EXTENDED TO NOVEMBER 15, 2016

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	POF	the 2015 calendar year, or tax year beginning and	ending		
В	Check applic	if C Name of organization		D Employer identif	fication number
	lcha	ress TACO BELL FOUNDATION INC.			
	Nar	nge Doing business as TACO BELL FOUNDATION FOR T	EENS	33-0	0523542
	Initi retu Fina	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
_	retu terr ate	nin-			
Г		ended TDIITNID ON OOCIO		G Gross receipts \$	16,181,045
	Apr			H(a) Is this a group i	
-		SAME AS C ABOVE		for subordinate	
ī	Tax-e	xempt status: X 501(c)(3) 501(c) ()	r 527	H(b) Are all subordinates	
		site: ► WWW.TACOBELLFORTEENS.ORG	I L. JEI	H(c) Group exemption	a list. (see instructions)
		of organization: X Corporation Trust Association Other	I Vear o		M State of legal domicile; CA
		Summary	IL Tear C	Tionnadon, 1954	VI State of legal doffficile. CA
	1	Briefly describe the organization's mission or most significant activities: WE FC	CUS O	N TNVESTING	: TN
Activities & Governance		EDUCATION FOR AMERICA'S YOUTH & HELPING T	HEM R	EALTZE THET	R DREAMS.
r.	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its not a	ecote
o ve	3	Number of voting members of the governing body (Part VI, line 1a)	ou or more	3	21
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	*******************	4	21
8	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	***************************************	5	7
ij	6	Total number of volunteers (estimate if necessary)	*****************	6	21
ı≨	ł	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	ŀ	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		The state of the s	<u> </u>	Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	 	L0,464,279.	15,509,886 .
Ĕ	9			0.	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-291,748.	7,448.
œ	11			848.	7,440.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	······ - 1	0,173,379.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,603,551.	9,266,900.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		748,336.	982,505.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
db	b	Total fundraising expenses (Part IX, column (D), line 25) 764,79	9.		V .
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,355,904.	4,202,836.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	····· 1	2,707,791.	14,452,241.
		Revenue less expenses. Subtract line 18 from line 12		2,534,412.	1,065,093.
Ses				nning of Current Year	End of Year
sets or dances	20	Total assets (Part X, line 16)	Jog.	7,547,062.	11,002,607.
ASS		Total liabilities (Part X, line 26)		353,804.	2,744,256.
Net Asse Fund Bal	22	Net assets or fund balances. Subtract line 21 from line 20		7,193,258.	8,258,351.
	rt II	Signature Block		. , ,	0,200,0021
Unde	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	nd statemen	ts, and to the best of my	knowledge and helief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer ha	is any knowledge.	monitoring and boiler, reto
Sign	1	Signature of officer		Date	
Here		RYAN MOORE, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Dat	OHEUN	PTIN
Paid		LIOR TEMKIN LIOR TEMKIN	- 11	/14/16 if self-employed	P00748170
Prepa	arer	Firm's name SINGERLEWAK LLP		Firm's EIN	95-2302617
Use (Only	Firm's address 2050 MAIN STREET, 7TH FLOOR		7.8.70 E111	
		IRVINE, CA 92614		Phone no. 949	-261-8600
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		17 110/10 110:15 125	X Ves No

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

including grants of \$

13,071,297. Total program service expenses 4e

Form 990 (2015)

532002 12-16-15

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		x	
2		1 2	^	X
3	Is the organization required to complete Schedule B, Schedule of Contributors? 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	<u> </u>	1	1
	similar amounts as defined in Revenue Procedure 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		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? /f "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
h	***************************************	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ı	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.,	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	T		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program conjugate attaining and the like of Challes		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	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,	16	-+	~~
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'' +	_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes."	 +		
	complete Schedule G, Part III	19		Х
	•			

Form 990 (2015) TACO BELL FOUNDATI
Part IV Checklist of Required Schedules (continued)

<u> </u>			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u> </u>
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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
	complete Schedule L, Part II	26		Λ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	I SECTION		
	instructions for applicable filing thresholds, conditions, and exceptions):	28a	16/5/41	Х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
	contributions? If "Yes," complete Schedule M	- 00	<u> </u>	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	1	1
32	· · · · · · · · · · · · · · · · · · ·	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
J-4	Part V, line 1	34		X
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
i.	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?			
50	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

TACO BELL FOUNDATION INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

					_ Y	es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		6			
b	The first time is a work and the control of the applicable	1b		0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming	100			
	(gambling) winnings to prize winners?			10		X	
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		7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2t) :	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
				38	1		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3t			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a			X
b	If "Yes," enter the name of the foreign country: ►						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b			X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	1		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ie orga	nization solicit			I	
	any contributions that were not tax deductible as charitable contributions?	• • • • • • • • • • • • • • • • • • • •		6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?		***************************************	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	\perp	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c			х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e			Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f	1	\top	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g			**********
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?	7h	1	T	
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			
	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
	Section 501(c)(12) organizations. Enter:				1		
а		11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against						
		11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?		12a			
		12b					
	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		$oldsymbol{\mathbb{T}}$	
	Note. See the instructions for additional information the organization must report on Schedule O.					П	
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
		3b					
С	Enter the amount of reserves on hand	3c					
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		7	ζ
b I	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule (O		14b			

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

	Check if Schedule O contains a response or note to any line in this Part VI					<u></u>	X				
Sect	ion A. Governing Body and Management										
			•			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21							
	If there are material differences in voting rights among members of the governing body, or if the governing	1									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		1988						
-	officer, director, trustee, or key employee?			L	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ct supervision								
Ū	of officers, directors, or trustees, or key employees to a management company or other person?			L	3	X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	[4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		[5		X				
6	many and the state of the state										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or	ſ							
,	more members of the governing body?			L	7a		X				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockł	nolders, or	Γ							
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:		Men's	94,575					
а	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?				8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re										
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal i	Revenu	ie Code.)								
	don't disclose (miss section 2 requests)					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such			Γ							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the fo	m?	11a	Х					
h	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	a Did the organization have a written conflict of interest policy? If "No," go to line 13										
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X					
Č	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes, " (describe								
·	in Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?			- 1	13	X					
14	Did the organization have a written document retention and destruction policy?				14	X					
15	Did the process for determining compensation of the following persons include a review and appro	val by	independent				WAR.				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?									
а	The organization's CEO, Executive Director, or top management official				15a		X				
	Other officers or key employees of the organization				15b		X				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			[484 -		hatt				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a								
	taxable entity during the year?				16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	uate its	participation			3.50	11.3				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janizat	ion's				A.) ib				
	exempt status with respect to such arrangements?				16b		<u> </u>				
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►CA , AK , AR , CT ,	DC,	GA,IL,KS	, KY	, LA	, MI	C, MD				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Se	ction 501(c)(3)s	only) a	vailat	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										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict	t of interest poli	cy, and	l finar	ncial					
-	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 land	books	and records: ➤								
-	LYNN HEMANS - 949-863-4312										
	ONE GLEN BELL WAY, IRVINE, CA 92618										
53200	6 12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES	5			Forr	n 99 0	(2015				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Column C	Check this box if neither the organization	nor any related	dorg	janiz	atio	n co	mpe	nsa	ed any current officer,	director, or trustee.	
Compensation Comp	(A)	(B)			(C)					(F)
Week	Name and Title				check	more	than		i '	1	1
Clistany hours for related organizations below line) line line		1 '							•	1 '	
CHAIRMAN		, ,	ector						the	organizations	compensation
CHAIRMAN			or dir	96			ated		, -	(W-2/1099-MISC)	l .
CHAIRMAN			nstee	truste		93	Suado		(W-2/1099-MISC)		
CHAIRMAN		"	dual tr	tional		nploy	st con				
CHAIRMAN		line)	Indivi	Institu	Office	Key er	Highe	Forme			Organizations
Color	(1) BRIAN NICCOL	0.20	1								
VICE CHAIRMAN			X		Х				0.	0.	0.
Columb C		0.20		Π							
X			X		X				0.	0.	0.
Color		10.00									
X			X	<u> </u>	X				0.	0.	0.
DIRECTOR	(- / 	2.50	┨						_		
DIRECTOR		1 0 00	X		X				0.	0.	0.
Columbia Alvarado		0.20	1								_
DIRECTOR X		0.30	A	\vdash				_	0.	0.	0.
Column		0.20	v						_		•
DIRECTOR X		0.20	Α	\vdash					U •	0.	0.
(8) EMILY KENTRIS COLEMAN DIRECTOR (9) LEIGH ANNE TUCHY DIRECTOR (10) LEE ENGLER DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0.		- 0.20	x						n	0	0
DIRECTOR X	(8) EMILY KENTRIS COLEMAN	0.20			\dashv	\dashv	\dashv	\dashv	· · ·	V.	U •
(9) LEIGH ANNE TUCHY DIRECTOR (10) LEE ENGLER DIRECTOR X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0.	DIRECTOR		х						0.1	0.1	0 .
(10) LEE ENGLER	(9) LEIGH ANNE TUOHY	0.20			\dashv	7	1				
Column	DIRECTOR		Х						0.1	0.1	0.
(11) FARZIN FERDOWSI 0.20 X 0. 0. 0.	(10) LEE ENGLER	0.20						1			
DIRECTOR X 0. 0.			Х						0.	0.	0.
		0.20									·
			X		\perp				0.	0.	0.
(12) MIKE GRAMS 0.20		0.20		ı							
DIRECTOR X 0. 0.		0 00	X		_	_	\perp	\perp	0.	0.	0.
(13) GREGORY J HAMER, SR 0.20	,		.,							_	_
DIRECTOR X 0. 0. 0. (14) CRAIG LANGEL 0.20			<u>^</u>	_	\dashv	_	_	-	0.	0.	0.
			T.								•
DIRECTOR X 0. 0. 0. (15) BARBY SIEGEL (AS OF 02/12/2015) 0.20			4	\dashv	\dashv	\dashv	+	\dashv	U •	<u> </u>	0.
DIRECTION			v						0	,	0
DIRECTOR X 0. 0. (16) DAVID LOCKWOOD 0.20				+	+	+	+	+	U •	U •	<u> </u>
DIRECTOR X 0. 0.			$_{\rm x}$						0	n	Λ
(17) STEVE MCCORMICK 0.20	(17) STEVE MCCORMICK			$\neg +$	+	+	+	+			V •
DIRECTOR X 0. 0.	DIRECTOR		x						0.	0.	0.

532007 12-16-15

Part VIII Section A. Officers, Directors, Trus	tees, Key Em	JIUY	ees,			gne	31.0			I
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per		not cl		nore	than :		Reportable compensation	Reportable compensation	Estimated amount of
	week					is bot or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related organizations	istee (truste		gi.	suad		(W-2/1099-MISC)		organization and related
	below	ual tru	Institutional trustee		ploye	st com	_			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former	:		
(18) JEFF MCKASSON (AS OF 07/30/2015	0.20									_
DIRECTOR		X						0.	0.	0.
(19) MARJORIE PERLMAN	0.20									
DIRECTOR		Х	_			_		0.	0.	0.
(20) MARK PETERSON	0.20								0.	0.
DIRECTOR		X	<u> </u>				<u> </u>	0.	U .	0.
(21) WALTER SMITH	0.20	.						0.	0.	0.
DIRECTOR	1.00	X	├		H	┼	┝	V •	0.	1
(22) HAMILTON C. BROWN	39.00	{				X		0.	344,158.	19,970.
MANAGING DIRECTOR	0.00	╁	╁		-	<u>^</u>	╁		311/130	
(23) REGINA BORDA HEINIGER MANAGING DIRECTOR (THRU 2014)	0.00	ł					x	0.	300,045	21,051.
MANAGING DIRECTOR (TIMO 2014)		 	 	\vdash	\vdash	+				
		1								
			†	T	İ	1	T			
		1								
			L			<u> </u>				11 001
1b Sub-total								0.	644,203	
c Total from continuation sheets to Part \	II, Section A			, ,				0.	644,203	
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	0.	<u> </u>	41,021.
2 Total number of individuals (including but	not limited to t	hose	e list	ed a	bov	/e) w	ho r	eceived more than \$10	0,000 of reportable	0
compensation from the organization										Yes No
3 Did the organization list any former office	r director orti	uete	ام د	AV 61	mnl	OVE	or.	highest compensated	employee on	SVS p. mayra
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for										3 X
4 For any individual listed on line 1a, is the s										
and related organizations greater than \$1	50,000? If "Yes	, " C	отр	lete :	Sch	nedu	le J	for such individual		4 X
5 Did any person listed on line 1a receive or	accrue compe	ensa	tion	fron	n an	ıy un	rela	ted organization or indi	vidual for services	1984 S 1888 S 1889
rendered to the organization? If "Yes, " co.	mplete Schedu	le J	for s	such	pei	rson				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest of	ompensated ir	ndep	end	ent d	con	tract	ors	that received more than	n \$100,000 of comper	nsation from
the organization. Report compensation fo	r the calendar	year	enc	ling	with	or v	vithi		year.	(C)
(A) Name and busines	s address	N	ON	F				(B) Description of	services	Compensation
- Tvarile and business	3 4441000	TA	014							

And the second s			p. 4:				1:		more then	. a Sacrega establishment ex
2 Total number of independent contractors		not	ıımıt	ed to	o th	ose 0	uste	a above) who received	more man	
\$100,000 of compensation from the orga	nization 🕨								PASS	Form 990 (2015)

		Check if Schedule O con				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns		1a			and the second second		012 014
Gra Iou		b Membership dues		1b					
ts, (c Fundraising events		1c	5,998,827				10000 100000
펿		d Related organizations		1d					100000
ñ.S.		 Government grants (contribut 		1e		and design of the			
e ë	ļ ·	f All other contributions, gifts, gran				100 000	Property and the second		
듗		similar amounts not included abor		1f	9,511,059.	and the second	a Design proposition		
out		g Noncash contributions included in lines	1a-1f: \$		***************************************			100000000000000000000000000000000000000	
<u> </u>		h Total. Add lines 1a-1f	***********			15,509,886	• In an arrest to the	125 2000	The section is
					Business Code				a postality for the con-
vice	2 :	***							
Program Service Revenue		5							
έğ									
Pag Beal		d							
울		All other program service reve							
		т т т т т т т т т т т т т т т т т т т							
	3	Total. Add lines 2a-2f							
I	·	other similar amounts)				7,448			7 440
	4	Income from investment of tax				7,440	•		7,448.
	5	Royalties	•		•				
	_		(i) Re		(ii) Personal				
Ì	6 a	Gross rents			(ii) i croonar	No. 40.00 pages			The section of the
	b	Less: rental expenses				and the second and the			
		Rental income or (loss)							91 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ĺ		Net rental income or (loss)			>				
		Gross amount from sales of	(i) Secur		(ii) Other				
		assets other than inventory					9000		And the second second
	b	Less: cost or other basis							Control of the
ı		and sales expenses							
	С	Gain or (loss)							
		Net gain or (loss)						And the recent alleged to the death and the second facilities and	and the second of the second o
e l	8 a	Gross income from fundraising		ot		and the Hall will be	and the second of the second		
venue		including \$ 5,998,					100000000000000000000000000000000000000		
é		contributions reported on line 1			ļ				need to be the se
Other Re		Part IV, line 18		a	663,711.				Salar Salar Salar Salar
5		Less: direct expenses			663,711.			41	5.00
l		Net income or (loss) from fundra				0.			
	9 a	Gross income from gaming acti							
		Part IV, line 19	• • • • • • • • • • • • • • • • • • • •	a		and the state of t			
		Less: direct expenses							
.		Net income or (loss) from gamin		es	>				
	iu a	Gross sales of inventory, less re					Medical Control		
- [h	and allowances Less: cost of goods sold							
		Net income or (loss) from sales							
		Miscellaneous Revenue			usiness Code				
1	11 a	Wiscellaneous Neveride		- P	usiness Code				
- 1	b			— -					
	c			— <u> </u>					
		All other revenue		— -	·				
	e	Total. Add lines 11a-11d		····· <u>L</u>	>				
1	2	Total revenue. See instructions.			—	15,517,334.	0.	0 -	7 448.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	(B)	(C) 1	(D)
	ot 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	0 055 000	0 066 000	349.50	
	and domestic governments. See Part IV, line 21	9,266,900.	9,266,900.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				The state of the s
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	936,856.	796,328.	140,528.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	•			
9	Other employee benefits	45 640	38,802.	6,847.	
10	Payroll taxes	45,649.	38,802.	0,047.	
11	Fees for services (non-employees):	53,400.		53,400.	
а	Management	30,110.		30,110.	
b	Legal	76,033.		76,033.	
C	Accounting	70,0331			
d	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	266,240.		266,240.	
12	Advertising and promotion	2,201,187.	2,201,187.		
13	Office expenses	102,453.	87,086.	15,367.	
14	Information technology				
15	Royalties				
16	Occupancy	126 400	115 041	20,461.	
17	Travel	136,402.	115,941.	20,461.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Payments to affiliates				
22 23					
23 24	Other expenses, Itemize expenses not covered		ng kanadaga M akata		
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CANISTER SERVICE FEE	586,670.			586,670
b		561,108.	561,108.		450 400
С	CANISTER REPAIRS	178,129.			178,129
d		44 404	2 045	7 150	
е	All other expenses	11,104.	3,945.		764,799
25	Total functional expenses. Add lines 1 through 24e	14,452,241.	13,071,297	616,145.	104,133
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)		I		Form 990 (201

532010 12-16-15

3.05	an x	Dalance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	739,702	. 1	1,800,247.
	2	Savings and temporary cash investments	6,110,870		8,440,964
	3	Pledges and grants receivable, net	689,045		754,823.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	and and some unit of well as your consists of the state o	5	And the second s
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
şts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	7,445.	8	6,573.
	9	Prepaid expenses and deferred charges		9	•
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	The second secon		
	b	Less: accumulated depreciation 10b		10c	and the second s
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,547,062.	16	11,002,607.
	17	Accounts payable and accrued expenses	353,804.	17	2,744,256.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,	MATERIAL STATES		
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	353,804.	26	2,744,256.
.		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.			
밀	27	Unrestricted net assets	7,193,258.	27	8,258,351.
8a		Temporarily restricted net assets		28	
립		Permanently restricted net assets		29	
띤		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
Net Assets or Fund Balances		and complete lines 30 through 34.		ille gar	a sur
sel	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances		33	8,258,351.
	34	Total liabilities and net assets/fund balances	7,547,062.	34	11,002,607.

-orm	990 (2015) TACO BELL FOUNDATION INC.		0000		ray	<u>- : -</u>		
	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	············						
			1 5	51 7	7,33	2 /		
	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{7}{2}, \frac{3}{2}$			
	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{2}{5}, 0$			
3	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{3}{3}, \frac{0}{2}$			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	······································			0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0	25	3,3	51		
	column (B))	10	0	, 250	5,5	<u> </u>		
Par	t XII Financial Statements and Reporting					X		
	Check if Schedule O contains a response or note to any line in this Part XII			·····	Yes	No		
	□ ▼ □ ou		F	034888	100	62666655		
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 in Schedule	O.	l	2a	(6) (2)	Х		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		1	2b	Х	25000000		
b	Were the organization's financial statements audited by an independent accountant?	to book		20		56003353		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis	°,					
	consolidated basis, or both:							
	X Separate basis	a audi	.					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?	odula (······	2c	X	trestall:		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	inale Ai	udit					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S		Juli	3a	5 484 59C	х		
	Act and OMB Circular A-133?	uired a	ıdit	Ju				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uneu al	acit	3b		ĺ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				990	(2015)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization			10 110 111011 00	otiono io ut		ployer identification number					
TAC	O BELL FOU	NDATION INC.				33-0523542					
Part I Reason for Public	Charity Status	(All organizations must	complete t	his part.)	See instructions.	33 0323342					
The organization is not a private four											
1 A church, convention of											
2 A school described in sec					(·//· ·//·						
3 A hospital or a cooperation					(iii).						
						Enter the hospital's name,					
city, and state:		,				enter the nospitars hame,					
5 An organization operated	for the benefit of a	college or university own	ed or opera	ated by a	governmental unit d	escribed in					
section 170(b)(1)(A)(iv).		ge or arm order, our	ou or opore	atou by u	governmental and a	C3CHDea III					
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X An organization that norm						poral public described in					
section 170(b)(1)(A)(vi). (tarriar part of ito suppor	t iioiii a go	vermiente	ar drift or from the ge	merar public described in					
8 A community trust descri		N 1)(A)(vi). (Complete Pa	art II \								
				contribut	tions membership f	ees, and gross receipts from					
activities related to its exe	empt functions - subi	ect to certain excention	s and (2) n	o more th	an 33 1/3% of ite er	pport from gross investment					
income and unrelated bus											
See section 509(a)(2). (C		, , , , , , , , , , , , , , , , , , ,		20000 404	and by the organiz	anomanter danie do, 1975.					
10 An organization organized	. ,	sively to test for public s	safety. See	section 5	i09(a)(4)						
11 An organization organized						ut the nurnoses of one or					
more publicly supported of											
lines 11a through 11d tha											
a Type I. A supporting org											
the supported organizat											
organization. You must			, ,			and dapperung					
b Type II. A supporting or	ganization supervise	d or controlled in conne	ction with it	ts support	ted organization(s). I	ov having					
control or management											
organization(s). You mu			•		3						
c Type III functionally int	egrated. A supportir	ng organization operated	d in connec	tion with,	and functionally inte	egrated with.					
its supported organization	on(s) (see instruction	s). You must complete	Part IV, Se	ctions A,	D, and E.						
d Type III non-functional						rganization(s)					
that is not functionally in											
requirement (see instruc											
e Check this box if the org						oe III					
functionally integrated, o											
f Enter the number of supported	organizations	***************************************									
g Provide the following informatio	n about the support										
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or listed in	~	(-,						
organization		(described on lines 1-9 above (see instructions))	governing d		support (see	other support (see					
			Yes	No	instructions)	instructions)					
	1		ı I	1		1					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

10411114 701224 7757

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						55 004 066
	include any "unusual grants.")	7,628,438.	10,426,188.	10,786,791.	10,464,279.	15,719,170.	55,024,866.
2	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	T 600 430	10 426 199	10,786,791.	10,464,279.	15,719,170.	55,024,866.
	Total. Add lines 1 through 3	7,628,438.	10,426,188.	10,780,791.	10,404,273.	13,713,176.	
	The portion of total contributions		1000				
	by each person (other than a				100		
	governmental unit or publicly		and the second of	0.000			
	supported organization) included on line 1 that exceeds 2% of the	ger in February	1444				
	amount shown on line 11,						
	a a luma (f)			arma and the same		and the state of the state of	398,481.
6	Public support. Subtract line 5 from line 4.						54,626,385.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	7,628,438.	10,426,188.	10,786,791.	10,464,279.	15,719,170.	55,024,866.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	10,071.	7,805.	9,353.	6,995.	7,448.	41,672.
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				0.40		0 200
	assets (Explain in Part VI.)			8,544.	848.	100 V	9,392.
11	Total support. Add lines 7 through 10		1000				55,075,930.
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo						
60.	organization, check this box and stoction C. Computation of Pub	p here	rcentage				
				anluma (fl)		14	99.18 %
14	Public support percentage for 2015 ((line 6, column (t) d	livided by line 11, 0	COIUTTIIT (1))			98.61 %
15	Public support percentage from 2014 33 1/3% support test - 2015. If the	a Scriedule A, Pari	ot check the boy o	n line 13 and line	14 is 33 1/3% or r	nore check this be	
168	stop here. The organization qualifies						
L	33 1/3% support test - 2014. If the	organization did n	ot check a hox on	line 13 or 16a, and	Hine 15 is 33 1/3%	6 or more, check t	
L	and stop here. The organization qua	difies as a publicly	supported organiz	ation			ightharpoons
17-	10% -facts-and-circumstances tes	st - 2015 . If the or	ranization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
110	and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	his box and stop l	nere. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
	more, and if the organization meets t	the "facts-and-circ	umstances" test. c	heck this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructior	ns 🕨 🔲
<u> </u>					Sch	edule A (Form 990	or 990-EZ) 2015

532022 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 TACO BELL FOUNDATION INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	below, please con	npiete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(5) 0010	1 (-) 0040	T (n 0044	() 0045	T 40
	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				1		
	merchandise sold or services per-				ĺ		
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ĭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf			ļ			
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to	<u> </u>					
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received	——————————————————————————————————————					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		(2) 2012	(0) 2010	(4) 2014	(6) 2010	(i) rotal
	Gross income from interest,	**					
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						F
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the	the organization's	s first, second, third	d. fourth, or fifth ta	x vear as a sectio	n 501(c)(3) organiza	tion
	check this box and stop here						
Sec	tion C. Computation of Public	Support Per	rcentage				
15	Public support percentage for 2015 (lir	ie 8, column (f) di	ivided by line 13, co	olumn (f))	,	15	%
16	Public support percentage from 2014 S	Schedule A, Part	III, line 15	***************************************		16	%
	tion D. Computation of Invest						
17	Investment income percentage for 201	5 (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	%
	Investment income percentage from 20					18	%
	33 1/3% support tests - 2015. If the o						
	more than 33 1/3%, check this box and						
	33 1/3% support tests - 2014. If the o						
	ine 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	>
32023	09-23-15				Sche	dule A (Form 990 o	or 990-EZ) 2015

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
3c		
4a	0 (10000)	
4b		
4c		
-1 0		
5b 5c		(\$1500)
6		
7	2 S 30 S	
8	1000	Ç ŞÂS
9a		
9b		
9c		(Report
		SVITA SOUTH SUSSEE
10a		

	art IV Supporting Organizations (continued)	33-05235	42 F	age 5
		***************************************	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
ŧ	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
500	A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI.	11c		
366	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	1 2	<u> </u>	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Pilli and the second se		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	17.70		
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2	CSECRETARIO	ESSENDANCE.
Ü	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.	Jonsj.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instructions)		
2	Activities Test. Answer (a) and (b) below.	T T		No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Section 1		
	activities but for the organization's involvement.	2b	odistelsing .	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	yapradigi() h	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1000
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
32025	09-23-15 Schedule A (Fo		-EZ) 2	2015
111	17		, _	

Par		g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI):		200	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

	Type in Non-runctionally integrated 50	9(a)(3) Supporting Or	ganizations _(continued)	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex		· · · · · · · · · · · · · · · · · · ·	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsi	ve	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	Page 1 and 1	and the second	
2	Underdistributions, if any, for years prior to 2015	The second secon		100 May 2
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:	The second second		
а		200000000000000000000000000000000000000		
b				The second second
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e		100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg	
g	Applied to underdistributions of prior years			200 (200 (200) 1)
	Applied to 2015 distributable amount	6.00		
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D.			and the second
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount	200		
	Remainder. Subtract lines 4a and 4b from 4.		12.000	
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	TAN TO SELECT WITH MARRIED AND AND AND AND AND AND AND AND AND AN		
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			AND THE RESERVE AND THE PROPERTY OF THE PARTY OF T
a				
b				
	Excess from 2013			
	Excess from 2014	NAME OF THE PARTY		
	Excess from 2015			
J	LAGGGG HOTH & 0.10	ALAST COLORS SERVICES		

Schedule A (Form 990 or 990-EZ) 2015

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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TACO DELL ECHINDADION THE

Employer identification number

Pa	irt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor of		
-	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а			. 2007 2017040 (2007
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	acad avtinguished as terminated by the a	2d
Ū	year >	ased, extinguished, or terminated by the or	rganization during the tax
4	Number of states where property subject to conservation easi	amont in located .	
5			
9	Does the organization have a written policy regarding the period		
6	violations, and enforcement of the conservation easements it	noids?	Yes No
U	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conser-	vation easements during the year
7	Amount of our and in a soul in the state of		
•	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	n easements during the year
_			
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
0.2	conservation easements.		
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	pition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service, provide the following amounts
	relating to these items:	·	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 116		•
	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions f		····· F Ψ

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other depreciation (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other

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

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value	line 11b. See Form 990, Part X, line	12. ost or end-of-year market value
(A) Change in the factor of	(b) book value	(c) Wethod of Valuation. Co	ost or end-or-year market value
(1) Financial derivatives (2) Closely-held equity interests			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(3) Other			
(A)			
(B)			
(C)			W. W. W. W. W. W. W. W. W. W. W. W. W. W
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Part X, line 1	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	·····		
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.		The same of the sa	
Complete if the organization answered "Yes" of	on Form 900 Part IV II	ing 11d Cap Form 000 Dart V line 1	E
	Description	ine 11d. See Form 990, Part X, line 1	(b) Book value
(1)			(b) Book value
(2)			
(3)			
(4)			
(5)		***************************************	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lii	ne 11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Catal (Column (b) must equal Form 200. Part V. and (D) line (26.1		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2		<u> </u>	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturr	ì.
No. Control	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	15,436,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				0
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	490,897.		
	Recoveries of prior year grants	1 - 1			
d		1 1			
е	Add lines 2a through 2d			2e	490,897.
3	Subtract line 2e from line 1			3	14,945,221.
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	572,113.		440
С	Add lines 4a and 4b	,		4c	572,113.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,517,334.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	- 12-11-11-11		14 271 005
1	Total expenses and losses per audited financial statements			1	14,371,025.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1	400 000		
а	Donated services and use of facilities	F	490,897.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			400 007
е	Add lines 2a through 2d		,	2e	490,897.
3	Subtract line 2e from line 1			3	13,880,128.
4					1
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	500 110		
-	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	572,113.		F72 112
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b		4c	572,113.
5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4a 4b		Co. 11, 200, 200, 200,	572,113. 14,452,241.
5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.	4a 4b		4c 5	14,452,241.
5 Pa	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4a 4b 4b 4b 4t IV, lines 1b	o and 2b; Part V, line	4c 5	14,452,241.

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS BEEN DESIGNATED AS TAX-EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS ALSO EXEMPT FROM STATE FRANCHISE TAXES UNDER SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND IS NOT GENERALLY SUBJECT TO FEDERAL OR STATE INCOME TAXES. HOWEVER, THE FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS, IN THE OPINION OF MANAGEMENT, THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS IS NOT MATERIAL TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE.

532054 09-21-15

Schedule D (Form 990) 2015

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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, 2015, 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
 2012 - 2015

 STATE
 2011 - 2015

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ALLOCATED TO FUNCTIONAL

EXPENSES 572,113.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ALLOCATED FROM FUNDRAISING

INCOME 572,113.

Schedule D (Form 990) 2015

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2015

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

	LL FOUNDATION INC.				33-0523	
Part I Fundraising Activities. required to complete this part	Complete if the organization answer:	red "Y	es" on	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of i ion of g fundra (includ	non-go goverr ising e ling of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	□ No pe
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					Marie de la constante de la co	
		<u> </u>				
Total			. •			
List all states in which the organization or licensing.	on is registered or licensed to solicit	contri	oution	s or has been notifie	ed it is exempt from r	egistration
						
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 o	r 990-	-EZ.	Schedule G (Form	990 or 990-EZ) 2015

532081 09-14-15

Schedule G (Form 990 or 990-EZ) 2015 TACO BELL FOUNDATION INC. 33-0523542 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II 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 NATIONAL TACO CHARITY (add col. (a) through FUNDRAISER FUNDRAISER col. (c)) (event type) (event type) (total number) 5,833,673. 521,761. 307,104. 6,662,538. 1 Gross receipts 2 Less: Contributions 5,477,032. 328,464. 193,331. 5,998,827. 356,641. 193,297. 113,773. 663,711. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses Rent/facility costs Direct 7 Food and beverages 8 Entertainment 356,641. 193,297. 9 Other direct expenses 113.773. 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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct Rent/facility costs 5 Other direct expenses Yes Yes % 6 Volunteer labor 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) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 TACO BELL FOUNDATION INC.	33-05	23	542	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	L 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	1.	13a	1	%
		····	13b		%
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records	 	100	L	70
14	Enter the name and address of the person who prepares the organization's gaining/special events books and record.	3.			
	Name ►				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\sum_{}\$ and the amount of the amount of gaming revenue received by the organization \$\bigs\sum_{}\$ and the amount of the	nt			
	of gaming revenue retained by the third party > \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation \$				
	Description of services provided				
	Description of services provided				·
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	I Is the organization required under state law to make charitable distributions from the gaming proceeds to				
ě		1		Yes	☐ No
	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		L	100	
ľ		i ti i c			
<u> </u>	organization's own exempt activities during the tax year \$ \$	ort III lin	20 D	0h 1	0h 15h
Pe	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part I, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and Part II, line 2b, columns (iii) and (v); and (v); and (v); and (v); and (v); an	art 111, 1111	es 9,	, 9D, 1	00, 130,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).				

					×

Schedule G (Form 990 or 990-EZ) TACO BELL FOUNDATION INC.	33-0523542, Page
Continued G (Form 990 or 990-EZ) TACO BELL FOUNDATION INC. Part IV Supplemental Information (continued)	

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047

▶ Attach to Form 990.

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

Inspection

Employer identification number 33-0523542TACO BELL FOUNDATION INC. Name of the organization

	: [2	
	; •	्ठ Yes	
Part I General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	be duplicated if additi	onal space is need	eq.			
1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
BOYS & GIRLS CLUBS OF AMERICA							SERVICES AND PROGRAMS FOR
(NATIONAL OFFICE) 1275 PEACHTREE							UNDERPRIVILEGED CHILDREN,
Ϋ́	13 5562976	501(C)(3)	2,000,000.	0			TO HELP THEM GROW UP TO
13							TO PROVIDE FINANCIAL
(LOCAL OFFICES LIST AVAILABLE							SUPPORT AT THE LOCAL
							LEVEL FOR BOYS AND GIRLS
THROUGH OUT THE US MULTIPLE		501(C)(3)	3,234,121.	0			CLUBS THROUGHOUT THE
							TO PROVIDE SUPPORT
ALABAMA POSSIBLE							SERVICES AND PROGRAMS FOR
PO BOX 55058							UNDERPRIVILEGED CHILDREN,
BIRMINGHAM, AL 35255	58 2074080	501(C)(3)	10,000.	0			TO HELP THEM GROW UP
							TO DEVELOP AND MANAGE THE
GET SCHOOLED FOUNDATION							GRADUATE FOR MAS ONLINE
1540 BROADWAY 34TH FLOOR							PLATFORM, WHERE HIGH
NEW YORK NY 10036	27 - 2245578	501(C)(3)	2,965,077.	0			SCHOOL STUDENTS MAKE THE
							TO PROVIDE SUPPORT
BEST BUDDIES ARIZONA							SERVICES AND PROGRAMS FOR
4527 NORTH 16TH STE 106			•				UNDERPRIVILEGED CHILDREN,
PHOENIX AZ 85016	31-0965155	501(C)(3)	5,000.	0			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
CASA OF LANE COUNTY						***************************************	SERVICES AND PROGRAMS FOR
174 DEADMOND FERRY ROAD							UNDERPRIVILEGED CHILDREN,
SPRINGFIELD OR 97477	23 7315673	501(C)(3)	15,630.	0			TO HELP THEM GROW UP
							338

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

3 Enter total number of other organizations are the Instructions for Form 990.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 30

532101 10-28-15

Schedule I (Form 990) (2015)

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Schedule I (Form 990) TACO BELL FOUNDATION INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United Sector (School of France) Desired.	FOUNDATION Assistance to Govern	CON INC.	il attions in the III	Story States	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		33-0523542 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY YEAR, INC (MA) 287 COLUMBUS AVE BOSTON, MA 02116	22-2882549	501(C)(3)	200,000,	0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,
COLORADO I HAVE A DREAM FOUNDATION 1836 GRANT ST DENVER, CO 80203	74-2497109	501(C)(3)	.000,000	,0			TO RELF THEM GROW UP TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW ID
COMMUNITIES IN SCHOOLS OF THE BIG COUNTRY - 1654 CAMPUS COURT - ABILENE, TX 79601	75-2945230	501(C)(3)	5,280.	.0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,
DENVER ZOOLOGICAL FOUNDATION 2300 STEELE ST DENVER, CO 80205	84-0502539	501(C)(3)	12,000.	.0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,
JUNIOR ACHIEVEMENT OF WASHINGTON 1700 WESTLAKE AVE NORTH #400 SEATTLE, WA 98109	54-0788947	501(C)(3)	92,971.	.0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,
LATIN AMERICAN EDUCATIONAL FOUNDATION - 561 SANTA FE DRIVE - DENVER, CO 80204	84-6010415	501(C)(3)	10,000.	.0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,
OREGON PARTNERSHIP LINES FOR LIFE 5100 SW MACADAM AVE SUITE 400 PORTLAND, OR 97239	93-0725294	501(C)(3)	100,000	.0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR JUDERPRIVILEGED CHILDREN,
SCHOLARSHIP AMERICA PO BOX 240 ST PETER, MN 56082	23-7007104	501(C)(3)	243,644.	0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,
BIG BROTHERS BIG SISTERS OF MISSOULA - 1520 S RUSSELL ST - MISSOULA, MT 59801	81-6023638	501(C)(3)	.096,2	.0			SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,
							Schedule I (Form 990)

Schedule I (Form 990)

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Schedule I (Form 990) TACO BELL	FOUNDATION	ON INC.				33	3-0523542 Page 1
n of Grants an	ssistance to Go	vernments and Orgar	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
NOSABABET BO BOOM S'NEBOLITHO							SERVICES AND PROGRAMS FOR
							UNDERPRIVILEGED CHILDREN,
13601	15 0532089	501(C)(3)	6,050.	0			TO HELP THEM GROW UP
WALEKLOWIY, INT TOOOL							TO PROVIDE SUPPORT
S.IOOHOS IN STRUMENT							SERVICES AND PROGRAMS FOR
COMMONTALL IN COMMON OF DO BOX 1188							UNDERPRIVILEGED CHILDREN,
WV 24901	01 0857998	501(C)(3)	6,430.	0			TO HELP THEM GROW UP
	1						TO PROVIDE SUPPORT
NOTATE COMPANY CORPORATION							SERVICES AND PROGRAMS FOR
270 CADDI WITEW WEATT.							UNDERPRIVILEGED CHILDREN,
A 10 SADDLEVIEW INSTE	90-0402971	501(C)(3)	7 250.	0			TO HELP THEM GROW UP
5	1	() ()					SPONSORSHIP OF 100
							SCHOLARSHIPS, ALLOWING
EDUCATION TO GO							TACO BELL TEAM MEMBERS TO
	59.2124491	501(0)(3)	32 375	0			COMPLETE THEIR HIGH
CHICAGO, IL 00034	TORESTO 00	- 1					TO PROVIDE SUPPORT
							SERVICES AND PROGRAMS FOR
							UNDERPRIVILEGED CHILDREN,
TREESHADE	42-1629588	501(0)(3)	12 000.	0			TO HELP THEM GROW UP
5	200						TO PROVIDE SUPPORT
OS TEGUNDO DO CONTROL COLLEGE							SERVICES AND PROGRAMS FOR
CENTRE 1							UNDERPRIVILEGED CHILDREN,
CALIMIDDEEDONG DAIVE, SCIIE IOS	57-0511131	501(C)(3)	6,340	•			TO HELP THEM GROW UP
- 1							TO PROVIDE SUPPORT
TINIOR ACHIEVEMENT OF CHICAGO							SERVICES AND PROGRAMS FOR
651 W WASHINGTON BLVD SUITE 404						110.00	UNDERPRIVILEGED CHILDREN,
TI. 60661	36-2170141	501(C)(3)	140,180	0			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
STATES A CHIENEMENT OF NORTHERN							SERVICES AND PROGRAMS FOR
OUTO 2239 CHEVENINE BLVD							UNDERPRIVILEGED CHILDREN,
. ,	34.4430363	501(0)(3)	29 151	•0			TO HELP THEM GROW UP
ionero, on sorts		· I					TO PROVIDE SUPPORT
SASTINE SCHIEVEMENT OF OKI PARTNERS							SERVICES AND PROGRAMS FOR
644 LINN STREET SULTE 1024							UNDERPRIVILEGED CHILDREN,
CINCINNATI OH 45203	32 0014307	501(C)(3)	52,441.	.0			TO HELP THEM GROW UP
							Schedule I (Form 990)

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(C)

Schedule I (Form 990)	TACO BELL	BELL	. FOUNDATION	INC.
Part II Continuation o	ation of Grants and Other As	d Other A	ssista	nce to Governments and Organ

Fart II] Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Orga	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SOUTHERN CA, INC. 301 EAST 17TH ST., SUITE 202 - LOS ANGELES, CA 90068	95-1799192	501(C)(3)	20,000.	•0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP
MOUNTAIN PLAINS YOUTH SERVICES/YOUTHWORKS - 221 W ROSSER AVE - BISMARCK, ND 58501	45-0453843	501(c)(3)	5,000.	.0			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP
520021							Schedule I (Form 990)

TACO BELL FOUNDATION INC.

Schedule I (Form 990) (2015)

Part III

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. P D (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT SERVICES AND IN WHICH TO BE (d) Amount of non-cash assistance TO HELP THEM GROW UP SAFE ENVIRONMENT (c) Amount of cash grant BOYS & GIRLS CLUBS OF AMERICA (NATIONAL OFFICE) (b) Number of recipients ď AND TO PROVIDE THEM PROGRAMS FOR UNDERPRIVILEGED CHILDREN, ORGANIZATION OR GOVERNMENT: COLUMN (H): (a) Type of grant or assistance PRODUCTIVE ADULTS, LEARN AND PLAY LINE PART II, NAME OF

NAME OF ORGANIZATION OR GOVERNMENT:

532102 10-28-15

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

(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: GET SCHOOLED FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND MANAGE THE GRADUATE

FOR MAS ONLINE PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMISE TO

GRADUATE IN EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY THEY NEED

TO STAY ON TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUATE FOR MAS

IN-SCHOOL CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN A FRIENDLY

COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS TO SUCCESSFULLY REMAIN

ON TRACK TOWARDS HIGH SCHOOL GRADUATION.

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATION TO GO

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF 100 SCHOLARSHIPS,

ALLOWING TACO BELL TEAM MEMBERS TO COMPLETE THEIR HIGH SCHOOL EDUCATION.

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TACO BELL FOUNDATION INC.

Employer identification number 33-0523542

Pa	rt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		9 (8)	420
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		1,948 (2.16) 1848 (8.16)	
	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 (e.g., 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 "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			e e e
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	- Section Shalls	ļ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		Service for	
	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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee	T.N.S.C.		
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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?			X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	13.00		
	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			
Ū	contingent on the revenues of:			1000
а		5a		X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.	10.16	:357	To the
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			U YVAL
Ü	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		X
IJ	If "Yes" on line 6a or 6b, describe in Part III.	164	1	116No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
′	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
ø	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	1	Х
^	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		T	T .
9	T 1 1 1 T 1 1 T 1 1 T 1 1 T 1 T 1 T 1 T	9	1	
	Regulations section 53 4958-6(c)?			

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

Schedule J (Form 990) 2015

33-0523542

TACO BELL FOUNDATION INC.

Schedule J (Form 990) 2015 T?

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 are not 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·())(B)	in column (B) reported as deferred on prior Form 990
(1) HAMILTON C. BROWN	(i)		0	0	C	C		
GING DIRECTOR	(ii)	344,158.	0			19 970	364 12	0
	(i)	0.				٠.	, #OC	
MANAGING DIRECTOR (THRU 2014)	(E)	0.	300,045.	0.	0.	21,051.	321.09	
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532112 10-14-15

Schedule J (Form 990) 2015

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization 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) BRIAN NICCOL, (2) AMY KAVANAUGH, (3) LYNN (4) GREG CREED, AND (5) MIKE GRAMS. 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 11: 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, AK, AR, CT, DC, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OR PA, RI, SC, TN, UT, VA, WA, WV, WI

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 GUIDESTAR.ORG.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Form 8868 (Rev. 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-M	onth Extension,	complete only Part II and check th	is box	>	X
Note. Only complete Part II if you have already been gran	ited an automatic	: 3-month extension on a previously			
• If you are filing for an Automatic 3-Month Extension,	complete only P	art I (on page 1).			
Part II Additional (Not Automatic) 3-Mo	onth Extension	on of Time. Only file the origin	nal (no cop	ies needed).	
		Enter filer's	identifying	number, see inst	ructions
Type or Name of exempt organization or other filer, se	e instructions.		Employer id	entification numb	er (EIN) or
print Hard Bell Borns Tax	•				_
File by the due date for	······································			33-052354	<u>2</u>
filing your Number, street, and room or suite no. If a P.O.	box, see instruc	ctions.	Social secur	rity number (SSN)	i
return. See instructions.					
City, town or post office, state, and ZIP code. IRVINE, CA 92618	For a foreign add	dress, see instructions.			
Enter the Deturn ends for the return that this application is	for /611	A			01
Enter the Return code for the return that this application is	s for (file a separa	tte application for each return)			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Security and the second		Caracterist .	
Form 990-BL	02	Form 1041-A			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
STOP! Do not complete Part II if you were not already g	ranted an auton	natic 3-month extension on a prev	iously filed F	orm 8868.	
• The books are in the care of ONE GLEN BE		IRVINE, CA 92618			
Telephone No. ► 949-863-4312		Fax No. ▶			
If the organization does not have an office or place of b	 usiness in the Ur	nited States, check this box			
 If this is for a Group Return, enter the organization's found 	ır digit Group Exe	mption Number (GEN) . I	f this is for the	e whole group, ch	eck this
box 🕨 📖 . If it is for part of the group, check this box I		ch a list with the names and EINs of			
4 I request an additional 3-month extension of time un		BER 15, 2016			
5 For calendar year 2015 , or other tax year beginning	ng	, and ending]		
6 If the tax year entered in line 5 is for less than 12 mo	nths, check reas	on: Initial return	Final retur	'n	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSA	RY TO FII	LE A COMPLETE AND A	ACCURAT	E RETURN.	

8a If this application is for Forms 990-BL, 990-PF, 990-T,	4720 01 6060 4				
nonrefundable credits. See instructions.	, 4720, OF 6069, 6	enter the tentative tax, less any			0.
b If this application is for Forms 990-PF, 990-T, 4720, o	r 6060, optor op	rofundable and action and	8a \$		
tax payments made. Include any prior year overpaym					
previously with Form 8868.	ierit alloweu as a	credit and any amount paid	- CL 6		0.
c Balance due. Subtract line 8b from line 8a. Include y	our navment with	this form if required by using	8b \$		
EFTPS (Electronic Federal Tax Payment System). See		talis tottii, it required, by using	8c \$		0.
		t be completed for Part II o			
Under penalties of perjury, I declare that I have examined this form.	including accompa			knowledge and halic	∍f
t is true, correct, and complete, and that I am authorized to prepare	this form.	, g consultation and chalements, and to	DOUL OF HIS	anomougo and belle	···,
Signature ▶ Titl	e ▶		Date >		
			2 7	Form 8868 (Rev.	1-2014\
				. 51111 5565 (1 167.	. 2017)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box 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 **2015** 8453-EO **Exempt Organizations** Exempt Organization name TACO BELL FOUNDATION INC. 33-0523542 Electronic Return Information (whole dollars only) Total gross receipts (Form 199, line 4) 116,181,045.00 Total gross income (Form 199, line 8) 2 16,181,045.00 Total expenses and disbursements (Form 199, line 9) 3 15,115,952.₀₀ Part II Settle Your Account Electronically for Taxable Year 2015 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/vvvv) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number 7 Type of account: Checking 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 2015 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 Here 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, 2015 e-file 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 Check if Check also paid if self-**ERO** P00748170 Must Firm's name (or yours SINGERLEWAK LLP FEIN 95-2302617 if self-employed) 2050 MAIN STREET, Sign 7TH FLOOR 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. Paid Paid preparer's PTIN preparer's signature Preparer employed Must Firm's name (or yours FEIN if self-employed) Sign

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

TAXABLE YEAR 2015

California Exempt Organization Annual Information Return

528941 11-25-15 FORM

199

Cal	endar Year	2015	or fiscal year beginning (mm/dd/yyyy)				, and ending ((mm/dd/yy	yy)		
	orporation/Org							Cali	ifornia corpo	ration r	number
T^{Z}	ACO BI	ELI	L FOUNDATION INC.						1710	340	
Ac	ditional infor	mation	n. See instructions.					FE	EIN		- 10
								i	33-0	523	542
	reet address (PMB no.		
		EN	BELL WAY					Louis .	ZIP code		
Ci	•							State	9261	0	
	RVINE			T Enraign n	rovince/state	o/county		CA	Foreign po		de
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_	Eirot Dotu	rn		Vec	X No	1 If ever	npt under R&TC S	Section 237	i 'O1d has t	he oro	anization
A B	Amended	III Doti	urn •	Yes	X No	1	ed in political activ				
C	IRC Section	nn 40	947(a)(1) trust	Yes	X No		organization exen				
D			ion Return?	. ——		1	," enter the gross	•			•
-		Dissol		Meraed/Reor	ganized	1	inization is exemp	-			***************************************
			dd/yyyy) ●	Ü		and m	eets the filing fee	exception,	check box	. No fi	ling
E	Check acc	count	ting method: (1) Cash (2) X Accre	ual (3)	Other	fee is	required.				• X
F	Federal re	eturn	filed? (1) ● 990T(2) ● 990-PF (3	s) • 🔲 so	th H (990)	M Is the	organization a Lin	nited Liabili	ity Compai	ny ?	● Yes X No
			r 990 series				e organization file				
G	Is this a g	jroup	filing? See instructions	Yes Yes	X No	report	taxable income?				
Н	ls this org	janiz:	ation in a group exemption	· L Yes	X No	1	organization unde				
	If "Yes," w	<i>i</i> hat i	s the parent's name?			IRS at	udited in a prior ye	ear?			● Yes X No
_						P Is a fe	deral Form 1023/	1024 pendi	ing?		Yes X No
I			zation have any changes to its guidelines	- □ √22	X No		iled with IRS				
_			o the FTB? See instructions Lete Part I unless not required to file this			<u> </u>	R and C				
	arti 0	1	Gross sales or receipts from other source						•	1	671,159.00
		2	Gross dues and assessments from mem							2	00
		3								3	15,509,886.00
	Receipts	4	Gross contributions, gifts, grants, and sill Total gross receipts for filing requirement test. A This line must be completed. If the result is less	dd line 1 thro	ugh line 3.), see Genera	al Instruction	В		•	4	16,181,045.00
	and	5	Cost of goods sold			•	5		00		
1	Revenues	6	Cost or other basis, and sales expenses	of assets so	old		6		00		
		7	Total costs. Add line 5 and line 6							7	00
		8	Total gross income. Subtract line 7 from	line 4					•	8	16,181,045.00
1	Expenses	9	Total expenses and disbursements. From			.,,,,,,,,,				9	15,115,952.00
	СХРОПООО	10	Excess of receipts over expenses and dis	sbursement	s. Subtrac	t line 9 fror	n line 8		············ <u>•</u>	10	1,065,093.00
		11	Total payments							11	00
		12	Use tax. See General Instruction K Payment balance. If line 11 is more than							12	00
	Tilina Faa	13	Use tax balance. If line 12 is more than li							14	00
•	Filing Fee	14	Filing fee \$10 or \$25. See General Instru	. 1			12			15	N/A 00
		16	Penalties and Interest. See General Instru							16	00
		17	Ralance due Add line 12 line 15 and lin	ne 16. Then	subtract li	ne 11 from	the result			17	00
		Una it is	er penalties of perjury, i declare that I have examin true, correct, and complete. Declaration of prepare	ed this return er (other than t	, including a axpayer) is b	ccompanying based on all i	schedules and state nformation of which p	ements, and to preparer has	to the best o any knowled	i my kr ige.	owledge and belief,
	gn ere					Title		Date			Telephone
D	516	Sign of of	nature fficer			TREA	SURER				949-863-4312
							Date	Chec	k if		● PTIN
		Prep sign	parer's ► LIOR TEMKIN				11/14/1	_6 self-e	employed	·	P00748170
Pa	aid		o's name								• FEIN
	reparer's	if se	SINGERLEWAK LLE								95-2302617 • Telephone
U	se Only		address TRIVING GA 0261	•	H FL	OOR					949-261-8600
			IRVINE, CA 9261		sharra C	a inct			• X	Т	-
		May	y the FTB discuss this return with the prepa	arer snown	above? Se	e instructio	иі5		• LA	Yes	No No

Receipts from Other Sources 10 11 12 Expenses 13 and 14 Disburse- ments 16 17 18 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investments	2 Interest 3 Dividends 4 Gross rents 5 Gross royalties 6 Gross amount received from 7 Other income 8 Total gross sales or receipts of 9 Contributions, gifts, grants, an 0 Disbursements to or for mem 1 Compensation of officers, direct 2 Other salaries and wages 3 Interest 4 Taxes 5 Rents	***************************************	through line 7. Enter here an	d on Side 1, Part I, line 1	1	00 00 00 00 00 00 00
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Expenses 15 and 14 Disburse- 15 ments 16 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investments	 8 Total gross sales or receipts to Contributions, gifts, grants, at 0 Disbursements to or for mem 1 Compensation of officers, direction 2 Other salaries and wages 3 Interest 4 Taxes 5 Rents 	from other sources. Add line 1 nd similar amounts paid bers ectors, and trustees	through line 7. Enter here an	d on Side 1, Part I, line 1	8 9	00
Expenses 13 and 14 Disburse- 15 ments 16 17 18 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investments	 9 Contributions, gifts, grants, an 0 Disbursements to or for mem 1 Compensation of officers, dire 2 Other salaries and wages 3 Interest 4 Taxes 5 Rents 	nd similar amounts paid bersectors, and trustees		•	9	·
Expenses 15 and 14 Disburse- ments 16 17 18 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment	O Disbursements to or for mem Compensation of officers, dire Other salaries and wages Interest Taxes Rents	bers ectors, and trustees		•		00
Expenses 13 and 14 Disburse- 15 ments 16 17 18 Schedule I Assets 1 Cash	1 Compensation of officers, directly officers, dire	ectors, and trustees				00
Expenses 13 and 14 Disburse- 15 ments 16 17 18 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment	2 Other salaries and wages 3 Interest 4 Taxes 5 Rents	***************************************		•	11	0.00
and 14 Disburse- 15 ments 16 17 18 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investments	3 Interest 4 Taxes 5 Rents				12	
and 14 Disburse-ments 16 17 18 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investments 7 Investments	4 Taxes		******************************		13	00
ments 16 17 18 Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment	5 Rents		***************************************		14	00
Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment	6 Depreciation and depletion (Se	***************************************	***************************************		15	00
Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment		ee instructions)	***************************************		16	00
Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment		ments			17	00
Schedule I Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment	8 Total expenses and disbursen	nents. Add line 9 through line	17 Enter here and on Side 1	Part I line 0	18	00
Assets 1 Cash 2 Net accoun 3 Net notes re 4 Inventories 5 Federal and 6 Investment 7 Investment	L Balance Sheets		f taxable year		of taxable yea	00 ar
Net accountNet notes redInventoriesFederal andInvestmentsInvestments		(a)	(b)	(c)	1	(d)
Net accountNet notes redInventoriesFederal andInvestmentsInvestments					. •	
3 Net notes re4 Inventories5 Federal and6 Investments7 Investments	nts receivable				•	
4 Inventories5 Federal and6 Investments7 Investments	eceivable				•	
Federal andInvestmentsInvestments	S			2.00	•	
7 Investments	d state government obligations	Burgaria de la companya della companya della companya de la companya de la companya della compan			•	****
7 Investments	ts in other bonds				•	
	ts in stock				•	
					•	
9 Other invest	stments				•	
10 a Deprecial	ble assets					
b Less acci	umulated depreciation			()	Service Control of the
	***************************************	CONTROL OF THE PROPERTY OF THE			•	
	S			Description of the second	•	
13 Total assets	ts					
iabilities and n			100 AND 100 AN			
14 Accounts pa	ayable	A section of the section of the section of		the state of the state of	•	
15 Contribution	ns, gifts, or grants payable				•	
16 Bonds and r	notes payable			distance of the street of the	•	
	payable				•	
18 Other liabiliti						
19 Capital stock	k or principal fund				•	
	sital surplus. Attach reconciliation				•	
	rnings or income fund		4		•	
2 Total liabilit	ities and net worth	terms and the Dept. Committee		ner a supplied to the men and		
Schedule M	∕1-1 Reconciliation of income	per books with income per re				
d 81-x:		edule if the amount on Schedul				
	per books		7 Income recorded	•		
2 Federal incor				his return.		
	apital losses over capital gains			is return not charged		
4 Income not r 5 Expenses real	recorded on books this year	i •	I against hook inc	ome this year	•	

deducted in this return

6 Total. Add line 1 through line 5

•

10 Net income per return.

Subtract line 9 from line 6

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS: http://ag.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 301-307, 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 as defined in Government Code section 12586.1. IRS extensions will be honored.

	Check if:				
State Charity Registration Number: CT 086806		nge of address			
TACO BELL FOUNDATION INC.	Ame	nded report			
Name of Organization ONE GLEN BELL WAY	Corporate	or Organization No.	1710340		
Address (Number and Street) IRVINE, CA 92618	Federal En	nployer I.D. No.	33-0523542		
City or Town, State and ZIP Code					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Attorney General's F	. Code Regs Registry of C	s. sections 301-3 Charitable Trusts	07, 311 and 312)		
Gross Annual Revenue Fee Gross Annual Revenue	<u>Fee</u>	Gross Annual I	Revenue	Fee	2
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 millio			0,001 and \$10 million 00,001 and \$50 million 50 million	\$15 \$22 \$30	25
PART A - ACTIVITIES					
For your most recent full accounting period (beginning $\frac{01/01/20}{5}$ Gross annual revenue \$ $\frac{15,517,334}{5}$ Total assets \$	$\frac{15}{11}$ end	$\frac{12/31}{002,607}$	2015_) list:		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT			
Note: If you answer "yes" to any of the questions below, you must attach a	separate sh	eet providing an	explanation		
and details for each "yes" response. Please review RRF-1 instructions	s for informa	ation required.		Ι	I
During this reporting period, were there any contracts, loans, leases or other	financial trar	nsactions betweer	the organization	Yes	No
and any officer, director or trustee thereof either directly or with an entity in v	vhich any su	ch officer, director	or trustee had		X
any financial interest?			haritable property		 ^-
2. During this reporting period, was there any theft, embezzlement, diversion or or funds?	misuse of tr	ne organization s c			х
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?					х
4. During this reporting period, were any organization funds used to pay any pewith the Internal Revenue Service, attach a copy.	enalty, fine or	judgment? If you	filed a Form 4720		х
5. During this reporting period, were the services of a commercial fundraiser or If "yes," provide an attachment listing the name, address, and telephone nur	fundraising on the s	counsel for charita service provider.	ble purposes used?		x
During this reporting period, did the organization receive any governmental fundame of the agency, mailing address, contact person, and telephone number	unding? If so		hment listing the		Х
During this reporting period, did the organization hold a raffle for charitable p the number of raffles and the date(s) they occurred.		"yes," provide an	attachment indicating		Х
Does the organization conduct a vehicle donation program? If "yes," provide operated by the charity or whether the organization contracts with a comme	an attachm	ent indicating whe	ther the program is urposes.		х
Did your organization have prepared an audited financial statement in according to the control of the cont					
principles for this reporting period?				X	<u></u>
Organization's area code and telephone number 949-863-4312					
Organization's e-mail address TACOBELLFOUNDATIONFORTEENS	PTACOBE	ELL.COM			
I declare under penalty of perjury that I have examined this report, including accompany correct and complete.	ing document	s, and to the best of	my knowledge and belief,	it is tru	ie,
RYAN MOORE	7	TREASURER			
Signature of authorized officer Printed Name	T	itle	Date		

Form 8868 (Rev. 1-2014)					Page 2
If you are filing for an Additional (Not Automatic) 3-M	onth Extension,	complete only Part II and check th	s box		▶ X
Note. Only complete Part II if you have already been gran	ted an automatic	3-month extension on a previously	filed Form	8868.	
• If you are filing for an Automatic 3-Month Extension,					
Part II Additional (Not Automatic) 3-Mo	onth Extensio	n of Time. Only file the origin	nal (no c	opies need	ded).
		Enter filer's	identifyi	ng number, s	see instructions
Type or Name of exempt organization or other filer, se	e instructions.		Employe	r identificatio	n number (EIN) or
print					
File by the TACO BELL FOUNDATION INC	·			33-05	23542
due date for Number, street, and room or suite no. If a P.C	. box, see instruc	tions.	Social se	ecurity number	er (SSN)
return. See ONE GLEN BELL WAY	·			·	, ,
instructions. City, town or post office, state, and ZIP code.	For a foreign add	dress, see instructions.			
IRVINE, CA 92618					
Enter the Return code for the return that this application is	s for (file a senara	te application for each return)			01
Enter the rictain code for the retain that this application is	or the a separa	te application for each return,			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			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
STOP! Do not complete Part II if you were not already g	ranted an auton	natic 3-month extension on a prev	iously file	ed Form 8868	3.
 If the organization does not have an office or place of both lift this is for a Group Return, enter the organization's for box	ar digit Group Exe and atta NOVEMI ing onths, check rease	emption Number (GEN) I ch a list with the names and EINs of BER 15, 2016, and endinon: Initial return	f this is fo all memb	r the whole gi ers the exten	roup, check this sion is for.
 8a If this application is for Forms 990·BL, 990·PF, 990·T nonrefundable credits. See instructions. b If this application is for Forms 990·PF, 990·T, 4720, or tax payments made. Include any prior year overpayn 	or 6069, enter any	refundable credits and estimated	8a	\$	0.
previously with Form 8868.	anoweu as a	orean and any amount paid	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include y	our payment with	n this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). Se	• •		8c	\$	0.
Signature and Ver Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar	, including accomp	t be completed for Part II o anying schedules and statements, and to	•	my knowledge	and belief,
Signature ► Tit	le ►		Date	>	
- Marian - Company - Compa					68 (Rev. 1-2014)

EXTENDED TO NOVEMBER 15, 2016

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	e 2015 calendar year, or tax year beginning and endin	ıg		
B C	heck if oplicab	C Name of organization		D Employer identific	cation number
	Addre chang	e TACO BELL FOUNDATION INC.			
]Name]chang]Initial	Doing business as IACO BELL FOUNDATION FOR TEEN			523542
	return Final return	ONE CLEN BELL WAY	/suite	E Telephone numbe 949 –	r 863-4312
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,181,045.
	Amen	IRVINE, CA 32010		H(a) Is this a group re	
L	Application pendi	F Name and address of principal officer: DKTAN NICCOL		for subordinates	.,,,,,
		SAME AS C ABOVE	T	H(b) Are all subordinates in	
		empt status: X 501(c)(3)	527		list. (see instructions)
		te: WWW.TACOBELLFORTEENS.ORG		H(c) Group exemption	
	orm o	forganization: X Corporation Trust Association Other L Summary	_ year (or formation: 1992 N	State of legal domicile: CA
No. West		Briefly describe the organization's mission or most significant activities: WE FOCU	S O	N TNVESTING	TN
Activities & Governance	'	EDUCATION FOR AMERICA'S YOUTH & HELPING THE	M R	EALIZE THEI	R DREAMS.
naı	2	Check this box if the organization discontinued its operations or disposed of			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		_	21
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
S 8	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			7
Vitie	6	Total number of volunteers (estimate if necessary)			21
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	1	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	.	10,464,279.	15,509,886.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
3e	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-291,748.	7,448.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		848.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,173,379.	15,517,334.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	.	8,603,551.	9,266,900.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		748,336. 0.	982,505.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 764,799.	-	U •	0.
Ä				3,355,904.	4,202,836.
	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	12,707,791.	14,452,241.
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	•	-2,534,412.	1,065,093.
es		nevertue less experises. Subtract line 10 from line 12		ginning of Current Year	End of Year
ets (lanc	20	Total assets (Part X, line 16)	100	7,547,062.	11,002,607.
Ass	21	Total liabilities (Part X, line 26)	·	353,804.	2,744,256.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		7,193,258.	8,258,351.
	rt II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.	
Sig	า	Signature of officer		Date	
Her	e	RYAN MOORE, TREASURER			
		Type or print name and title		Date Check	TI DTIN
ne!		Print/Type preparer's name Preparer's signature		Ondon L	PTIN
Paid		LIOR TEMKIN LIOR TEMKIN		1/14/16 self-employ	P00748170 95-2302617
-	Only	Firm's name SINGERLEWAK LLP Firm's address 2050 MAIN STREET, 7TH FLOOR		Firm's EIN ▶	9J-4304011
บระ	Only	Firm's address 2050 MAIN STREET, 7TH FLOOR IRVINE, CA 92614		Dhono no Q A	9-261-8600
NA-:	, the = 1	4		Phone no. 3 4	1 !
ıvıay	tne l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

532002 12-16-15

(Expenses \$

4e

Form 990 (2015)

Total program service expenses

) (Revenue \$

including grants of \$

13,071,297.

Form 990 (2015) TACO BELL FOUNDATION INC.
Part IV Checklist of Required Schedules

гаг	Checklist of Hequilea concause		Yes	No
	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	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
	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	_		Х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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			İ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Lesion est	22 2028/61/6
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	EXPENSE:	03101216v	10131143
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
	Part VI	110		
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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			
а	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	╂	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	+-	+
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	15	1	x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	13	1	†==
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
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	1	T
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	1
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		X
	Compate Concesso 4, 1 dr. m	Forr	n 990	(2015)

Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	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	1	
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		<u> </u>	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	2562064000000000000000000000000000000000	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	1	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		
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
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		$\neg \uparrow$	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	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		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	

Form **990** (2015)

O1111 000 12						
Part V	Statements	Regarding	Other IR	S Filings	and Tax	Compliance

	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	1a	6			18
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-					
	(gambling) winnings to prize winners?			1c	X	
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	7	E01678317	77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X	Arra da
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a	ec villatinis	X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		<u> </u>
С	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					x
	any contributions that were not tax deductible as charitable contributions?			6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-			Ch.		
	were not tax deductible?			6b	100000	30,000,000
7	Organizations that may receive deductible contributions under section 170(c).	nuione n	rovided to the never?	7a	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7b	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7c		x
	to file Form 8282?			100	Steen	
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		·+2	7e	Maiditista	X
e	Did the organization receive any lunds, directly or indirectly, to pay premiums of a personal benefit cont Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, airplan			7h		†
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			18829	iloga (gi	\$8500
0	· · · · · · · · · · · · · · · · · · ·			8	to some	
9	Sponsoring organizations maintaining donor advised funds.		***************************************	AN SURVEY	S - 10 (4.5)	1000
а			.,,	9a		* C * C * C
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			WY - W - V	e Adriente Anna	6489
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:				1.50	
а	Gross income from members or shareholders	11a				
b	C					
	amounts due or received from them.)	11b			3333	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041′	?	12a	ļ	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				\$15.5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	_
	Note. See the instructions for additional information the organization must report on Schedule O.					NE
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ı			
	organization is licensed to issue qualified health plans	13b				155
С		13c		26534	Districts.	177
14a				14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O		14b	. 000	1/0045
				FOL	コッツし	(2015)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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	Ц		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	Ц		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		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	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	umaca at marina
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b	AND TO AND A DA	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	13,30		
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	7 3	375	1475
17	List the states with which a copy of this Form 990 is required to be filed CA, AK, AR, CT, DC, GA, IL, KS, KY			, MD
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	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 in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: LYNN HEMANS - 949-863-4312			
	ONE GLEN BELL WAY, IRVINE, CA 92618			
E20000		Form	9 90 (2	20157
JJ2006	12-16-15 SEE SCHEDULE O FOR FULL LIST OF STATES	I OHIII	7 7 U (4	2010)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(do box	not c	(C Posi heck i ss pe	ition more		one h 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRIAN NICCOL	0.20								0	•
CHAIRMAN		Х		Х	<u> </u>			0.	0.	0.
(2) LEE MITCHELL	0.20								_	_
VICE CHAIRMAN	40.00	Х		Х	<u> </u>	<u> </u>		0.	0.	0.
(3) AMY KAVANAUGH	10.00	l								
SECRETARY		X		X		<u> </u>		0.	0.	0.
(4) LYNN HEMANS	2.50			l						_
TREASURER		X		Х	<u> </u>	<u> </u>		0.	0.	0.
(5) BILL ALLMON	0.20									,
DIRECTOR		X	<u> </u>	ļ			<u> </u>	0.	0.	0.
(6) LINDA ALVARADO	0.20	ļ	ł	ĺ					_	_
DIRECTOR		X	_			<u> </u>	<u> </u>	0.	0.	0.
(7) BJORN ERLAND	0.20	ļ								_
DIRECTOR		X	L		<u> </u>		<u> </u>	0.	0.	0.
(8) EMILY KENTRIS COLEMAN	0.20	↓	1							_
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) LEIGH ANNE TUOHY	0.20	l		l						
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(10) LEE ENGLER	0.20]								_
DIRECTOR		X	_	<u> </u>		<u> </u>		0.	0.	0.
(11) FARZIN FERDOWSI	0.20									
DIRECTOR		X			_			0.	0.	0.
(12) MIKE GRAMS	0.20									
DIRECTOR		X	_	<u> </u>		<u> </u>	_	0.	0.	0.
(13) GREGORY J HAMER, SR	0.20]								
DIRECTOR		X		<u> </u>		<u> </u>		0.	0.	0.
(14) CRAIG LANGEL	0.20									
DIRECTOR		X		<u> </u>	_	<u> </u>		0.	0.	0.
(15) BARBY SIEGEL (AS OF 02/12/2015)	0.20									
DIRECTOR		X	<u> </u>	<u> </u>		_	<u> </u>	0.	0.	0.
(16) DAVID LOCKWOOD	0.20	1							_	_
DIRECTOR		X	_	ـــ	<u> </u>		1_	0.	0.	0.
(17) STEVE MCCORMICK	0.20	۱								
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.

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Form 990 (2015)

Form 990 (2015)

(A)	(B)	1		((<u>J </u>		compensated Employe (D)	(E)	***************************************	Τ ,	F)
Name and title	Average		Position (do not check more than one					Reportable	(⊑) Reportal	ole	1	nated
Name and the	hours per		do not d ox, unle					compensation	compensation			unt of
	week	of	fficer ar	nd a d	irecto	r/trus	tee)	from	from rela		ot	her
	(list any	ector						the	organizati		compe	nsation
	hours for related	or dir	9.			ated		organization	(W-2/1099-N	/ISC)		the
	organization	ne ste	truste		93	suadi		(W-2/1099-MISC)				ization
	below	is tri	ional		płoye	t com						elated zations
	line)	sc. Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organi	Lations
(18) JEFF MCKASSON (AS OF 07/30/2	2015 0.20											
DIRECTOR		X						0.		0.		0
(19) MARJORIE PERLMAN	0.20		.			- 1		0		^		0
DIRECTOR (20) MARK PETERSON	0.20	X	+-			\dashv		0.		0.		0
DIRECTOR	0.20	\exists_{x}						0.		0.		0 .
(21) WALTER SMITH	0.20				\dashv	_	_					
DIRECTOR		x					- 1	0.		0.		0 .
(22) HAMILTON C. BROWN	1.00								.,			
MANAGING DIRECTOR	39.00					X		0.	344,	158.	19	970
(23) REGINA BORDA HEINIGER	0.00)							200			0 = 4
MANAGING DIRECTOR (THRU 2014)		_	\perp	\dashv	-	\dashv	X	0.	300,)45.	21	051.
		\dashv				l						
		+	+		\dashv	\dashv	\dashv					
		7										
100000000000000000000000000000000000000												
					\bot		\perp					
1b Sub-total							▶	0.	644,2		41,	021.
c Total from continuation sheets to Pa						Þ	>	0.	644,2	0.	41	$\frac{0.}{021.}$
d Total (add lines 1b and 1c) Total number of individuals (including l							<u> </u>			L	41,	021.
compensation from the organization		unose	11516	u ab	ove	VVIII	o rec	ceived more than \$100,	ooo or reporta	bie		. 0
											Ye	s No
3 Did the organization list any former of										ſ		
line 1a? If "Yes," complete Schedule J	for such individua	a/									3 X	
4 For any individual listed on line 1a, is the	he sum of reportal	ble co	ompe	nsat	ion a	and	othe	er compensation from the	ne organizatio	1		
and related organizations greater than											4 X	CAN ESTABLISH
5 Did any person listed on line 1a receive								d organization or individ	lual for service	s		a and
rendered to the organization? If "Yes,"	complete scheau	iie J i	or su	cn p								
					6/30	···				<u>I</u>	5	Х
Section B. Independent Contractors		ndepe						at received more than \$	100 000 of co	mnensa		
Section B. Independent Contractors 1 Complete this table for your five highest	st compensated ir		ender	nt co	ntra	ctor	s tha			mpensa		
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.	mpensa		
Complete this table for your five highest the organization. Report compensation.	st compensated in for the calendar	year (ender	nt co g wi	ntra	ctor	s tha	the organization's tax ye	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	st compensated in for the calendar	year (ender endin	nt co g wi	ntra	ctor	s tha	the organization's tax ye (B)	ear.		ation fron	
Section B. Independent Contractors 1 Complete this table for your five highes the organization. Report compensation (A) Name and busin	st compensated in for the calendar ness address	N(ender endin	nt co	ntra	ctor r wit	s tha	the organization's tax ye (B) Description of se	ear. rvices		ation fron	
Complete this table for your five highes the organization. Report compensation (A)	ost compensated in in for the calendar iness address	N(ender endin	nt co	ntra	ctor r wit	s tha	the organization's tax ye (B) Description of se	ear. rvices		ation fron	

Form 990 (2015) TACO BE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response c	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इइ	1 a	Federated campaigns	1a			The state of the s	100	
E 2	b					and the second		
اغ ي		Fundraising events		5,998,827.				
# F		Related organizations			4.0			
B, B		Government grants (contributi					2.00	
Sign		All other contributions, gifts, grant	· /			100		Artist Miller Commission
돌	•	similar amounts not included abov		9,511,059.	14.54			
불하	~	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f			15,509,886.	Here the control of		
= " 		Total. Add lines 1a-11		Business Code			1000	
_	۰.		1	Business Code		Edit Military Colonia Colonia Sci.	and the control of the second of the second	And a series of little with the Series and
Ş	2 a							
ine	b							
ver ver	C							
Real	d							****
Program Service Revenue	e	***						
_		All other program service reve						
-		Total. Add lines 2a-2f						
	3			. 1	7,448.			7,448.
		other similar amounts)		r	.,			, , , , , , , , , , , , , , , , , , , ,
	4			7				
	5	Royalties	(i) Real	(ii) Personal	latera de la composição de la composição de la composição de la composição de la composição de la composição d			
	•	0	<u> </u>	(II) Personal				
		Gross rents					and the second second	Company of the Compan
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)					es esserentariados Silvinos	benedit Salator ects
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		>	CSA Communicación de Colo Compación		en en en en en en en en en en en en en e	18065 William 9500 Te
ne	8 a	Gross income from fundraisin	-					
evenue		including \$ 5,998						
œ		contributions reported on line		663,711.				
Other		Part IV, line 18		663,711.				
₹		Less: direct expenses					Entirio distributable	Eddining (Spirit 1977)
		Net income or (loss) from fund		<u> </u>			lastati menereti ti	t i de CFSC
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses				750 p. P. F. 1990 p. P. C.	Horay Market	Paragraphic and the second
	ı	Net income or (loss) from gam		>	article and the second of the second of	COLONES LAS		Special Commences
	10 a	Gross sales of inventory, less						
		and allowances						
	ı	Less: cost of goods sold		L	(2) 日本の日本の表記書を含ます。	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10		PER PERMIT
		Net income or (loss) from sale		I .	one a.v. e. mis v	North and Control	La Nacional de Maria	
		Miscellaneous Revenu	ie	Business Code	DESCRIPTION OF THE	Straint Company		
	11 a							
	t							
	1	d All other revenue					San Janes Viewer Control	Charles de decimale de la compa
	1	Total. Add lines 11a-11d			15 515 224	<u> </u>	0.	7 440
	12	Total revenue. See instructions.			15,517,334.	. 0.	I	7,448.

7757___1

Form 990 (2015) TACO BELL FOUR Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor			omplete column (A).	<u> </u>
	Check if Schedule O contains a response				
	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			gradings says and	Conference Conference
	and domestic governments. See Part IV, line 21	9,266,900.	9,266,900.		
2	Grants and other assistance to domestic			10 0 00000	Propagation in
_	individuals. See Part IV, line 22			12.0	
3	Grants and other assistance to foreign			All the second of the	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			the state of the s	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				***************************************
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	936,856.	796,328.	140,528.	
8	Pension plan accruals and contributions (include		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	210,0200	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	45,649.	38,802.	6,847.	
11	Fees for services (non-employees):	·		·	
а	Management	53,400.		53,400.	
b	Legal	30,110.		30,110.	
С		76,033.		76,033.	
d	Lobbying				
е	D () () () () () () () () () (
f	Investment management fees			,	
g					
	column (A) amount, list line 11g expenses on Sch 0.)	266,240.		266,240.	
12	Advertising and promotion	2,201,187.	2,201,187.	4 5 6 5	
13	Office expenses	102,453.	87,086.	15,367.	
14	Information technology				
15	Royalties				
16	Occupancy	136,402.	115,941.	20,461.	
17	Travel	130,402.	113,941.	20,401.	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials				
20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	***************************************			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CANISTER SERVICE FEE	586,670.			586,670.
b	GRANT RELATED EXPENSES	561,108.	561,108.		
С	CANISTER REPAIRS	178,129.	-		178,129.
d					
	All other expenses	11,104.	3,945.	7,159.	
25	Total functional expenses. Add lines 1 through 24e	14,452,241.	13,071,297.	616,145.	764,799.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part	X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		739,702.	1	1,800,247.
	2	Savings and temporary cash investments		6,110,870.	2	8,440,964.
	3	Pledges and grants receivable, net	1	689,045.	3	754,823.
	4	Accounts receivable, net	T T		4	
	5	Loans and other receivables from current and for	F			
		trustees, key employees, and highest compensat	ed employees. Complete	en en en en en en en en en en en en en e		100000000000000000000000000000000000000
					5	
	6	Loans and other receivables from other disqualified	ed persons (as defined under			
ı		section 4958(f)(1)), persons described in section 4	1958(c)(3)(B), and contributing	200		
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7		
₹	8	Inventories for sale or use	7,445.	8	6,573.	
	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
1	11	Investments - publicly traded securities			11	
1	12	Investments - other securities. See Part IV, line 11		12		
1	13	Investments - program-related. See Part IV, line 1	1		13	
1	14	Intangible assets		14		
1	15	Other assets. See Part IV, line 11			15	
1	16	Total assets. Add lines 1 through 15 (must equal	4	7,547,062.	16	11,002,607.
-	17	Accounts payable and accrued expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	353,804.	17	2,744,256.
1	18	Grants payable			18	
	19	Deferred revenue			19	LUKHAMA
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
S 2	22	Loans and other payables to current and former of				and the state of t
Liabilities		key employees, highest compensated employees	, and disqualified persons.			
<u>a</u>		Complete Part II of Schedule L			22	
- 2	23	Secured mortgages and notes payable to unrelate	· ·		23	
2	24	Unsecured notes and loans payable to unrelated			24	
2	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	1	252 004	25	2 744 256
- 2	26	Total liabilities. Add lines 17 through 25		353,804.	26	2,744,256.
		Organizations that follow SFAS 117 (ASC 958)				
Ses		complete lines 27 through 29, and lines 33 and		7,193,258.		8,258,351.
ğ l	27	Unrestricted net assets		7,133,230.	27	0,230,331.
Ba	28	Temporarily restricted net assets			28	
בן וב	29		0.050		29	
년		Organizations that do not follow SFAS 117 (AS				
S O		and complete lines 30 through 34.			00	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equ			31	
y 1	32	Retained earnings, endowment, accumulated inc		7,193,258.	32	8,258,351.
١,	33	Total net assets or fund balances		7,193,238.	33	11,002,607.
:	34	Total liabilities and net assets/fund balances		1,5±1,004.	34	Form 990 (2015)

Form **990** (2015)

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2015)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		TACO	BELL FOUNI	DATION INC.				3	3-0523542
Pa	rt l	Reason for Public C	harity Status (A	All organizations must co	mplete th	is part.) Se	e instruction	S.	
he	organ	ization is not a private found:	ation because it is: (F	or lines 1 through 11, c	heck only	one box.)			
1		A church, convention of chu)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative).		
4		A medical research organiza)(iii). Enter t	the hospital's name,
•		city, and state:		•					
5		An organization operated for	r the benefit of a col	lege or university owned	d or operat	ted by a go	vernmental	unit describ	ed in
•		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov		nental unit described in s	section 17	70(b)(1)(A)(v).		
	X	An organization that normal						he general	public described in
•		section 170(b)(1)(A)(vi). (Co			3.			Ü	,
8		A community trust describe		1)(A)(vi). (Complete Part	: 11.)				
9	\Box	An organization that normal				contributio	ns. member:	ship fees, a	nd gross receipts from
Ŭ		activities related to its exem							
		income and unrelated busin							
		See section 509(a)(2). (Cor		(1000 000tion o t 1 tax) in				9	
10		An organization organized a	•	vely to test for public sa	fetv. See	section 50	9(a)(4).		
11		An organization organized a						arrv out the	purposes of one or
•		more publicly supported or							
		lines 11a through 11d that							
а		Type I. A supporting orga							giving
_		the supported organization		•					
		organization. You must c	_		, ,				
b	, [Type II. A supporting orga	•		tion with it	ts supporte	ed organizati	on(s), by ha	ving
		control or management o							
		organization(s). You mus			•				
c		Type III functionally inte			in connec	tion with, a	and functiona	ully integrate	ed with,
		its supported organization							
d	ı 🗀	Type III non-functionally						rted organi	zation(s)
		that is not functionally int							
		requirement (see instruct							
e		Check this box if the orga	•	-				II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o						***********	
ç		vide the following information		ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization in your	(v) Amount o		(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing	document?	suppor		other support (see instructions)
					Yes	No	instruc	iioris)	instructions)
						1			
_					William				

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 TACO BELL FOUNDATION INC. Part II Support Schedule for Organizations Described in Sections 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,628,438.	10,426,188.	10,786,791.	10,464,279	15,719,170.	55,024,866.
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						ı
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,628,438.	10,426,188.	10,786,791.	10,464,279.	15,719,170.	55,024,866.
5	The portion of total contributions					1000	
	by each person (other than a	and the second second		100			
	governmental unit or publicly					2.00 (
	supported organization) included			20.24			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						398,481.
	Public support. Subtract line 5 from line 4.	Lagrania .					54,626,385.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	7,628,438.	10,426,188.	10,786,791.	10,464,279.	15,719,170.	55,024,866.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					ĺ	
	and income from similar sources	10,071.	7,805.	9,353.	6,995.	7,448.	41,672.
9	Net income from unrelated business						
	activities, whether or not the			1			
	business is regularly carried on						
10	Other income. Do not include gain]				
	or loss from the sale of capital						
	assets (Explain in Part VI.)			8,544.	848.		9,392.
	Total support. Add lines 7 through 10		and the second second		38.0		55,075,930.
	Gross receipts from related activities,			*************************		12	
13	First five years. If the Form 990 is for		first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
Sac	organization, check this box and stop ction C. Computation of Publi		contogo				<u></u>
***********					The state of the s	1	00 10
14	Public support percentage for 2015 (li	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	99.18 %
	Public support percentage from 2014					15	98.61 %
10a	33 1/3% support test - 2015. If the o						
h	stop here. The organization qualifies a	as a publicly suppo	rted organization				▶ X
	33 1/3% support test - 2014. If the or						
170	and stop here. The organization qualit	nes as a publicly st	ıppoπeα organizai	ion			▶□
	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
L	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a p	ublicly supported (organization		>
	10% -facts-and-circumstances test						J% or
	more, and if the organization meets the						, ——
	organization meets the "facts-and-circu						
10	Private foundation. If the organization	i did not check a bi	ox on line 13, 16a,	10D, 1/a, or 17b,			
					Sched	lule A (Form 990 o	r 990-EZ) 2015

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	<u></u>					
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	ar avanded on its behalf						
=	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
_							
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						1
	3 received from disqualified persons						
ı	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	100 to C.O. Shipping to Co. Co.	company and any one		ANTER Arra, new cells a consiste	was knew Stifferen was	
	Public support. (Subtract line 7c from line 6.)				San year of the same of	1	
	ction B. Total Support		T	·			I (0 T) 1
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6					-	
10	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
- 1	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is fo		's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						L
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
	Public support percentage for 2015			column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from						%
10	a 33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
.5	more than 33 1/3%, check this box a						
	b 33 1/3% support tests - 2014. If the	e organization did	not check a box of	on line 14 or line 19	a, and line 16 is n	nore than 33 1/3%.	and
	line 18 is not more than 33 1/3%, ch						
20							
20	Filvate Ibuliuation. If the Organization	on all not official c	A NON OIT HITO 1-1, 1	, -, -,, -, -, -, -, -, -, -, -, -			

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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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 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		
3c 4a		
4b	an die	
		0.5
4c		
5b		
5c		
8		
9a 9b		
10a 10b		
00 or 99		0045

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Pal	Supporting Organizations _(continued)	ı	., 1	•••
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.	Sale.	
	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	TIC		
Sec	tion B. Type I Supporting Organizations		Yes	No
4	Did the directors twistens or membership of one or more supported organizations have the newer to	Salah Mark	162	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•	166/161	Krain
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	ENGERAGE	
500	supervised, or controlled the supporting organizations			L
Sec	tion C. Type II Supporting Organizations		Yes	No
4	Many a seriality of the assessment and adjunctors of the dispetors	Selfations:	169	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	100		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>	L	L
360	tion b. All Type in Supporting Organizations		Yes	No
	Did the association associate to each of its associated associations, but he last day of the fifth month of the		163	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	1000000	66 Q88
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	SIANAS	36 i 4-600	rt-338
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	1.394.84	Kali Mil.
_			:Maisc	1649 CM
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3	8488A9 (19 July 9-
500	supported organizations played in this regard. stion E. Type III Functionally-Integrated Supporting Organizations			L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	1	
c	Activities Test. Answer (a) and (b) below.	in a billion io	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	889 NOVEM	100	30.00
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1000	
	that these activities constituted substantially all of its activities.	2a	- Breizing	
L	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	www.Wii	Saucedon
D	· · ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		1 67 € 157
_	activities but for the organization's involvement.		vasia.	Luke see
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		12.7	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	10.0%	Profile.
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	Od Otoryon	a si din	gen W
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	14646	183 b
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	l 3D	<u> </u>	

│ 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 or 990-EZ) 2015

instructions).

Pai	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Soot	ian E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		and the second second	
2	Underdistributions, if any, for years prior to 2015			or the foreign margines. The co
	(reasonable cause required-see instructions)			reaction of the second
3	Excess distributions carryover, if any, to 2015:		10 may 1 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2 may 2	
<u>a</u>				
b			The second secon	
c				10 mg
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years	u sentrali grandi sentrali programa kalabah		
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Control of the English Control of the
4	Distributions for 2015 from Section D,			
	line 7: \$			our company of the second
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount	out is a second of the second		
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	100 00 00 00 00 00 00 00 00 00 00 00 00		
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			500 500 500 500 500 At 10 10 10 50
<u>a</u>				
<u>b</u>				
	Excess from 2013	2481638631A(345)11 (1541.5 (65)		
	Excess from 2014			
<u>e</u>	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015	5 TACO BELL	FOUNDATION	INC.	33-0523542 Page 8
Part VI	line 1: Part IV. Section D.	, 2, 30, 30, 40, 40, 5 lines 2 and 3: Part I	a, 6, 9a, 9b, 9c, 11a, 1 / Section F lines 1c 2	ed by Part II, line 10; Part II, line 1b, and 11c; Part IV, Section B, ta, 2b, 3a and 3b; Part V, line 1; Also complete this part for any a	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V
	(See morraduone.)				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TACO BELL FOUNDATION INC.

Employer identification number 33-0523542

Total number at end of year Aggregate value of grants for the commission of the	Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Funds o	or Accou	Ints.Complete if the			
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 950, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g. recreation or education) Preservation of a historically important land area Preservation of preservation and preservation of the organization held a qualified conservation contribution in the form of a conservation easement on the last Preservation of a set through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released extinguished, or terminated by the organization during the tax year No No beside of the preservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register No number of conservation easements modified, transferred, released extinguished, or terminated by the organization during the tax year No No No organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements during the year No No		organization answered "Yes" on Form 990, Part IV, line						
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are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year						
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listed in the National Register								
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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? 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)(ii) and section 170(h)(4)(B)(iii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. In If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structur	e				
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and section 170(h)(4)(B)(ii)?) (4) (D) (')				
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b Assets included in Form 990, Part X	_			•	\$			
D Assets illiciated in Form 300, Fare A								

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Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 TACO BELL F	OUNDATION INC	:	33-	0523542	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See For	m 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value		nat von de spende de de	
(1) Federal income taxes					
(2)					
				AN PERSONAL PROPERTY.	

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

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

Schedule D (Form 990) 2015

COLLO MINIO IN							
Part XI	Reconciliation	n of Revenue	per Audited	Financial	Statements	With Revenue	per Return.
	Complete if the ord	ganization answe	red "Yes" on For	rm 990. Part I	V. line 12a.		

	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	15,436,118.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	490,897.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	490,897.
3	Subtract line 2e from line 1			3	14,945,221.
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	572,113.		
С	Add lines 4a and 4b			4c	572,113.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,517,334.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 14,371,025. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 490,897. 2a 2h **b** Prior year adjustments d Other (Describe in Part XIII.) 490,897. e Add lines 2a through 2d 13,880,128. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 572,113. **b** Other (Describe in Part XIII.) 572,113. c Add lines 4a and 4b 14,452,241. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS TAKEN AS A WHOLE.

TACO BELL FOUNDATION INC. 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, 2015, 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 2012 - 2015 STATE 2011 - 2015 PART XI, LINE 4B - OTHER ADJUSTMENTS: DIRECT FUNDRAISING EXPENSES ALLOCATED TO FUNCTIONAL EXPENSES 572,113. PART XII, LINE 4B - OTHER ADJUSTMENTS: DIRECT FUNDRAISING EXPENSES ALLOCATED FROM FUNDRAISING INCOME 572,113.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization TACO BE	LL FOUNDATION INC.					:mployer ide 33-0523	entification number 5 4 2
Fundraising Activities required to complete this par	- Complete if the organization answrt.	ered "`	Yes" o	n Form 990, Part IV,	line 17.	Form 990-E2	Z filers are not
Indicate whether the organization raise	e Solicita f Solicita g Special or oral agreement with any individua cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundr (inclu profess	non-g gover aising ding o	povernment grants rnment grants events officers, directors, tru fundraising services?	stees o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or co	Did raiser sustody atrol of utions?	(iv) Gross receipts from activity	to (or i	nount paid etained by) ndraiser if in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				

Ist all states in which the organization or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is exe	empt from re	gistration

HA For Paperwork Reduction Act Notice	ce, see the Instructions for Form 9	90 or	990-E	Z. So	chedule	G (Form 99	0 or 990-EZ) 2015

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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NATIONAL TACO CHARITY (add col. (a) through FUNDRAISER FUNDRAISER col. (c)) (total number) (event type) (event type) 5,833,673. 521,761. 307,104 6,662,538. 1 Gross receipts 5,477,032. 328,464. 193,331. 5,998,827. 2 Less: Contributions 193,297 113,773. 663,711. 356,641. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Expenses Rent/facility costs Direct Food and beverages 8 Entertainment 356,641. 193,297. 113.773. 663,711. Other direct expenses 663.711**.** 10 Direct expense summary. Add lines 4 through 9 in column (d) O. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (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 Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Sch	edule G (Form 990 or 990-EZ) 2015 TACO BELL FOUNDATION INC. 33-	0523	3542	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	N
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		=	• • •
	to administer charitable gaming?		Yes	☐ N
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		
b	An outside facility	13b	1	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	L		
	Name			
	Address ▶			
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 amount			
~	of gaming revenue retained by the third party \(\bigs\) \(\bigs\) \(\bigs\) and the amount			
С	If "Yes," enter name and address of the third party:			

	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided	···········		
			-	
				•••
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
aı	s the organization required under state law to make charitable distributions from the gaming proceeds to		r	
l	etain the state gaming license?	<u> </u>	res L	No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Par	organization's own exempt activities during the tax year \$ \$			
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	ıes 9, 9	9b, 10b	, 15b,
	ioo, io, and instructions).	*		······································
2083	09-14-15 Schedule G (Form)	200	000 E	7) 0045

Schedule G (Form 990 or 990-EZ) TACO BELL FOUNDATION INC.	33-0323342 Page 4
Schedule G (Form 990 or 990-EZ) TACO BELL FOUNDATION INC. Part IV Supplemental Information (continued)	
100 (100 fine) 1	
	•
	Control Contro

Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 33-0523542

<u>2</u> X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. TACO BELL FOUNDATION INC. General Information on Grants and Assistance criteria used to award the grants or assistance? Parti

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

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d) Amount of (e) IRC section (d) Amount of (e) IRC section (d) Amount of (e) IRC section (d) Amount of (e) IRC section (d) Amount of (e) IRC section (d) Amount of (e) IRC section (e) IRC secti	(b) EIN	(c) IRC section	(d) Amount of	1 0	(f) Method of valuation (book	(g) Description of	(h) Purpose of grant
		מאייייש	casii giaiii	non-cash assistance	FMV, appraisal, other)	non-cash assistance	or assistance
BOYS & GIRLS CLIRS OF AMPRICA							TO PROVIDE SUPPORT
(NATIONAL OFFICE) = 1275 DESCHAPED							SERVICES AND PROGRAMS FOR
STREET NE - ATLANTA GA 30309	13 5550075						UNDERPRIVILEGED CHILDREN,
BOYS & GIRLS CLIRS OF AMEDICA	0/67000.01	DUI(C)(3)	2,000,000	0			TO HELP THEM GROW UP TO
(LOCAL OFFICES - LIST AVAILABLE							TO PROVIDE FINANCIAL
IIDON RECHEST) - VARIOUS 1000							SUPPORT AT THE LOCAL
THROUGH OUT THE US MILTIDE							LEVEL FOR BOYS AND GIRLS
ı	The state of the s	5UI(C)(3)	3,234,121.	0			CLUBS THROUGHOUT THE
ALABAMA DOSCIBLE							TO PROVIDE SUPPORT
PO BOX 55058							SERVICES AND PROGRAMS FOR
BTRMTNGHAM AL 35255	0						UNDERPRIVILEGED CHILDREN,
COSCIONAL, ALL COLOUR	28-20/4080	5U1(C)(3)	10,000.	0			FO HELP THEM GROW UP
GET SCHOOLED FOUNDATION							TO DEVELOP AND MANAGE THE
1540 BROADWAY 34TH FILOR							GRADUATE FOR MAS ONLINE
NEW YORK NY 10036	27 2245570	20100100					PLATFORM, WHERE HIGH
	41-4443310	DUI(C)(3)	2,965,077.	0			SCHOOL STUDENTS MAKE THE
BEST BUDDIES ARIZONA							TO PROVIDE SUPPORT
4527 NORTH 16TH STR 106							SERVICES AND PROGRAMS FOR
PHOENTX AZ 85016	21 000 15		,		•		JNDERPRIVILEGED CHILDREN,
	CCTCOAN-TC	DOT(C)(3)	5,000.	0			TO HELP THEM GROW UP
CASA OF LANE COUNTY							TO PROVIDE SUPPORT
174 DEADMOND FERRY ROAD				***************************************			SERVICES AND PROGRAMS FOR
SPRINGFIELD OR 97477	23 7315673						UNDERPRIVILEGED CHILDREN,
O Contractor and an analysis of the state of	6/0076/-67	DOI(C)(3)	15,630.	0.			TO HELP THEM GROW UP

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

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

532101 10-28-15

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

TACO BELL FOUNDATION INC.

Schedule I (Form 990)

SERVICES AND PROGRAMS FOR SERVICES AND PROGRAMS FOR SERVICES AND PROGRAMS FOR SERVICES AND PROGRAMS FOR SERVICES AND PROGRAMS FOR SERVICES AND PROGRAMS FOR SERVICES AND PROGRAMS FOR JNDERPRIVILEGED CHILDREN, JNDERPRIVILEGED CHILDREN, NDERPRIVILEGED CHILDREN, JNDERPRIVILEGED CHILDREN, NUBERPRIVILEGED CHILDREN, JNDERPRIVILEGED CHILDREN, NDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP TO HELP THEM GROW UP FO HELP THEM GROW UP TO HELP THEM GROW UP TO HELP THEM GROW UP (h) Purpose of grant or assistance TO HELP THEM GROW UP O HELP THEM GROW UP O PROVIDE SUPPORT O PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT TO PROVIDE SUPPORT O PROVIDE SUPPORT O PROVIDE SUPPORT TO PROVIDE SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, 0 0 。 Ö 。 Ö ٥. (e) Amount of non-cash assistance 000 100,000 92,971. 10,000 (d) Amount of cash grant 200,000 5,280 12,000 50 (c) IRC section if applicable 54-0788947 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 84 6010415 93-0725294 22-2882549 75 2945230 84 0502539 74 2497109 (b) EIN COLORADO I HAVE A DREAM FOUNDATION COMMUNITIES IN SCHOOLS OF THE BIG OREGON PARTNERSHIP LINES FOR LIFE JUNIOR ACHIEVEMENT OF WASHINGTON 561 SANTA FE DRIVE 5100 SW MACADAM AVE SUITE 400 1700 WESTLAKE AVE NORTH #400 DENVER ZOOLOGICAL FOUNDATION (a) Name and address of organization or government 1654 CAMPUS COURT LATIN AMERICAN EDUCATIONAL PORTLAND, OR 97239 CITY YEAR, INC (MA) SEATTLE, WA 98109 TX 79601 287 COLUMBUS AVE DENVER, CO 80203 DENVER, CO 80205 DENVER, CO 80204 BOSTON, MA 02116 2300 STEELE ST FOUNDATION 1836 GRANT ABILENE, COUNTRY

Schedule I (Form 990)

SERVICES AND PROGRAMS FOR

NDERPRIVILEGED CHILDREN,

TO HELP THEM GROW UP

0

5,960

501(C)(3)

81-6023638

MISSOULA - 1520 S RUSSELL ST

MT 59801

MISSOULA,

BIG BROTHERS BIG SISTERS OF

SCHOLARSHIP AMERICA

PO BOX 240

ST PETER, MN 56082

ERVICES AND PROGRAMS FOR

NDERPRIVILEGED CHILDREN,

TO HELP THEM GROW UP

。

243,644.

501(C)(3)

23-7007104

TO PROVIDE SUPPORT

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	DO CO COLOR	veriments and Organ	intations in the O	nieu States (Sulle	ins and organizations in the officed States (Schedule I (FOIII 990), Partiti,	<i>(</i> .11. <i>)</i>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
CHILDREN'S HOME OF JEFFERSON							SERVICES AND PROGRAMS FOR
COUNTY - 253 STATE STREET -							UNDERPRIVILEGED CHILDREN,
WATERTOWN, NY 13601	15-0532089	501(C)(3)	6,050.	0.			TO HELP THEM GROW UP
			•				TO PROVIDE SUPPORT
o O							SERVICES AND PROGRAMS FOR
	, , , , , , , , , , , , , , , , , , ,			,			UNDERPRIVILEGED CHILDREN,
LEWISBURG, WV 24901	8667.58U-TO	5UI(C)(3)	6,430.	0			TO HELP THEM GROW UP
**************************************							TO PROVIDE SUPPORT
DUKES FOUNDATION CORPORATION							SERVICES AND PROGRAMS FOR
조 보 : : : : :	0		1	,			UNDERPRIVILEGED CHILDREN,
KIVEKUALE, GA 302/4	90-0402971	501(C)(3)	7,250.	0			TO HELP THEM GROW UP
							SPONSORSHIP OF 100
EDUCATION TO GO							SCHOLARSHIPS, ALLOWING
367							TACO BELL TEAM MEMBERS TO
CHICAGO, IL 60694	59-2124491	501(C)(3)	32,375.	0.			COMPLETE THEIR HIGH
							TO PROVIDE SUPPORT
HENRY MERCADEL							SERVICES AND PROGRAMS FOR
							UNDERPRIVILEGED CHILDREN,
LAKE FOREST, CA 92630	42-1629588	501(C)(3)	12,000.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
							SERVICES AND PROGRAMS FOR
2/11 MIDDLEBURG DRIVE, SUITE 105							UNDERPRIVILEGED CHILDREN,
COLUMBIA, SC 29204	57-0511131	501(C)(3)	6,340.	0.			TO HELP THEM GROW UP
manufacture Contract							TO PROVIDE SUPPORT
							SERVICES AND PROGRAMS FOR
ASHI							UNDERPRIVILEGED CHILDREN,
CHICAGO, IL 60661	36-2170141	501(C)(3)	140,180.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
ACHIE							SERVICES AND PROGRAMS FOR
OHIO - 2239 CHEYENNE BLVD -							UNDERPRIVILEGED CHILDREN,
TOLEDO, OH 43614	34-4430363	501(C)(3)	29,151.	0.			TO HELP THEM GROW UP
The state of the s							TO PROVIDE SUPPORT
CAA TIME CHIEVEMENT OF OKI PARTNERS							SERVICES AND PROGRAMS FOR
044 LININ SIKEET, SOITE 1024							UNDERPRIVILEGED CHILDREN,
CINCINNATI, OH 45203	32-0014307	501(C)(3)	52,441.	0			TO HELP THEM GROW UP
							Schedule (Form 990)

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Page 1			FOR CREN,	S FOR				(066 u
		(h) Purpose of grant or assistance	TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP	TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP				Schedule I (Form 990)
33-0523542		(h) P	TO PROVIII SERVICES UNDERPRIV	TO PROVIII SERVICES UNDERPRIV				
3	rt II.)	(g) Description of non-cash assistance						
	iedule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)						
	nited States (Sch	(e) Amount of non-cash assistance	• 0	0				
	nizations in the U	(d) Amount of cash grant	.000,000	.000,3				
ON INC.	vernments and Organ	(c) IRC section if applicable	501(C)(3)	501(C)(3)				
FOUNDATI	Assistance to Go	(b) EIN	95-1799192	45-0453843				Personal Landson Company of the Comp
Schedule I (Form 990) TACO BELL FOUNDATION INC.	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	(a) Name and address of organization or government	JUNIOR ACHIEVEMENT OF SOUTHERN CA, INC. 301 EAST 17TH ST., SUITE 202 LOS ANGELES, CA 90068	MOUNTAIN PLAINS YOUTH SERVICES/YOUTHWORKS 221 W ROSSER AVE BISMARCK, ND 58501				

33-0523542

Page 2

TACO BELL FOUNDATION INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2015)

Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT					
BOYS & GIRLS CLUBS OF AMERICA (NATIONAL OFFICE)	TONAL OF	FICE)			
(H) PURPOSE OF GRANT OR ASSISTANCE	. TO	PROVIDE SUPPORT	RT SERVICES	S AND	
PROGRAMS FOR UNDERPRIVILEGED CHILDREN,	- 1	TO HELP THEM GROW UP	GROW UP TO	BE	
PRODUCTIVE ADULTS, AND TO PROVIDE	THEM A SAFE	AFE ENVIRONMENT		IN WHICH TO	
LEARN AND PLAY.					

NAME OF ORGANIZATION OR GOVERNMENT: 522102 10-28-15

Schedule I (Form 990) (2015)

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

(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: GET SCHOOLED FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP AND MANAGE THE GRADUATE

FOR MAS ONLINE PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMISE TO

GRADUATE IN EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY THEY NEED

TO STAY ON TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUATE FOR MAS

IN-SCHOOL CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN A FRIENDLY

COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS TO SUCCESSFULLY REMAIN

ON TRACK TOWARDS HIGH SCHOOL GRADUATION.

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATION TO GO

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF 100 SCHOLARSHIPS,

ALLOWING TACO BELL TEAM MEMBERS TO COMPLETE THEIR HIGH SCHOOL EDUCATION.

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TACO BELL FOUNDATION INC.

Employer identification number 33-0523542

Pa	art I Questions Regarding Compensation			-
			Yes	No
1 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 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 (e.g., 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 "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
-	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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	— Teperatury in the companion of the com			
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	0.0000000000000000000000000000000000000	X
b	Partition of the state of the s	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second of lines 42-6, list the persons and provide the applicable amounts for each from the artific			
	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:			
•	The organization?	5a	SAVEOUS MARKET	Х
	Any related organization?	5b		X
b	If "Yes" to 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			
0	contingent on the net earnings of:	100		
_		6a	saccotribită	Х
	The organization? Any related organization?	6b		<u>X</u>
D	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 organization provide any non-fixed payments			
7		7	7650740556	X
0	not described on lines 5 and 6? If "Yes," describe in Part III	-		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8	4640030	Х
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	APPENDE.	
	Regulations section 53.4958-6(c)?	191		

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

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

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 (ii) and from related organizations, described in the instructions, on row (iii) Do not list any individuals that are not 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					Othor deferred	Popolito		is column (D)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	or or
(1) HAMILTON C. BROWN	(3)	0	0	0	0	0	***************************************	0
MANAGING DIRECTOR	Ξ	344,158.	0	0	0	19,970.	364,128.	
(2) REGINA BORDA HEINIGER	Ξ	0		0	0	0.		0
MANAGING DIRECTOR (THRU 2014)	Ξ	0	300,045.	0	0	21,051.	321,096.	
	Ξ							
	(ii)							
	Θ							
	(ii)							
	Ξ							
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SCHEDULE O

(Form 990 or 990-EZ)

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 500 FT 990 by 1990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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 ON	NE ANOTHER OUTSIDE
OF TACO BELL FOUNDATION: (1) BRIAN NICCOL, (2) AMY KAVANAU	UGH, (3) LYNN
HEMANS, (4) GREG CREED, AND (5) MIKE GRAMS.	
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 11:	
A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVE	ERNING 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 R	EVIEWED ON A
REGULAR BASIS AND PROVIDED TO THE OFFICERS/DIRECTORS.	Addition
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
CA, AK, AR, CT, DC, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ,	NM, NY, NC, ND, OH, OR
PA,RI,SC,TN,UT,VA,WA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILAB	LE FOR PUBLIC
INSPECTION UPON REQUEST AND ON GUIDESTAR.ORG.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)