructions.)	/	l		l0 yrs.	MM	S/	<u>L</u>	1
	Cannot y (2 22 miles are many)								
	Listed property. Enter amount from line						-	21	
	Total. Add amounts from line 12, lines								0.010
	Enter here and on the appropriate lines				see instr.			22	9,219.
	For assets shown above and placed in								
p	portion of the basis attributable to section	on 263A costs			23				

33-0523542

Page 2

TACO BELL FOUNDATION INC. Form 4562 (2022) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.)

					ileage rate or dedu d Section C if appli		e expense,	comp	lete only 24a,		
	Section A -	Depreciation	on and Other Inf	ormation (Cautio	n: See the instruc	tions for lir	nits for pa	ssenge	er automobiles.)	
24a	a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written?									Yes No	
	(a) Type of property (list vehicles first)	be of property Date Business/		(d) Cost or other basis (e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction	(i) Elected section 179 cost	
25	Special depreciation allo	wance for q	ualified listed pro	perty placed in se	ervice during the ta	x year and	l				
	used more than 50% in a	a qualified bu	usiness use					25			
26	26 Property used more than 50% in a qualified business use:										
		: :	%								
		: :	%								
		: :	%								
27	Property used 50% or le	ss in a qualit	ied business use	e:							
		: :	%				S/L -				
		: :	%				S/L -				
		: :	%				S/L -				
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	21, page 1			28			
29	Add amounts in column	(i), line 26. E	nter here and or	line 7, page 1					29		
			Sec	ction B - Informat	ion on Use of Veh	icles			·		

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 (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No										
35	Was the vehicle used primarily by a more 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.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	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.		
D.	ort VI Assessation to the second se		

Part VI Amortization										
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizati period or perc		(f) Amortization for this year				
42 Amortization of costs that begins during your 2022 tax year:										
	: :									
	: :									
43 Amortization of costs that began before your 2022 tax year										
44 Total. Add amounts in column (f). See the instructions for where to report										

216252 12-08-22 Form **4562** (2022)