SingerLewak LLP 2050 Main Street, 7th Floor Irvine, CA 92614 Tel: 949-261-8600 Fax: 949-261-8610

Taco Bell Foundation Inc. One Glen Bell Way Irvine, CA 92618

Enclosed is the organization's 2016 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2017.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before November 15, 2017 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$225.00, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Very truly yours,

Lior Temkin

Form	887	79-	EO
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# IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service For calendar year 2016, or fiscal year beginning , 2016, and ending , 20

Do not send to the IRS. Keep for your records.

2016

of the Treasury enue Service ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

33-0523542

# TACO BELL FOUNDATION INC.

Part I	Type of Return and Return Information	(Whole Dollars Only)
TREAS	URER	
LYNN	HEMANS	
Name and t	tle of officer	

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	11,336,553.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b _	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X lauthorize SINGERLEWAK LLP	to enter my PIN	07757
ERO firm name	-	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature  Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 9515140261 do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for t	the organization inc	dicated above. I
confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	eF) Information for	Authorized IRS
ERO's signature Date 09	/01/17	
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	Do So	
LHA For Paperwork Reduction Act Notice, see instructions. 623051 09-26-16	For	m <b>8879-EO</b> (2016)

2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

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Form	JJU	

Department of the Treasury

Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2017

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. or tax year beginning and ending



IRVINE, CA 92618         IRVINE, CA 92618         FName and address of principal officer:BRIAN NICCOL pending         SAME AS C ABOVE         I Taxeeempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527         J Website: ▶ WW. TACOBELLFOUNDATION.ORG         J Website: ▶ WWW. TACOBELLFOUNDATION.ORG         Form of organization: X Corporation I Trust Association Other ▶ L Year of formation: 1992 M State of legal domicle: CZ         Part.I Summary         I Briefly describe the organization's mission or most significant activities: WE FOCUS ON INVESTING IN         EDUCATION FOR AMERICA'S YOUTH & HELPING THEM REALIZE THEIR DREAMS.         2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)         4 Number of individuals employed in calendar year 2016 (Part VI, line 1b)         5 Total number of molviduals employed in calendar year 2016 (Part VI, line 2a)         6 Total number of volunteers (estimate if necessary)         7 a Total numer and genats (Part VIII, column (C), line 12         b Net unrelated business taxable income from Form 990-T, line 34         9 Program service revenue (Part VIII, line 1h)         10 Investment income (Part VIII, column (A), lines 3, 4, and 7c)         11 Other revenue (ad imins 8 through 11 (must equal Part VIII, column (A), lines 5.10)         9 Program servi	AF	or th	e 2016 calendar year, or tax year beginning and	ending	_	
Doing business as       TACO       BELL       FOUNDATION       33-0523542         Number and street (or P.0. box if mail is not delivered to street address)       Nom/suite       E Telephone number       949-863-3706         City or town, state or province, country, and ZIP or foreign postal code       G @coss recepts \$ 11,848,802       H(a) Is this a group return for subordinates included?       Yes X No         Application       F Name and address of principal officer.BRTAN NICCOL       SAME AS C ABOVE       Yes X No         I taxexempt status:       X 501(c)(3)       501(c)(1)        (insert no.)       4947(a)(1) or       507         J website:       WWW TACOBELLFOUNDATION.ORG       H(c) Group exemption number       K       Form of organization:       X) Corporation       Trax       Association       Other       L year of formation:       192/m State of legal dominiet:       C         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voting members of the governing body (Part VI, line 1a)       3       2/t         4       Number of voting members of the governing body (Part VI, line 1a)       3       2/t       2/t         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       5       2/t         6       Total number of	B a	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
Doing business as       TACO       BELL       FOUNDATION       33-0523542         Number and street (or P.0. box if mail is not delivered to street address)       Nom/suite       E Telephone number       949-863-3706         City or town, state or province, country, and ZIP or foreign postal code       G @coss recepts \$ 11,848,802       H(a) Is this a group return for subordinates included?       Yes X No         Application       F Name and address of principal officer.BRTAN NICCOL       SAME AS C ABOVE       Yes X No         I taxexempt status:       X 501(c)(3)       501(c)(1)        (insert no.)       4947(a)(1) or       507         J website:       WWW TACOBELLFOUNDATION.ORG       H(c) Group exemption number       K       Form of organization:       X) Corporation       Trax       Association       Other       L year of formation:       192/m State of legal dominiet:       C         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voting members of the governing body (Part VI, line 1a)       3       2/t         4       Number of voting members of the governing body (Part VI, line 1a)       3       2/t       2/t         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       5       2/t         6       Total number of		Addr	TACO BELL FOUNDATION INC.			
Image: Control of the organization of the organize the organization of the organization of the					33-0	523542
Image: Status:       ONE GLEN BELL WAY       949-863-3706         Chy or town, state or province, country, and ZIP or foreign postal code       G cross receipts \$ 11,848,802         Investment       F Name and address of principal officer: BRIAN NICCOL       H(a) Is this a group return         SAME AS C ABOVE       I accountry, and ZIP or foreign postal code       H(a) Is this a group return         I Tax-exempt status:       I 010(c)(3)       501(c) (4 (insert no.)       4947(a)(1) or       527         I Website:       WW NTACOBELLFOUNDATION.ORG       H(c) Group exemption number >         K Form of organization:       I Corporation       Trust       Association       Other >       L Year of formation:       1992 M State of legal domicle: Ci         Partil       Summary       EDUCATION FOR AMERICA'S YOUTH & HELPTING THEM REALIZE THEIR DREAMS.       2       Check this box >       1       1       1 if the organization is discontinued its operations or disposed of more than 25% of its net assets.       3         Number of individuals employed in calendar year 2016 (Part V, line 1a)       3       2       2         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       6       2         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       6       2         6       Total number of individuals employed in calenda		⊐Initial	<b>0</b>	Room/suite	E Telephone number	r
Image: Section of the sectin the sectin section of the sectin of the section of		Final	ONE CLEN BELL WAY			
Image and address of principal officer.BRIAN NICCOL SAME AS C ABOVE       H(a) is this a group return for subordinates?         I Taxexempt status: X 001(c)(3)       01(c)(1)		ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	11,848,802.
perioding       SAME AS C ABOVE       H(b) Are all subordinates included?       Yes       No         I Tax exempt status:       XX 501(c)(3)       501(c)()       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes       No         J Website:       WWW.TACOBELLFOUNDATION.ORG       H(c) Group exemption number       K: Form of organization:       XX Corporation       Trust       Association       Other       (c) Group exemption number       K: See instructions)         Part I       Summary       I Briefly describe the organization: Sisoin or most significant activities:       WE FOCUS       NINVESTING       IN         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voting members of the governing body (Part VI, line 1a)       4       21         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       6       7       6       22         6       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       6       21       7a       0         7       Total number of individuals employed in calendar year 2016 (Part VI, line 2a)       6       21       7a       0         6       Total number of individuals employed in calendar year 2016 (Part VI, line 2a)       0       0		lreturr	IRVINE, CA 92010		H(a) Is this a group re	
SARE AS C ABOVE       H(b) Are all subordinates included? [Ves		tión			for subordinates	? Yes 🔀 No
J       Website:       WWW.TACOBELLFOUNDATION.ORG       H(c) Group exemption number         K       Form of organization:       Image: Composition       Trust       Association       Other       L Year of formation:       1992       M State of legal domicile: C/         Part I       Summary       Image: Composition       Trust       Association       Other       L Year of formation:       1992       M State of legal domicile: C/         Part I       Summary       Image: Composition       Image: Composition <td></td> <td>-</td> <td>SAME AS C ABOVE</td> <td></td> <td>H(b) Are all subordinates in</td> <td>ncluded? Yes No</td>		-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
K       Form of organization:       X       Corporation       Trust       Association       Other       L       Vent of formation:       1992       M State of legal domicile: Ci         Part I       Summary       Summary       L       Vent of formation:       1992       M State of legal domicile: Ci         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       WE       FOCUS       ON       INVESTING       IN         2       Check this box       Image: I				or 🛄 527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: WE FOCUS ON INVESTING IN EDUCATION FOR AMERICA'S YOUTH & HELPING THEM REALIZE THEIR DREAMS.         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6       20         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0         b       Net unrelated business taxable income from Form 990-T, line 34       0       0         9       Program service revenue (Part VIII, line 1h)       15,509,886.       11,333,494         9       Program service revenue (Part VIII, line 2g)       0.       0         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       7,448.       0         11       Other revenue (Part VIII, olumn (A), lines 4, and 7d)       15,517,334.       11,336,553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9,2666,900.					H(c) Group exemption	n number 🕨
9       1       Briefly describe the organization's mission or most significant activities: WE FOCUS ON INVESTING IN         2       Check this box        if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       21         4       Number of voting members of the governing body (Part VI, line 1a)       3       21         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       5       5         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       6       21         6       Total number of volunteers (estimate if necessary)       6       21         7       a       0       7a       0         9       Program service revenue from Part VIII, column (C), line 12       7a       0         9       Program service revenue (Part VIII, line 2g)       0.       0.       0         10       Investment income (Part VIII, column (A), lines 5, 4, and 7d)       7, 448.       0       0       3, 059         12       Total revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e)       0.       0.       0.       0.       0         10       Investment income (Part VIII, column (A), lines 1.3)       9, 2666, 900. </td <td></td> <td>_</td> <td>-</td> <td><b>L</b> Year</td> <td>of formation: 1992 N</td> <td>State of legal domicile: CA</td>		_	-	<b>L</b> Year	of formation: 1992 N	State of legal domicile: CA
EDUCATION FOR AMERICA'S YOUTH & HELPING THEM REALIZE THEIR DREAMS.         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of voting members of the governing body (Part VI, line 1a)       4         5       7         6       7         7       Total number of volunteers (estimate if necessary)         7       7         7       Total number of volunteers (estimate if necessary)         7       7         8       Contributions and grants (Part VIII, column (C), line 12         9       Program service revenue (Part VIII, line 1h)         9       Program service revenue (Part VIII, line 2g)         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14       Benefits paid to or for members (Part IX, column (A), line 4)         10       Order professional fundraising eses (Part IX, column (A), line 11e)         15       Salaries, other co	Pa	1	•			
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         3,059           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         982,505.         936,310           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	e	1	Briefly describe the organization's mission or most significant activities: WE F		N INVESTING	
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         3,059           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         982,505.         936,310           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	Jan					
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         3,059           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         982,505.         936,310           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	verr		-		1 1	
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         3,059           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         982,505.         936,310           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	ĝ					20
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         3,059           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         982,505.         936,310           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	Š				·····	20
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         3,059           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         982,505.         936,310           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	itie	5				20
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         0.         0           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         3,059           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         982,505.         936,310           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	ž		Total number of volunteers (estimate in necessary)			0.
Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       15,509,886.       11,333,494         9       Program service revenue (Part VIII, line 2g)       0.       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7,448.       0         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3,059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       9,266,900.       6,440,600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       982,505.       936,310         16a       Professional fundraising fees (Part IX, column (D), line 25)       889,792.       4,202,836.       5,072,042         17       Other expenses (Part IX, column (D), line 25)       889,792.       4,202,836.       5,072,042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	Ă					0.
8       Contributions and grants (Part VIII, line 1h)       15,509,886.       11,333,494         9       Program service revenue (Part VIII, column (A), lines 2g)       0.       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7,448.       0         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3,059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       9,266,900.       6,440,600         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       9,266,900.       6,440,600         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982,505.       936,310         16a       Professional fundraising fees (Part IX, column (A), line 25)       889,792.       4,202,836.       5,072,042         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       4,202,836.       5,072,042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952						
9       Program service revenue (Part VIII, line 2g)       0.000         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7,448.00         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.3,059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15,517,334.11,336,553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9,266,900.6,440,600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982,505.936,310         16a       Professional fundraising fees (Part IX, column (D), line 25)       889,792.       4,202,836.5,072,042         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       14,452,241.12,448,952         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.12,448,952	-	8	Contributions and grants (Part VIII, line 1h)			
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3, 059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15, 517, 334.       11, 336, 553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9, 266, 900.       6, 440, 600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       982, 505.       936, 310         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       889, 792.       4, 202, 836.       5, 072, 042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14, 452, 241.       12, 448, 952	nu				-	0.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3, 059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15, 517, 334.       11, 336, 553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9, 266, 900.       6, 440, 600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       982, 505.       936, 310         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       889, 792.       4, 202, 836.       5, 072, 042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14, 452, 241.       12, 448, 952	eve				7,448.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15, 517, 334.       11, 336, 553         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9, 266, 900.       6, 440, 600         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982, 505.       936, 310         16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b Total fundraising expenses (Part IX, column (D), line 25)       889, 792.         14, 202, 836.       5, 072, 042         14, 452, 241.         12, 2448, 952	£	11			• •	3,059.
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9,266,900.       6,440,600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982,505.       936,310         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       889,792.       4,202,836.       5,072,042         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952		12			15,517,334.	11,336,553.
Set of the compensation of the com		13			9,266,900.	6,440,600.
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ►       889,792.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       4,202,836.       5,072,042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952		14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       4,202,030:       3,072,042         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		982,505.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       4,202,030:       3,072,042         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	en se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       4,202,030:       3,072,042         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	92.		
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>1</b> ,065,093 <b>-</b> 1,112,399		18				
		19	Revenue less expenses. Subtract line 18 from line 12			-1,112,399.
Beginning of Current Year End of Year	s or			Be		
20 Total assets (Part X, line 16)	sset 3alaı					7,488,712.
	et A: nd E		· · · · · · · · · · · · · · · · · · ·			342,760.
■       22 Net assets or fund balances. Subtract line 21 from line 20       8,258,351.       7,145,952         Part II       Signature Block	Z Z Z				ŏ,∠5ŏ,35l.	7,145,952.

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

Sign Here	Signature of officer RYAN MOORE, TREASURER			Date		
	Type or print name and title	1	I Data			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	LIOR TEMKIN	LIOR TEMKIN	09/01	/17 <sup>if</sup> P00748170		
Preparer	Firm's name 🕞 SINGERLEWAK LLP			Firm's EIN 95-2302617		
Use Only	Firm's address 📐 2050 MAIN STREET					
	IRVINE, CA 92614 Phone no.949-261-8600					
May the IRS discuss this return with the preparer shown above? (see instructions)						
632001 11-1	532001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)					

	990 (2016) TACO BELL FOUNDATION INC.	<u>33-0523542</u> Ра
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	(2)
	TACO BELL FOUNDATION, INC. IS A NOT-FOR-PROFIT 501(C)	
	CORPORATION WITH THE FOUNDED FOCUS OF INVESTING IN T	
	AMERICA'S YOUTH THROUGH EDUCATION AND HELPING THEM F	REALIZE THEIR
	DREAMS.	
2	Did the organization undertake any significant program services during the year which were not listed or	
	prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?Yes X
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program serv	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, and
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 7,618,516. including grants of \$ 4,440,600. )	
	TACO BELL FOUNDATION PROVIDES FUNDING TO THE BOYS &	
	AMERICA AND OTHER TEEN-SERVICE ORGANIZATIONS IN THE	
	GRANTS. EXPERIENCES OR PROGRAMS MUST FOCUS ON CAREEF	
	EDUCATION. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO	
	SENDING TEENS TO THE NATIONAL KEYSTONE CONFERENCE, J	-
	MENTORSHIP PROGRAMS, AND LOCAL COMMUNITY SERVICES PF	ROJECTS.
	(Code:) (Expenses \$1,715,650. including grants of \$1,000,000. )	
	TACO BELL FOUNDATION PROVIDES NATIONAL FUNDING TO TH	
	CLUBS OF AMERICA (B&GCA) TO FUND PROGRAMS THAT ARE F	
	TEENS TO GRADUATE. SPECIFICALLY, PROGRAM FUNDING GOE	
	OF THE B&GCA KEYSTONE PROGRAM WHERE TEENS ENGAGE IN	
	RELATIONSHIPS WITH ADVISORS AND PARTICIPATE IN JOB S	
	EXPERIENCES, HANDS-ON COLLEGE TOURS, AND COMMUNITY S	SERVICE PROJECTS.
	(Code:) (Expenses \$ 1,715,650. including grants of \$ 1,000,000. )	
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET	SCHOOLED
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD	SCHOOLED DUATE FOR MAS ONLI
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAI PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAI PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAL PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAL PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAL PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T REMAIN ON TRACK TOWARDS HIGH SCHOOL GRADUATION.	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAI PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T REMAIN ON TRACK TOWARDS HIGH SCHOOL GRADUATION.	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
4d	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY THE TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS THE REMAIN ON TRACK TOWARDS HIGH SCHOOL GRADUATION.	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY
4d	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAI PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY TH TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS T REMAIN ON TRACK TOWARDS HIGH SCHOOL GRADUATION.	SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY TO SUCCESSFULLY )
4d 4e	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRAD PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMIS EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY THE TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUAT CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS THE REMAIN ON TRACK TOWARDS HIGH SCHOOL GRADUATION.	T SCHOOLED DUATE FOR MAS ONLI SE TO GRADUATE IN HEY NEED TO STAY O TE FOR MAS IN-SCHO A FRIENDLY

Form 990 (2016)

TACO BELL FOUNDATION INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		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			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
v	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,	<b>–</b>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	· ·		
U	-	8		x
9	Schedule D, Part III			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	5		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated inflation statements for the tax year include a footfole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	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	120		X
14a		14a	1	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		L	<u> </u>
2	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		L	<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		L	<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		L	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		L	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2016)

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TACO BELL FOUNDATION INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	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	04-		x
<b>h</b>	Schedule K. If "No", go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			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," 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			
	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Ø	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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			
	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	Х	

Form **990** (2016)

Form	990 (2016) TACO BELL FOUNDATION INC. 33-0523	542	F	Page 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
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 reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		$\square$
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			177
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2016)
				1001C)

Form **990** (2016)

Form 990 (	(2016)
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## TACO BELL FOUNDATION INC.

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			
Sec	tion A. Governing Body and Management			_
			Yes	N
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
74		7a		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
b				
	persons other than the governing body?	7b		-
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-	v	
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		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	1
l0a	Did the organization have local chapters, branches, or affiliates?	10a		
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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
U		12c	x	
40	in Schedule O how this was done		X	
	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
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?			Ι.
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		2
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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	7 T.A	MF	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	Jie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request X Other ( <i>explain in Schedule O</i> )			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	id finan	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	RYAN MOORE - 949-863-3706			
	ONE GLEN BELL WAY, IRVINE, CA 92618			
32006	S 11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	1 <b>990</b>	(20
	6			,
70	901 701224 7757 2016.04020 TACO BELL FOUNDATION INC.	77!	57_	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key En	nployees,	Highest	Compensat	əd
	Employees, and Independe	ent Contra	ctors					

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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week			uau	reciu	n/uus		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		ee,	npen		(00-2/1033-10100)		and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	est col	5			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Former			0
(1) FRANK TUCKER	10.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) RYAN MOORE	2.50									
TREASURER		Х		Х				0.	0.	0.
(3) LEIGH ANNE TUOHY	0.20									
SECRETARY		Х		Х				0.	0.	0.
(4) BRIAN NICCOL	0.20									
CHAIRMAN		Х		Х				0.	0.	0.
(5) MARK PETERSON	0.20									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(6) LEE MITCHELL	0.20									
DIRECTOR		Х						0.	0.	0.
(7) LINDA ALVARADO	0.20									_
DIRECTOR		Х						0.	0.	0.
(8) EMILY KENTRIS COLEMAN	0.20									
DIRECTOR		Х						0.	0.	0.
(9) LEE ENGLER	0.20									
DIRECTOR		Х						0.	0.	0.
(10) FARZIN FERDOWSI	0.20									•
DIRECTOR		X						0.	0.	0.
(11) MIKE GRAMS	0.20									0
DIRECTOR	0.00	X						0.	0.	0.
(12) GREGORY J HAMER, SR	0.20	37						0.	0.	0
DIRECTOR	0.20	Х						0.	0.	0.
(13) CRAIG LANGEL	0.20	x						0.	0.	0.
DIRECTOR (14) DAVID LOCKWOOD	0.20	^						0.	0.	0.
	0.20	x						0.	0.	0.
DIRECTOR (15) JEFF MCKASSON	0.20	Δ						0.	0.	0.
DIRECTOR	0.20	x						0.	0.	0.
(16) MARJORIE PERLMAN	0.20	Δ					-	0.	•	<u></u>
DIRECTOR	0.20	x						0.	0.	0.
(17) STEVE MCCORMICK (UNTIL 02/09/20	0.20	- 27				-			0.	<u>U•</u>
DIRECTOR	0.20	x						0.	0.	0.
632007 11-11-16						L	I			Form <b>990</b> (2016)
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2016.04020 TACO BELL FOUNDATION INC.

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Form	990	(201	6

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (	Compensated Employe	es (continued)				
(A)	(B)			) (C		_		(D)	(E)			(F)	
Name and title	Average Position (do not check more than one					than		Reportable	Reportable			timate	
	hours per week					is bot or/trus			compensation			nount	
	(list any	te l				Γ		_ from the	from related organizations			other pensa	
	hours for	direct				p			(W-2/1099-MISC)			om th	
	related	tee or	ustee			ensate		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	inal tr		loyee	e e						d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	inizati	ons
(18) BJORN ERLAND (UNTIL 02/09/2016)	0.20	=	-	5	Ke	Ξē	2			+			
DIRECTOR		x						0.	(	).			0.
(19) WALTER SMITH (UNTIL 02/09/2016)	0.20									$\top$			
DIRECTOR		Х						0.	(	).			0.
(20) AMY KAVANAUGH (04/20/2016)	0.20												
DIRECTOR	40.00	X						0.	(	).			0.
(21) TINA NGUYEN	40.00					x		141 004	ſ	).			0.
DIRECTOR HR (22) JENNIFER WALKER	40.00							141,904.	l l	·			0.
SR. MANAGER						x		122,019.	(	).			0.
(23) ASHLEY ASBRA	40.00									-			
MANAGER						x		100,492.	(	).			0.
										$\square$			
		-											
										+			
1b Sub-total								364,415.	(	).			0.
c Total from continuation sheets to Part V								0.		).			0.
d Total (add lines 1b and 1c)								364,415.	(	).			0.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable				
compensation from the organization 🕨													3
										F		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,			e, ke	ey en	nplo	byee	, or	highest compensated en	mployee on				v
line 1a? If "Yes," complete Schedule J for s				•••••							3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150								-	the organization				x
<ul><li>5 Did any person listed on line 1a receive or a</li></ul>									dual for services	-	4		
rendered to the organization? If "Yes," com	•							•		1	5		x
Section B. Independent Contractors										<u></u>			
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors	that received more than	\$100,000 of compe	ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithi	n the organization's tax y	/ear.				
(A) Name and business	addross	<b>NT</b> /		7				<b>(B)</b> Description of s	onvicos	<u> </u>	<b>C)</b> mper	;) acatio	n
	2001633	INC	ONI	2			_	Description of s			mper	Isatio	
							_						
2 Total number of independent contractors (i	ncludina but r	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organi	-					0							
÷									· · · ·	F	Form 9	<b>990</b> (	2016)

				UNDATION	INC.		33-052	35 <b>42</b> Page <b>9</b>
Pa	rt V							
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII	(5)	<u> </u>	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 ;	a Federated campaigns	1a					
Gra	I	<b>b</b> Membership dues	1b					
ts, (	(	c Fundraising events	1c	6,666,426.				
Gif ilar	(	d Related organizations	1d					
ns, Sim		e Government grants (contribu	· · · · · · · · · · · · · · · · · · ·					
er (	1	f All other contributions, gifts, grai						
đ		similar amounts not included abo		4,667,068.				
Contributions, Gifts, Grants and Other Similar Amounts		<b>g</b> Noncash contributions included in line			11 222 404			
<u>a O</u>		h Total. Add lines 1a-1f			11,333,494.			
	•	_		Business Code				
Program Service Revenue	2 8							
Ser		с						
evel Bvel								
Bag		a						
Pr		f All other program service rev	enue					
		g Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of ta	ax-exempt bond p	proceeds 🕨				
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		a Gross rents						
		<b>b</b> Less: rental expenses						
		c Rental income or (loss)						
		<ul><li>d Net rental income or (loss) .</li><li>a Gross amount from sales of</li></ul>	(i) Securities	(ii) Other				
	1	assets other than inventory						
	1	<b>b</b> Less: cost or other basis						
		and sales expenses						
	(	c Gain or (loss)						
		d Net gain or (loss)		►				
e	8 8	a Gross income from fundraisin	ng events (not					
Other Revenue		including \$ 6,666	5,426. of					
Rev		contributions reported on line	,					
Jer	_	Part IV, line 18						
₿		<b>b</b> Less: direct expenses		512,249.	0			
		c Net income or (loss) from fun			0.			
	90	a Gross income from gaming a Part IV, line 19						
	I	<b>b</b> Less: direct expenses						
		c Net income or (loss) from gar						
		a Gross sales of inventory, less	-					
		and allowances						
	I	b Less: cost of goods sold						
		c Net income or (loss) from sale	es of inventory	►				
		Miscellaneous Reven	ue	Business Code				
		a MISCELLANEOUS INCOME		900099	3,059.			3,059
		b						
	(	C						
	(	<ul><li>d All other revenue</li><li>e Total. Add lines 11a-11d</li></ul>			3,059.			
	12	Total revenue. See instructions.			11,336,553.	0.	0	. 3,059
		11 16			, , , • •	- •		Eorm <b>990</b> (2016

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Part IX Statement of Functional Expenses

TACO BELL FOUNDATION INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,440,600.	6,440,600.		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	875,334.	744,034.	131,300.	
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	60,976.	51,829.	9,147.	
11	Fees for services (non-employees):				
	Management	47,016.		47,016.	
	Legal	23,538.		23,538.	
	Accounting	83,147.		83,147.	
	Lobbying	,			
e					
f	Investment management fees				
g					
Э	column (A) amount, list line 11g expenses on Sch 0.)	2,059,150.	1,919,094.	140,056.	
12	Advertising and promotion	218,777.		110,0300	
12 13		121,803.	103,533.	18,270.	
	Office expenses	121,0031	100,000	2072700	
14 15	Information technology				
15	Royalties				
16		118,386.	100,628.	17,758.	
17	Travel	110,500.	100,020.	17,750.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	61,828.	30,914.	30,914.	
22	Depreciation, depletion, and amortization	01,020.	50,5140	50,5140	
23 24	Insurance Other expenses. Itemize expenses not covered				
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	GRANT RELATED EXPENSES	1,434,449.	1,434,449.		
b	CANISTER SERVICE FEE	568,805.			568,805
с	CANISTER REPAIRS	320,987.			320,987
d					
е	All other expenses	14,156.	5,958.	8,198.	
25	Total functional expenses. Add lines 1 through 24e	12,448,952.	11,049,816.	509,344.	889,792
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 Figure if following SOP 98-2 (ASC 958-720)				

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TACO BELL FOUNDATION INC.

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			unu line in this Dout V			
		Check if Schedule O contains a response or note to a	ing line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1,800,247.	1	6,419,027.
	2	Savings and temporary cash investments		8,440,964.	2	
	3	Pledges and grants receivable, net		754,823.	3	846,120.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former			-	
	_	trustees, key employees, and highest compensated e				
		Part II of Schedule L	-		5	
	6	Loans and other receivables from other disqualified p				
		section 4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of section 50	-			
S		employees' beneficiary organizations (see instr). Com			6	
Assets	7	Notes and loans receivable, net			7	
¥8	8	Inventories for sale or use		6,573.	8	29,393.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	256,000.			
	b	Less: accumulated depreciation 10b	61,828.	Ο.	10c	194,172.
	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		11,002,607.	16	7,488,712.
	17	Accounts payable and accrued expenses		2,744,256.	17	342,760.
	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	
es	22	Loans and other payables to current and former office	ers, directors, trustees,			
Liabilities		key employees, highest compensated employees, an	d disqualified persons.			
iab		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable				
		parties, and other liabilities not included on lines 17-2	4). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		2,744,256.	26	342,760.
		Organizations that follow SFAS 117 (ASC 958), che				
ces		complete lines 27 through 29, and lines 33 and 34.		0 250 251		7 145 052
lan	27	Unrestricted net assets		8,258,351.	27	7,145,952.
Fund Balances	28	Temporarily restricted net assets			28	
pu	29				29	
ц		Organizations that do not follow SFAS 117 (ASC 9	o8), check here ▶∟			
0	00	and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipm			31	
Net	32	Retained earnings, endowment, accumulated income		8,258,351.	32	7,145,952.
_	33	Total net assets or fund balances		11,002,607.	33	7,488,712.
	34	Total liabilities and net assets/fund balances		II,002,00/•	34	/,400,/14.

Form 990 (2016)

Form	1990 (2016) TACO BELL FOUNDATION INC.	33-	0523542	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,44		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,25	8,3	51.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,14	5,9	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		000	(2016)

Form **990** (2016)

SCHEDULE A
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(Form	990	or	990	)-EZ
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# **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.

2016	
Open to Public	

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OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization

🕨 Inf

ormation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99	90.	Inspection
Em	nployer	identification number

		TACO BELL FOUNDATION INC.	33-0523542
Part	: 1	Reason for Public Charity Status (All organizations must complete this part.) See instructions	6.
The or	gan	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1 [		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
з [		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 [		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii). Enter the hospital's name,
		city, and state:	
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental u	init described in
		section 170(b)(1)(A)(iv). (Complete Part II.)	
6 [		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from t	he general public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)	
8 [		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant college
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college or
_		university:	
10 🗌		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, members	hip fees, and gross receipts from
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	its support from gross investment
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the or	ganization after June 30, 1975.
_		See section 509(a)(2). (Complete Part III.)	
11 L		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 🗌		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the purposes of one or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 5	<b>509(a)(3).</b> Check the box in
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and	d 12g.
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), t	ypically by giving
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the supporting
		organization. You must complete Part IV, Sections A and B.	
b		<b>Type II.</b> A supporting organization supervised or controlled in connection with its supported organization	n(s), by having
		control or management of the supporting organization vested in the same persons that control or mana	ge the supported
		organization(s). You must complete Part IV, Sections A and C.	
С		J Type III functionally integrated. A supporting organization operated in connection with, and functional	lly integrated with,
		its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	

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

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

f Enter the number of supported organizations

g Provide the following informatio	n about the support	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

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# Schedule A (Form 990 or 990-EZ) 2016 TACO BELL FOUNDATION INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,426,188.	10,786,791.	10,464,279.	15,719,170.	11,333,494.	58,729,922.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,426,188.	10,786,791.	10,464,279.	15,719,170.	11,333,494.	58,729,922.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	oolump (f)						644,971.
6	Public support. Subtract line 5 from line 4.						58,084,951.
	ction B. Total Support						,
-	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	10,426,188.	10,786,791.	10,464,279.	15,719,170.	11,333,494.	58,729,922.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	7,805.	9,353.	6,995.	7,448.	0.	31,601.
0	Net income from unrelated business	,,	5,555.		,,110.		51,0010
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		8,544.	848.		3,059.	12,451.
44	assets (Explain in Part VI.)		0,511.	010.		3,035.	58,773,974.
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga instructio				12	50,775,574.
	First five years. If the Form 990 is for		,				
	-	-			•		
Sec	organization, check this box and <b>stop</b> ction C. Computation of Publ	ic Support Pe	rcentage				
						14	98.83 %
	Public support percentage for 2016 (I Public support percentage from 2015					15	99.18 %
	33 1/3% support test - 2016. If the c						7 -
108		-					
la la	stop here. The organization qualifies						······ · · · · · · · · · · · · · · · ·
D	33 1/3% support test - 2015. If the c						
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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# Schedule A (Form 990 or 990-EZ) 2016 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year begi	nning in) 🕨 (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contribution		, <u>, , , , , , , , , , , , , , , , , , </u>				
membership fees received	,					
include any "unusual gran	·					
2 Gross receipts from admis						
merchandise sold or servi						
formed, or facilities furnish						
any activity that is related organization's tax-exempt						
•	· ·					
3 Gross receipts from activi						
are not an unrelated trade	or bus-					
iness under section 513						
Tax revenues levied for th	° I					
ization's benefit and eithe						
or expended on its behalf						
The value of services or fa	acilities					
furnished by a governmer						
the organization without c	harge					
<b>Total.</b> Add lines 1 through	15					
<b>a</b> Amounts included on lines	s 1, 2, and					
3 received from disqualifie	ed persons					
<b>b</b> Amounts included on lines 2 and 3						
from other than disqualified persor exceed the greater of \$5,000 or 1%						
amount on line 13 for the year						
c Add lines 7a and 7b						
B Public support. (Subtract line 7						
ection B. Total Suppo		•	•	•		
llendar year (or fiscal year begi	nning in) 🕨 (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
Da Gross income from interes						
dividends, payments rece						
securities loans, rents, roy and income from similar s	ources					
<b>b</b> Unrelated business taxable in						
(less section 511 taxes) from						
acquired after June 30, 1975						
c Add lines 10a and 10b						
activities not included in li						
whether or not the busine						
2 Other income. Do not inclu or loss from the sale of ca						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c						
First five years. If the For	m 990 is for the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) or	ganization,
check this box and <b>stop h</b>	nere					<b>&gt;</b>
ection C. Computation	n of Public Support Pe	ercentage				
5 Public support percentage	e for 2016 (line 8, column (f) o	divided by line 13,	column (f))		15	%
6 Public support percentage	e from 2015 Schedule A, Par	t III, line 15			16	%
ection D. Computation	n of Investment Incom	ne Percentage				
7 Investment income percer	ntage for <b>2016</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	ntage from 2015 Schedule A,				18	%
	<b>2016.</b> If the organization did				33 1/3%, and	line 17 is not
	k this box and <b>stop here.</b> The					
	2015. If the organization did					
••	31/3%, check this box and s					· · · · · · · · · · · · · · · · · · ·
0 Private foundation. If the						
2023 09-21-16	organization did not oneon a					n 990 or 990-EZ) 2016
2020 03-21-10			15	301		1 330 01 330-EZJ 2010
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 12a or 12b 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.)

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Schedule A (Form 990 or 990-EZ) 2016

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NU
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С		ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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			
	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	25 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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# Schedule A (Form 990 or 990-EZ) 2016 TACO BELL FOUNDATION INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	v integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>							
Sect	ion D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes								
2	Amounts paid to perform activity that directly furthers exempt purposes of supported									
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS							
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	he organization is responsive	e							
	(provide details in Part VI). See instructions									
9	Distributable amount for 2016 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016						
1	Distributable amount for 2016 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2016 (reason-									
	able cause required- explain in Part VI). See instructions									
3	Excess distributions carryover, if any, to 2016:									
а										
b										
с	From 2013									
d	From 2014									
е	From 2015									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2016 distributable amount									
i	Carryover from 2011 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2016 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2016 distributable amount									
C	Remainder. Subtract lines 4a and 4b from 4									
5	Remaining underdistributions for years prior to 2016, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions									
6	Remaining underdistributions for 2016. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions									
7	Excess distributions carryover to 2017. Add lines 3j									
	and 4c									
8	Breakdown of line 7:									
a										
	Excess from 2013									
	Excess from 2014									
	Excess from 2015									
e	Excess from 2016									

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (F	orm 990 or	990-EZ)	2016 7	TACO I	BELL	FOUND	ATION	INC.			33-05	23542 <sub>F</sub>
Part VI S	Part IV, Sect ne 1; Part IV	ental I tion A, lii V, Sectio nes 5, 6	nforma nes 1, 2, on D, line	a <b>tion.</b> Pr 3b, 3c, 4 es 2 and 3	rovide th b, 4c, 5a ; Part IV	ne explanationa, 6, 9a, 9b, 7, Section E,	ons required 9c, 11a, 11 lines 1c, 2a	by Part b, and 11 , 2b, 3a,	c; Part IV, S and 3b; Parl	art II, line 17a o ection B, lines <sup>-</sup> : V, line 1; Part \ t for any additio	r 17b; Part I I and 2; Par /, Section B	II, line 12; t IV, Section ( , line 1e; Part
			тт	LINE	10	EXPLA	ΝΑΨΤΟΝ	FOR	OTHER	INCOME:		
					10,		11/11 1 011	101	OTHER	INCOME.		
MISCELL	ANEOUS	S INC	COME									
2013 AM	OUNT :	\$	8,54	4.								
2014 AM	OUNT :	\$	848.	,								
2016 AM	OUNT :	\$	3,05	59.								
632028 09-21-16										Schedul	e A (Form 9	90 or 990-E
							20					

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury	

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

33-0523542

Organization type (check o	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

TACO BELL FOUNDATION INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

## Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	• •	-
Employer identification	number	

# 

Name of organization

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TACO	BELL FOUNDATION INC.	3:	3-0523542
Part I	Contributors (See instructions). Use duplicate copies of Part	l if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TACO BELL CORPORATE P.O.BOX 35910 LOUISVILLE, KY 40232	\$320,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

33-0523542

TACO BELL FOUNDATION INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF

Page 3

lame of orga	nization		Employer identification number
ГАСО В	ELL FOUNDATION INC.		33-0523542
Part III		ibutions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
(a) No	Use duplicate copies of Part III if additiona	Il space is needed.	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
·			
		(e) Transfer of gif	ť
	Transferee's name, address, an	d <b>7</b> ID ± 4	Relationship of transferor to transferee
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
·			
		(e) Transfer of gif	ť
	Transferee's name, address, an	d <b>7</b> ID ± 4	Relationship of transferor to transferee
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
		(e) Transfer of gif	ť
	Transferee's name, address, an	d <b>7I</b> P + 4	Relationship of transferor to transferee
.			
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 41 11			
.			
-			
		(e) Transfer of gif	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
F			
.			
23454 10-18-1	16	24	Schedule B (Form 990, 990-EZ, or 990-PF)

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SC	HEDULE D	Supplementa	al Financial Statement	s		OMB No. 154	5-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990	)_		201	6
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	2b.		Open to I	
-	Revenue Service		rm 990) and its instructions is at www.ii	rs.gov/fo		Inspectio	
Nam	e of the organizati	TACO BELL FOUNDATI			3	identification 3-05235	42
Pa		ations Maintaining Donor Advise		s or A	ccounts.	Complete if the	)
	organizatio	n answered "Yes" on Form 990, Part IV, lin				-1 - 11	1 -
	Tatal successions and an		(a) Donor advised funds	1)	<b>)</b> Funds an	d other accoun	its
1		nd of year f contributions to (during year)					
2 3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in		sed fund	ds		
	-	on's property, subject to the organization's	-			Yes	🗌 No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used o	nly		
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose	conferi	ring		
		ate benefit?				Yes	No No
Pa		ation Easements. Complete if the org	-	Part IV,	line 7.		
1		servation easements held by the organizat	· _ / · · · ·				
		n of land for public use (e.g., recreation or e f natural habitat		,	•		
		n of open space	Preservation of a cer	uneu ma		ure	
2		through 2d if the organization held a quali	fied conservation contribution in the form	ofaco	nservation (	easement on th	e last
-	day of the tax year	• • •				at the End of the	
а		onservation easements			2a		
b		ricted by conservation easements			2b		
с		vation easements on a certified historic str			2c		
d		vation easements included in (c) acquired					
	listed in the Nation	nal Register			2d		
3		vation easements modified, transferred, re	leased, extinguished, or terminated by th	e organ	ization durir	ng the tax	
	year ►	<u> </u>					
4		where property subject to conservation ea					
5	-	tion have a written policy regarding the pe orcement of the conservation easements i				Yes	No
6		r hours devoted to monitoring, inspecting,					
Ŭ			narialing of violations, and officioling cor	ioor valie			Jul
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ea	sements du	ring the year	
	▶\$					0	
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	)(h)(4)(B	)(i)		
	and section 170(h)	)(4)(B)(ii)?				Yes	No No
9	In Part XIII, descril	be how the organization reports conservation	ion easements in its revenue and expens	e staten	nent, and ba	alance sheet, a	nd
		ble, the text of the footnote to the organiza	tion's financial statements that describes	the org	anization's	accounting for	
Dai	conservation ease	ments. ations Maintaining Collections o	f Art Historical Treasures or (	)thor (	Similar A	ecote	
Fai		the organization answered "Yes" on Form				55015.	
12		elected, as permitted under SFAS 116 (AS		mont an	d balance s	sheet works of	art
ia		s, or other similar assets held for public exl					
		tnote to its financial statements that descri				, [,	,
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	it and ba	alance shee	t works of art, l	historical
	-	similar assets held for public exhibition, e					
	relating to these it						
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1					
	.,						
2		received or held works of art, historical tre		al gain, I	provide		
		unts required to be reported under SFAS 1					
		on Form 990, Part VIII, line 1					
		Form 990, Part Xeduction Act Notice, see the Instruction				dule D (Form 9	00) 2016
	1 08-29-16				Julie		50/2010

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_		LL FOUNDAT					33-05			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures, or Ot	her Sim	ilar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check a	any of the	following that are a	ı significar	nt use of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	c			hange programs					
b	Scholarly research	e	e 🗌 Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's c							t XIII.		
5	During the year, did the organization solicit of							-		7
Der	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran	-	ete if the o	rganizatio	n answered "Yes"	on Form 9	90, Part IV,	line 9, o	·	
	reported an amount on Form 990, Pa									
<b>1</b> a	Is the organization an agent, trustee, custod							7.		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	bliowing tai	ole:				<b>A</b>		
_								Amoun	t	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII									
Par										
	·	(a) Current year	(b) Pric		(c) Two years back	-	e vears back	(e) Fou	r vears	back
1a	Beginning of year balance	(	(-,	<b>, , , , , , , , , ,</b>		1-7	<u>,</u>	(-)	<u> </u>	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur	rrent year end baland	ce (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administered fo	r the orgai	nization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza							3b		
	Describe in Part XIII the intended uses of the		owment fu	nds.						
Fai	t VI Land, Buildings, and Equipn			ine dda C		V line 10				
	Complete if the organization answere						tod	(d) D = -	. احبد با	
	Description of property	(a) Cost or o basis (investi		. ,	• • •	Accumula lepreciatio		(d) Boo	k value	e
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment									
	Other					61,	828.		4,1	
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)		🕨 📔		4,1	
							Schodulo	D /Eorr	n 0001	2016

Schedule D (Form 990) 2016

632052 08-29-16

Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(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	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end of year market value

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

# Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

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

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

# Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 TACO BELL FOUNDATION INC.			33-	0523542 Page 4		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ı.					
1	Total revenue, gains, and other support per audited financial statements			1	20,039,778.		
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	9,257,492.				
с	Recoveries of prior year grants	2c					
d							
е	Add lines 2a through 2d			2e	9,257,492.		
3	Subtract line 2e from line 1			3	10,782,286.		
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	554,267.				
с	Add lines <b>4a</b> and <b>4b</b>			4c	554,267.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,336,553.				
				- <b>-</b>			
Ра	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W		Retu			
Pa	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n <b>ents W</b> ı.	/ith Expenses per		ırn.		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	n <b>ents W</b> ı.	/ith Expenses per	Retu			
	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W	/ith Expenses per	1	ırn.		
1	T XII         Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents W	/ith Expenses per	1	ırn.		
1 2	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents W a. 2a	/ith Expenses per	1	ırn.		
1 2 a	<b>TXII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	/ith Expenses per	1	ırn.		
1 2 b c d	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per 9 , 257 , 492 .	1	ırn. 21,152,177.		
1 2 b c d	<b>TXII</b> Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per 9 , 257 , 492 .	1	urn. 21,152,177. 9,257,492.		
1 2 b c d	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per 9 , 257 , 492 .	1	ırn. 21,152,177.		
1 2 b c d e	<b>TXII</b> Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per 9 , 257 , 492 .	1 2e	urn. 21,152,177. 9,257,492.		
1 2 b c d 3	<b>t XII Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses per 9 , 257 , 492 .	1 2e 3	urn. 21,152,177. 9,257,492.		
1 2 3 4	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	/ith Expenses per 9 , 257 , 492 .	1 2e 3	urn. 21,152,177. 9,257,492. 11,894,685.		
1 2 a b c d e 3 4 a	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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.)	2a       2b       2c       2d	/ith Expenses per 9 , 257 , 492 . 554 , 267 .	1 2e 3 4c	urn. 21,152,177. 9,257,492. 11,894,685. 554,267.		
1 2 d e 3 4 b c 5	T XII       Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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.)	2a       2b       2c       2d	/ith Expenses per 9 , 257 , 492 . 554 , 267 .	1 2e 3	urn. 21,152,177. 9,257,492. 11,894,685.		

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.

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THE FOUNDATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED DECEMBER 31, 2016, 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 2013 - 2016

STATE 2012 - 2016

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ALLOCATED TO FUNCTIONAL

EXPENSES

554,267.

554,267.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ALLOCATED FROM FUNDRAISING

# INCOME

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Schedule D (Form 990) 2016

(Form 990 or 990-EZ) Complete if t	ental Information Regarding he organization answered "Yes" on organization entered more than \$1 Attach to Form 990	Form 5,000 ) or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047
Name of the organization	about Schedule G (Form 990 or 990-EZ ELL FOUNDATION INC.		<u>s instri</u>	ictions is at www.irs.g	00/10	Employer id	entification number
Part I Fundraising Activitie	S. Complete if the organization answe		es" o	n Form 990, Part IV, I	line 1		
<ul> <li>required to complete this paid in the organization rate of the organization rate of the organization rate of the organization rate of the organization is the organization of the organization is the organization have a written key employees listed in Form 990, b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the organization is the organization have a written we compensated at least \$5,000 by the organization is t</li></ul>	ised funds through any of the followi e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p dividuals or entities (fundraisers) purse	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained byj fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
		Yes	No				
	_						
	_						
	_						
	_						
	_						
		1					
Total							
3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2016

632081 09-12-16

 Schedule G (Form 990 or 990-EZ) 2016
 TACO
 BELL
 FOUNDATION
 INC .
 33-0523542
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000
			NATIONAL	TACO CHARITY		(d) Total events
			FUNDRAISER	FUNDRAISER	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
					(total humber)	
	1	Gross receipts	6,181,492.	660,446.	336,737.	7,178,675
	2	Less: Contributions	5,999,938.	441,423.	225,065.	6,666,426
	3	Gross income (line 1 minus line 2)	181,554.	219,023.	111,672.	512,249
	4	Cash prizes				
		p				
3	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	0	Entortainment				
	8 9	Entertainment		219,023.	111,672.	512,249
	9 10	Other direct expenses Direct expense summary. Add lines 4 throug				512,249
		Net income summary. Subtract line 10 from I			•	0
	rt I					1
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
			(,	bingo/progressive bingo	(0) 0 1101 guilting	col. (a) through col. (a
	1	Gross revenue				
	~	Oral anima				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	└── Yes %	<b>Yes</b> %	
	6	Volunteer labor	No No	└── No	Νο	
	_					
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Net gaming income summary. Subtract line r				
)	En	ter the state(s) in which the organization cond	ucts gaming activities:			
		ter the state(s) in which the organization conducted to conducted the organization licensed to conduct gaming a		states?		. 🛄 Yes 🛄 N
a	ls t		ctivities in each of these			. └── Yes └── N
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these			Yes N
a b	Is t If "	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			
a b	Is t If " We	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			
a b	Is t If " We	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	erminated during the tax y		
a b a	Is t If " We	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	erminated during the tax y		
a b a	Is t If " We	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	erminated during the tax y	year?	

31 2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

Schedule (	G (Form 990 or 990-EZ) 2016 TACO BELL FOUNDATION INC.	<u>33-0</u> 5	5 <u>235</u> 4	2 Page 3
11 Does	the organization conduct gaming activities with nonmembers?		Yes	
	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	·		_
to adr	ninister charitable gaming?		🗌 Yes	No
	te the percentage of gaming activity conducted in:			
<b>a</b> The o	rganization's facility		13a	%
	tside facility		13b	%
	the name and address of the person who prepares the organization's gaming/special events books and record			
Name	▶			
Addre	ss 🕨			
				_
15a Does	the organization have a contract with a third party from whom the organization receives gaming revenue? $_{\dots\dots}$		Yes	No No
	s," enter the amount of gaming revenue received by the organization $ ightarrow$ \$ and the amou	int		
of gar	ning revenue retained by the third party $\blacktriangleright$ \$			
c If "Ye	s," enter name and address of the third party:			
Name				
Addre	ss 🕨			
16 Gamir	ng manager information:			
Name	▶			
Gamir	ng manager compensation 🕨 \$			
_				
Descr	iption of services provided 🕨			
	Director/officer Employee Independent contractor			
47 Marcal				
	atory distributions:			
	organization required under state law to make charitable distributions from the gaming proceeds to			No
	the state gaming license?			
	the amount of distributions required under state law to be distributed to other exempt organizations or spent in	1 the		
Part IV	ization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v	art III lin		10b 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	art III, III I	65 9, 90,	100, 130,
	Toc, To, and Trb, as applicable. Also provide any additional mormation. See instructions			
632083 09-12	-16 Schadula (	G (Form	990 or 9	90-EZ) 2016
	32			,_010
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2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

	1 /			
			<b>.</b>	
632084			Schedule G (F	Form 990 or 990-EZ)
632084 04-01-16				
		33		
				<u> </u>

SCHEDULE I		arants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar lete if the organizatio					2016
Department of the Treasury Internal Revenue Service		ion about Schedule I	Attach to Form	m 990.		0.	Open to Public Inspection
Name of the organization			(			-	Employer identification number
TACO BELL	FOUNDATI	ON INC.					33-0523542
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records criteria used to award the grants or assis	stance?						
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	•			1 0	anization answered "Y	'es" on Form 990, Par	IV, line 21, for any
recipient that received more than s					(f) Method of		
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash 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,
STREET NE - ATLANTA, GA 30309	13-5562976	501(C)(3)	1,000,000.	0.			TO HELP THEM GROW UP TO
BOYS & GIRLS CLUBS OF AMERICA							TO PROVIDE FINANCIAL
(LOCAL OFFICES - LIST AVAILABLE							SUPPORT AT THE LOCAL
UPON REQUEST) - VARIOUS LOCATIONS							LEVEL FOR BOYS AND GIRLS
THROUGH OUT THE US - MULTIPLE		501(C)(3)	1,963,780.	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)	1,643,820.	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
ARNOLD O. BECKMAN HIGH SCHOOL							SERVICES AND PROGRAMS FOR
3588 BRYAN AVENUE							UNDERPRIVILEGED CHILDREN,
IRVINE, CA 92602	55-0862096	501(C)(3)	5,000.	0.			TO HELP THEM GROW UP
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				▶ 365.
3 Enter total number of other organization	s listed in the line	1 table					<u></u>
LHA For Paperwork Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2016)

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

# Schedule I (Form 990) TACO BELL FOUNDATION INC.

Schedule I (Form 990) IACO BELL							53-0525542 Page
Part II Continuation of Grants and Other	Assistance to Ge	overnments and Orga	anizations in the U	nited States (Sch	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
CITY YEAR, INC (MA)							SERVICES AND PROGRAMS FO
287 COLUMBUS AVE							UNDERPRIVILEGED CHILDREN
BOSTON, MA 02116	22-2882549	501(C)(3)	75,000.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
COLORADO I HAVE A DREAM FOUNDATION							SERVICES AND PROGRAMS FO
1836 GRANT ST							UNDERPRIVILEGED CHILDREN
DENVER, CO 80203	74-2497109	501(C)(3)	28,080.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
COMMUNITIES IN SCHOOLS OF THE BIG							SERVICES AND PROGRAMS FO
COUNTRY - 1654 CAMPUS COURT -							UNDERPRIVILEGED CHILDREN
ABILENE, TX 79601	75-2945230	501(C)(3)	5,900.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
DENVER ZOOLOGICAL FOUNDATION							SERVICES AND PROGRAMS FO
2300 STEELE ST							UNDERPRIVILEGED CHILDREN
DENVER, CO 80205	84-0502539	501(C)(3)	10,000.	٥.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
JUNIOR ACHIEVEMENT OF WASHINGTON							SERVICES AND PROGRAMS FO
1700 WESTLAKE AVE NORTH #400							UNDERPRIVILEGED CHILDREN
SEATTLE, WA 98109	54-0788947	501(C)(3)	106,120.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
LATIN AMERICAN EDUCATIONAL							SERVICES AND PROGRAMS FO
FOUNDATION - 561 SANTA FE DRIVE -							UNDERPRIVILEGED CHILDREN
DENVER, CO 80204	84-6010415	501(C)(3)	6,500.	٥.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
OREGON PARTNERSHIP LINES FOR LIFE							SERVICES AND PROGRAMS FO
5100 SW MACADAM AVE SUITE 400							UNDERPRIVILEGED CHILDREN
PORTLAND, OR 97239	93-0725294	501(C)(3)	54,410.	٥.			TO HELP THEM GROW UP
			-				TO PROVIDE SUPPORT
SCHOLARSHIP AMERICA							SERVICES AND PROGRAMS FO
PO BOX 240							UNDERPRIVILEGED CHILDREN
ST PETER, MN 56082	23-7007104	501(C)(3)	1,375,000.	0.			TO HELP THEM GROW UP
·							TO PROVIDE SUPPORT
BIG BROTHERS BIG SISTERS OF							SERVICES AND PROGRAMS FO
MISSOULA - 1520 S RUSSELL ST -							UNDERPRIVILEGED CHILDREN
MISSOULA, MT 59801	81-6023638	501(C)(3)	5,000.	0.			TO HELP THEM GROW UP

Schedule I (Form 990)

# 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.)

33-0	523542	
33-0	545544	

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
JOB'S FOR AMERICA'S GRADUATES -							SERVICES AND PROGRAMS FOF
KANSAS – 500 SW VAN BUREN STREET							UNDERPRIVILEGED CHILDREN,
OFFICE 217 - TOPEKA, KS 66603	46-5533413	501(C)(3)	5,000.	٥.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
YMCA OF THE PIKES PEAK REGION							SERVICES AND PROGRAMS FOR
316 NORTH TEJON							UNDERPRIVILEGED CHILDREN
COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	5,420.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
JUNIOR ACHIEVEMENT OF SOUTHERN							SERVICES AND PROGRAMS FOR
CO,INC - 419 WEST BIJOU STREET -							UNDERPRIVILEGED CHILDREN,
COLORADO SPRINGS, CO 80905	84-6009223	501(C)(3)	5,000.	0.			TO HELP THEM GROW UP
,,,,							TO PROVIDE SUPPORT
JUNIOR ACHIEVEMENT OF CHICAGO							SERVICES AND PROGRAMS FOR
651 W. WASHINGTON BLVD, SUITE 404							
	26 2170141	$E_{01}(a)(2)$	103 850	0.			UNDERPRIVILEGED CHILDREN,
CHICAGO, IL 60661	36-2170141	501(C)(3)	103,850.	υ.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
JUNIOR ACHIEVEMENT OF NORTHWESTERN							SERVICES AND PROGRAMS FOR
OHIO - 2239 CHEYENNE BLVD -							UNDERPRIVILEGED CHILDREN,
TOLEDO, OH 43614	34-4430363	501(C)(3)	27,720.	0.			TO HELP THEM GROW UP

Schedule I (Form 990)

Schedule I (Form 990) (2016) TAC

TACO BELL FOUNDATION INC.

Page 2

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF AMERICA (NATIONAL OFFICE)

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

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

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

LEARN AND PLAY.

Part IV | Supplemental Information

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.

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 O         (Form 990 or 990-EZ)         Department of the Treasury         Internal Revenue Service		OMB No. 1545-0047 <b>2016</b> Open to Public Inspection
Name of the organization TACO BELL FOUNDATION INC.	Employer	identification number 523542
FORM 990, PART VI, SECTION A, LINE 2:		
THE FOLLOWING PERSONS HAVE A BUSINESS RELATIONSHIP WITH O		
OF TACO BELL FOUNDATION: (1) BRIAN NICCOL, (2) MIKE GRAMS	, (3)	RIAN MOORE,
(4) FRANK TUCKER.		
FORM 990, PART VI, SECTION A, LINE 3:		
THE ORGANIZATION PUT THEIR GRANT AWARD PROGRAM UNDER THE	SUPERV	ISION OF AN
OUTSIDE ORGANIZATION.		
FORM 990, PART VI, SECTION B, LINE 11B:		
A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOV	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	EVIEWE	D ON A
REGULAR BASIS AND PROVIDED TO THE OFFICERS/DIRECTORS.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FO	RM 990:
CA, AK, AR, CT, DC, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ,		
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.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16
 39

2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Employer identification number
TACO BELL FOUNDATION INC.	33-0523542
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON RE	QUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	140,056
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	140,056
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	1,919,094
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,919,094
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,059,150
FORM 990, PART XI, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBI	LITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND S	ELECTION OF AN
INDEPENDENT ACCOUNTANT. THE OVERSIGHT AND SELECTION PRO	
CHANGED FROM PRIOR YEAR.	

09370901 701224 7757 2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

Form <b>4562</b>
Department of the Treasury Internal Revenue Service (99
Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

ZU

Identifying number

6

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

TAC	CO_BELL FOUNDATION			ORM 990 P.			33-0523542
Pa	rt I Election To Expense Certain Pro	perty Under Section 1	79 Note: If you have an	y listed property, o	complete Part	V before yo	
<b>1</b> N	Maximum amount (see instructions)						500,000.
	otal cost of section 179 property pla						
	hreshold cost of section 179 proper						2,010,000.
<b>4</b> F	Reduction in limitation. Subtract line	3 from line 2. If zero	o or less, enter -0-				
	pollar limitation for tax year. Subtract line 4 from I						
6	(a) Description of	property	(b) Cost (b	usiness use only)	(c) Elected	d cost	
	internation Frate the second for	m lin e 00					
	isted property. Enter the amount fro						
	otal elected cost of section 179 pro						
	entative deduction. Enter the <b>small</b> Carryover of disallowed deduction fro						
	Business income limitation. Enter the						
	Section 179 expense deduction. Add						
	Carryover of disallowed deduction to					12	
	: Don't use Part II or Part III below for			• 13			
	rt II Special Depreciation Allow			ude listed proper	tv )		
	Special depreciation allowance for qu						
	he tax year		· · · ·		-	14	
	Property subject to section 168(f)(1)					····	
	Other depreciation (including ACRS)					10	
	rt III MACRS Depreciation (Dor						
			Section A	,			
17	ACRS deductions for assets place	d in service in tax ve	ears beginning before 2	016		17	
	you are electing to group any assets placed in s						
			e During 2016 Tax Ye			ation Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
с	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Posidential rental property	/		27.5 yrs.	MM	S/L	
	Residential rental property	/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	
	Section C - Assets	Placed in Service	During 2016 Tax Yea	· Using the Alterr	native Depred	ciation Syst	em
20a	Class life					S/L	
b	12-year			12 yrs.	_	S/L	
<u> </u>	40-year	/		40 yrs.	MM	S/L	
	rt IV Summary (See instructions						
	isted property. Enter amount from li					21	
22 1	otal. Add amounts from line 12, line	es 14 through 17, lin	ies 19 and 20 in colum	n (g), and line 21.			<i>ca</i>
	nter here and on the appropriate lin				r	22	61,828.
	or assets shown above and placed	•					
-	portion of the basis attributable to se						
61625	1 12-21-16 LHA For Paperwork Red	duction Act Notice	, see separate instruc 41				Form <b>4562</b> (2016

2016.04020 TACO BELL FOUNDATION INC.

Form 4562 (20	)16)	TAC	O BELL	FOUN	DATI	ON 1	INC.					33-	0523	542 I	Page <b>2</b>
			utomobiles, ce	ertain oth	ner vehic	les, cer	tain aircı	raft, ce	ertain com	puters, a	nd prop				
	ecreation, or a	,	hich you are u	sing the	standar	d miloa	ao rato a	vr dodu	icting loss				w 24a (		mne
(2	a) through (c) of	of Section A	, all of Section	B, and	Section (	C if app	licable.	n ueut	icting leas	e expens	se, com	piere <b>oi</b>	<b>iiy</b> 24a, 2	24D, COlu	11115
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	basseng	jer autoi	mobiles.)	,	
24a Do you hav	ve evidence to s	support the bu	siness/investme	ent use cla	aimed?	Υ	′es	No	<b>24b</b> If "Y	es," is th	e evide	nce writ	ten?	Yes	No
(a	)	(b)	(c)		(d)		(e)		(f)	()	g)		(h)		i)
Type of p	roperty	Date placed in	Business/ investment		Cost or		sis for depre Isiness/inve		Recovery		hod/		eciation	Elec sectio	
(list vehic	ies first)	service	use percentag		her basis	(~~	use only		period	Conv	ention	dea	uction	C0	
25 Special de	preciation allo	wance for g	ualified listed	property	/ placed	in servi	ce durino	a the t	ax vear an	d					
•	•		usiness use	,	-						25				
26 Property u															
				6											
				6											
				6											
27 Property u	read 50% or la	i : :													
		· · · ·		<u>use.</u> 6						S/L -		I			
		: :												4	
		: :		6						S/L ·				1	
				6						S/L -				-	
28 Add amou															
29 Add amou	nts in column	(i), line 26. E											. 29		
			S	ection I	B - Infor	mation	on Use	of Veł	nicles						
Complete this	section for ve	hicles used	by a sole prop	rietor, p	artner, o	r other	"more th	an 5%	owner," o	or related	l persor	n. If you	provideo	1 vehicles	6
to your employ	/ees, first ans	wer the ques	stions in Section	on C to s	see if you	u meet	an excep	otion to	o completi	ng this s	ection f	or those	vehicles	3.	
				(	a)	(	(b)		(c)	(c	i)	(	e)	(f)	)
30 Total busine	ess/investment i	miles driven d	uring the	Veł	nicle	Ve	hicle	V	/ehicle	Veh	icle	Vel	hicle	Vehi	icle
year ( <b>don't</b> i	include commut	ting miles)													
31 Total com															
32 Total other															
	-	-													
33 Total miles														<u> </u>	
	30 through 32														
34 Was the v				Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
		•		165		163		163		165	NO	165		165	NU
	duty hours?														
35 Was the v															
	wner or relate													$\vdash$	
36 Is another	vehicle availa	ble for perso	onal												
use?															
			- Questions f		-					-					
Answer these	questions to c	determine if	you meet an e	xceptior	n to com	oleting	Section	B for v	ehicles us	ed by en	nployee	s who <b>a</b>	ren't mo	re than 5	5%
owners or rela	•														
37 Do you ma	aintain a writte	en policy stat	tement that pr	ohibits a	all persor	nal use	of vehicle	es, inc	luding cor	nmuting,	by you	r		Yes	No
employees	s?														
38 Do you ma	aintain a writte	en policy stat	tement that pr	ohibits p	personal	use of	vehicles,	excep	ot commut	ing, by y	our				
employees	? See the ins	tructions for	vehicles used	l by corp	oorate of	ficers, d	directors	, or 1%	6 or more	owners					
39 Do you tre	at all use of ve	ehicles by er	mployees as p	ersonal	use?										
40 Do you pro															
			ne information												
41 Do you me															
			0, or 41 is "Ye											1	
Part VI Ar		-, 30, 00, 4	-, -, -, -, -, -, -, -, -, -, -, -, -, -												
				(b)	1	(c)			(d)	1	(e)			(f)	
	(a) Description of	costs		amortization		Amortiza	ble		Code section		Amortiza		Ar	mortization or this year	
10 Amortiacti	on of costs +h	at boains du		begins S tax var	L	anoun			300001		period or per	centage		, and year	
42 Amortizati	UT OF COSTS (N	ai negins du		-	ai.			-				1			
				: :	<b> </b>			_							
				: :											
43 Amortizati												43			
44 Total. Add	l amounts in c	olumn (f). Se	ee the instruct	ions for	where to	report						44			( <b>a</b> -
616252 12-21-16							4.0						F	orm <b>4562</b>	<b>2</b> (2016)
							42								

09370901 701224 7757 2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

	72
120	

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-1709

Entor filor's identifying number

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

					a sidentinyi	ng number	
Type or	Name of exempt organization or other filer, see instr	Employe	mployer identification number (EIN) o				
print	TACO BELL FOUNDATION INC.		33-0523542				
File by the			41	Casial as			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, ONE GLEN BELL WAY	see instruc	tions.	Social se	curity numb	er (55N)	
instructions.	City, town or post office, state, and ZIP code. For a IRVINE, CA 92618	foreign add	Iress, see instructions.				
Enter the	Return Code for the return that this application is for (	file a separa	ate application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (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) RYAN MOORE	06	Form 8870			12	
Teleph ● If the o ● If this box ▶ [ 1 I re for ▶[	books are in the care of $\blacktriangleright$ ONE GLEN BELL none No. $\blacktriangleright$ 949-863-3706 organization does not have an office or place of busine is for a Group Return, enter the organization's four digit of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year 2016 or tax year beginning the tax year entered in line 1 is for less than 12 months,	ss in the Ur t Group Exe and atta <b>NOVE</b> e organizati , an	Fax No. ►	f this is fo f all memb	r the whole <u>o</u> ers the exten opt organizat	nsion is for.	
	Change in accounting period	0 0* 6060	anter the tentetive tex less any				
	nis application is for Forms 990-BL, 990-PF, 990-T, 472 nrefundable credits. See instructions.	0, 01 0009,	enter the tentative tax, less ally	3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 606	antor an	v refundable credits and	3a	φ		
	imated tax payments made. Include any prior year ove		<i>,</i>	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your p				Ψ		
	using EFTPS (Electronic Federal Tax Payment System)		· · ·	3c	\$	0.	
	If you are going to make an electronic funds withdraws				nd Form 887		
LHA F	or Privacy Act and Paperwork Reduction Act Notice	e, see instr	uctions.		Form 8	3868 (Rev. 1-2017)	

**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

TAXABLE YE <b>2016</b>		fornia e-file Re npt Organizat		rization fo	or			FORM 8453-EO
Exempt Organiza	ation name						Identifyi	ng number
TACO BI	ELL FOUND	ATION INC.					33-	0523542
		formation (whole dollars						11 0/0 000
-	oss receipts (Form							$\frac{11,848,802.00}{11,848,802.00}$
•	oss income (Form	rsements (Form 199, line §	ט <i>י</i>					12,961,201. <sub>00</sub>
JIOLAIEA			<i></i>				0	00
Part II Se	ttle Your Accoun	t Electronically for Taxab	ole Year 2016					
	ectronic funds with					ate (mm/dd/	уууу)	
		n (Have you verified the ex	empt organization's	banking informatio	on?)			
<ul><li>5 Routing</li><li>6 Account</li></ul>				7 Type of ac		Checkin	~ [	Savings
	claration of Offic	er		r Type of act			y ∟	_ Savings
			signated in Part II. If I c	neck Part II. Box 4. I	authorize	an electronic f	unds with	ndrawal for the amount listed
on line 4a.	1 0	e that I am an officer of the ab	C C	, ,				
California elect a balance due organization w statements be	tronic return. To the I return, I understand /ill remain liable for th transmitted to the FT	provider and the amounts in best of my knowledge and bel that if the Franchise Tax Boar le fee liability and all applicabl B by the ERO, transmitter, or sclose to the ERO or interme	lief, the exempt organiza d (FTB) does not receive le interest and penalties. intermediate service pr	tion's return is true, e full and timely payn I authorize the exem ovider. If the proces	correct, ar nent of the opt organiz sing of the	nd complete. I exempt orgai ation return a	f the exer nization's nd accom	npt organization is filing fee liability, the exempt apanying schedules and
Sign Here	Signature of officer		Date	TREASURE	ER			
nere	5							
Part V De	claration of Elect	ronic Return Originator	(ERO) and Paid Pre	oarer.				
am only an intr accurately refle provided the o 1345, 2016 e- the exempt org I declare that I	ermediate service pro ects the data on the r irganization officer wi file Handbook for Aut ganization return is fil have examined the a	ovider, I understand that I am eturn.) I have obtained the or th a copy of all forms and info thorized e-file Providers. I will	not responsible for revi ganization officer's sign ormation that I will file w keep form FTB 8453-E vill make a copy availabl return and accompanyin	ewing the exempt or ature on form FTB 8- ith the FTB, and I ha O on file for <b>four</b> year e to the FTB upon re g schedules and stat ave knowledge.	ganization 453-EO be ve followe rs from the quest. If I a ements, an	's return. I dec fore transmitti d all other req due date of the am also the pa nd to the best	clare, how ng this re uirements ne return id prepar of my kn	s described in FTB Pub. or <b>four</b> years from the date er, under penalties of perjury, owledge and belief, they are
ERO signa					Check if also paid	Chec if self		
ERO	's name (or yours				preparer	X emple		] <u>P00748170</u> 95-2302617
if sel	f-employed)	SINGERLEWAK 2050 MAIN ST		LOOR			FEIN	95-2502017
	address	IRVINE, CA		HOOK			ZIP co	de 92614
		e that I have examined the abo d complete. I make this decla						
Paid Preparer	Paid preparer's signature			Date		Check if self- employed		aid preparer's PTIN
Must	Firm's name (or yours if self-employed)						FEIN	
Sign	and address						ZIP co	de
For Privacy	Notice, get FTB 1	131 ENG/SP.						FTB 8453-EO 2016

629021 11-17-16

# TAXABLE YEARCalifornia Exempt Organization2016Annual Information Return

199

Са	alendar Yeaı	r 2016 or fiscal year beginning (mm/dd/yyyy)	, and ending (	(mm/dd/yyy	/у)		
		rganization name		Cali	fornia corp	oration	number
_					1 1 1 0	~ • •	
т	ACO B	ELL FOUNDATION INC.			1710	340	)
A	dditional info	rmation. See instructions.		FE	IN		
					33-0	523	3542
					PMB no.	545	,512
		(suite or room)			PIVID NO.		
0	NE GL	EN BELL WAY					
С	City			State	ZIP code		
т	RVINE			CA	9261	8	
				CA		-	! -
Г	oreign countr	y name Foreign province/state/county	у		Foreign p	ostal co	Jde
_							
Ā	First Retu	urnYes 🔀 No J If	exempt under R&TC S	Section 237	01d. has	the or	ganization
В							• Yes X No
						·	
C	IRC Sect	ion 4947(a)(1) trust Yes 🔀 No 🛚 K Is	the organization exem	ipt under R	&IC Sect	10n 23	3701g? • 🗌 Yes 🔀 No
D	Final Info	rmation Return? If	"Yes," enter the gross	receipts fro	m nonme	ember	sources \$
	•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If	organization is exemp	t under R&	TC Sectio	n 237(	01d
	Enter data		nd meets the filing fee				
-			-				
Е			e is required.				
F	Federal r	eturn filed? (1) ● 990⊤(2) ● 990-PF (3) ● Sch H ( 990)   M IS	the organization a Lim	nited Liabilit	ty Compa	ny?	• Yes X No
	(4) X		id the organization file				
6	. ,						• Yes X No
G							
н	Is this or		the organization unde	-			
	lf "Yes," v	vhat is the parent's name? IR	RS audited in a prior ye	ar?			• Yes X No
		P is	a federal Form 1023/1	1024 pendir	1a?		Yes X No
T	Did the o		ate filed with IRS				
_		ted to the FTB? See instructions					
F	Partl	Complete Part I unless not required to file this form. See General Instruction					
		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	8		٠	1	515,308. <sub>00</sub>
		2 Gross dues and assessments from members and affiliates			•	2	00
				стит	1		11,333,494.00
	Receipts	<ul> <li>Gross contributions, gifts, grants, and similar amounts received</li> <li>Total gross receipts for filing requirement test. Add line 1 through line 3.</li> <li>This line must be completed. If the result is less than \$50,000, see General Instruct</li> </ul>		SIMI	⊥ ●	3	
		4 This line must be completed. If the result is less than \$50,000, see General Instruct	ction B		•	4	11,848,802. <sub>00</sub>
	and	5 Cost of goods sold	• 5		00		
	Revenues	<ul> <li>5 Cost of goods sold</li> <li>6 Cost or other basis, and sales expenses of assets sold</li> </ul>			00		
						- 1	
		7 Total costs. Add line 5 and line 6				7	00
		8 Total gross income. Subtract line 7 from line 4			•	8	11,848,802. <sub>00</sub>
	_	9 Total expenses and disbursements. From Side 2, Part II, line 18			٠	9	12,961,201. <sub>00</sub>
	Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9				10	-1,112,399.00
		11 Total payments			•	11	00
		12 Use tax. See General Instruction K				12	00
		13 Payment balance. If line 11 is more than line 12, subtract line 12 from	n line 11		٠	13	00
	Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from I				14	00
		15 Filing fee \$10 or \$25. See General Instruction F				15	
						16	00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11	from the result			17	00
		17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 to Under penalties of perjury, I declare that I have examined this return, including accompanities is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	nying schedules and state	ments, and to	the best o	t my kn	lowledge and belief,
Si	gn		r all mormation of which p		ity knowled	ige.	
Here		Title		Date			• Telephone
		Signature of officer	EASURER				949-863-3706
			Date	Check	if		● PTIN
		Preparer's LIOR TEMKIN	09/01/1		nployed		P00748170
<b>.</b>				·			
	aid	Firm's name					
Pr	reparer's	(or yours, if self-					95-2302617
Us	se Only	employed) 2050 MAIN STREET, 7TH FLOOR					Telephone
	-	and address IRVINE, CA 92614					949-261-8600
_		May the FTB discuss this return with the preparer shown above? See instru	ictions		• X		
_		I may une i in unecuos une return mun une preparer snown above: See Instru		<u></u>	• LA	_ Yes	No No

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## TACO BELL FOUNDATION INC.

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

628951 11-30-16

SEE !	PART	II	SUBSTITUTE	ATTACHMENT
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					SEE	PART	II	SUBSTITU	JTE	ATTACHMENT
	1	Gross sales or receipts from all b	usiness activities. See i	nstructions				•	1	00
	2	Interest						•	2	00
	3	Dividends						•	3	00
Receipts	4	Gross rents						•	4	00
from	5	Gross royalties							5	00
Other	6	Gross amount received from sale							6	00
Sources	7								7	00
	8	Total gross sales or receipts from		•					8	00
	9	Contributions, gifts, grants, and s							9	00
	10	Disbursements to or for member							10	00
	11	Compensation of officers, directo							11	0.00
	12	Other salaries and wages							12	00
Expenses	13	Interest							13	00
and Disburse-									14	00
ments	16	Rents Depreciation and depletion (See i							16	00
menta	17	Other Expenses and Disburseme							17	00
		Total expenses and disbursemen							18	00
Sched				ng of taxabl		511 0100 1,1	urt 1, 11	En		(able year
Assets			(a)		(b)			(C)		(d)
1 Cash										•
2 Net a		s receivable								•
		ceivable								•
										•
		state government obligations								•
6 Inves	tments	in other bonds								•
7 Inves	tments	in stock								•
8 Morte	gage lo	ans								•
9 Other										•
10 a De	preciat	le assets	,							
		mulated depreciation	(	)			(		)	
										•
		;								•
		·								
Liabilities							-			-
		iyable								•
		s, gifts, or grants payable								•
		notes payable payable								•
		les								-
		or principal fund								•
		tal surplus. Attach reconciliation								•
		nings or income fund								•
		ties and net worth								
		1-1 Reconciliation of income p Do not complete this sched		•	e 13. colun	nn (d), is le	ess than	\$50.000.		
1 Netir	COMP	per books						oks this year		
		me tax						irn.		•
		pital losses over capital gains						n not charged		
		recorded on books this year						iis year		•
		corded on books this year not				I. Add line 7				
-		this return	•			ncome per				
6 Total.	Add li	ne 1 through line 5				ract line 9 f		e 6		

3652164

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FORM 199	DRM 199 CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDF	ESS	DATE OF GIFT	AMOUNT
TACO BELL CORPORATE	P.O.BOX 35910 LOU 40232	JISVILLE, KY	12/31/16	320,450.
TOTAL INCLUDED ON LINE 3	3		-	320,450.

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.

TACO BELL FOUNDATION INC.       Change of address         Amended report       Amended report         Comparison of organization No.       1710340         Address Busines and Sheet)       Comparison of organization No.       1710340         Free Comparison of Sheet)       Federal Employer LD. No.       33-0523542         Change of address       Coss Annual Revenue       Fee         Less than \$25,000       Between \$100,001 and \$250,000       Between \$10,000,01 and \$250,000       Between \$10,000,01 and \$250,000         PART A - ACTIVITIES       For your most recent full accounting period (beginning_01/01/2016       ending_12/31/2016_//37,712.       PART A - ACTIVITIES         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PENDID OF THIS REPORT       Note:       Total asses or other financial transactions between the organization and yotficer, director or trustee there of either directly or with an entity in which any such officer, director or trustee had any finacial interest?       X         0. During this reporting period, wese there any contracts, loans, leases or other financial transactions between the organization and	State Charity Registration Number: CT 086806	Check if:				
Name of cognization       Image: Cognization No.       1710340         ONE GLEM BELL WAY       Corporate or Organization No.       1710340         Address (Number on Street)       Federal Employer 1.D. No.       33-0523542         IRVITNE, CA 92618       Federal Employer 1.D. No.       33-0523542         Gross Annual Revenue       Fee       Cross Annual Revenue       Fee         Less than \$25,000       0       Between \$10,000,01 and \$10 million       \$50         Between \$25,000 and \$100,000       \$25       Between \$25,000 and \$10,000 and \$50,000 on \$50         Rorss Annual Revenue       Fee       Cross Annual Revenue       Fee         For your most recent full accounting period (beginning 01/01/2016 cross annual revenue \$11, 336, 553.       rotal assets \$_7, 488, 712.       7, 488, 712.         PART A - ACTIVITIES       For your most recent full accounting period (beginning 01/01/2016 cross annual revenue \$11, 336, 553.       rotal assets \$_7, 488, 712.       7, 488, 712.         PARE B - STATEMENTS RECARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note: Myou answer "yes" to any of the questions below, your must dittich a separate sheet providing an explanation and set of ider, director or trustee thereol atther directly or with an entity in which any such officer, director or trustee had any financial interest?       X         0. During this reporting period, was there any contracts, loans, leases or offor funacial truster hereof atthe acting or withe and t						
Address (humber and Steer)       Federal Employer 1.D. No.       33-0523542         IRVINE, CA       92618       Federal Employer 1.D. No.       33-0523542         IRVINE, CA       92618       Federal Employer 1.D. No.       33-0523542         Gross Annual Revenue       Fed       Gross Annual Revenue       Fee       Gross Annual Revenue       Fee         Less than 325,000       0       0       Between \$100,001 and \$20,000 \$50       Between \$100,001 and \$20,000 \$50       Between \$10,0001 and \$10 million       \$150         PART A - ACTIVITIES       For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016 ) list:       Gross Annual Revenue       11,336,553       Total assets \$_7,488,712.         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note:       If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.       X         1.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable purposes user?       X         3.       During this reporting period, was there any contracts, lease, leases or other financial transactions between the organization fun						
Offly or Town: State and 28 foods       ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)         Make Check Payable to Attorney General's Registry of Charitable Trusts       Fores Annual Revenue       Fee         Less than \$25,000       0       0       Between \$100,001 and \$250,000       Sto         Between \$25,000 and \$100,000       0 25       Between \$100,001 and \$250,000       Sto         PART A - ACTIVITIES       For your most recent full accounting period (beginning 01/01/2016 or 11, 336, 553.       ending 12/31/2016 or 11, 336, 553.         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note:       If you answer 'yes' to any of the questions betwy, you must attach a separate sheet providing an explanation and details for each 'yes' response. PHE' instructions for information required.       Yes       No         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and financial interest?       X         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         3.       During this reporting period, was there any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the internal Revenue Service, attach a copy.       X         2.       During this reporting period, was there any organization funds used to pay any penalty, fine or judgment? If you f	ONE GLEN BELL WAY	_ Corporate	or Organization No. <u>1710340</u>			
Make Check Payable to Attorney General's Registry of Charitable Trusts       Second Status       Fee       Gross Annual Revenue       Fee       Gross Annual Revenue       Fee       Between \$1,000,001 and \$100,000       Second Status       Second Status       Between \$1,000,001 and \$100,000       Second Status       Second Status       Between \$1,000,001 and \$100,000       Second Status       Between \$1,000,001 and \$100,000       Second Status       Second Status       Between \$1,000,001 and \$100,000       Second Status		- Federal Er	mployer I.D. No. <u>33-0523542</u>			
Less than \$25,000       0       Between \$100,001 and \$20,000       \$50       Between \$100,001 and \$10 million       \$150         PART A - ACTIVITIES       For your most recent full accounting period (beginning 01/01/2016 or and \$10 million)       \$150       \$150         PART A - ACTIVITIES       For your most recent full accounting period (beginning 01/01/2016 or and \$10 million)       \$150         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note:       I / you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RF-1 instructions for information required.       Yes       Not         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee there of ether directly or with an entity in which any such officer, director or trustee had any financial interest?       X         2.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and fan officer, director or trustee had any financial interest?       X         3.       During this reporting period, were there any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service of a commercial fundraiser or fundraising counsel for charitable purposes used?       X         4.       During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable						
Between \$25,000 and \$100,000       \$25       Between \$250,001 and \$1 million       \$75       Between \$10,000,001 and \$50 million       \$225 Greater than \$50 million       \$225 S300         PART A - ACTIVITIES         For your most recent full accounting period (beginning 	Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	e	
For your most recent full accounting period (beginning 01/01/2016 Total assets \$ 7,488,712.       ending 12/31/2016       ) list:         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT       Note:       If you answer "yees" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.       Yes       No         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       No         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         3.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5.       During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       X         7.       During this reporting period, did the organization neceive any governmental fundraiser for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number.       X         0.       During this reporting period, did th			Between \$10,000,001 and \$50 million	\$2	25	
Gross annual revenue \$ 11,336,553. Total assets \$ 7,488,712.         PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT         Note:       If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       No         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         3.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5.       During this reporting period, did non-program expenditures exceed 50% of gross revenues?       X         6.       During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       X         7.       During this reporting period, did the organization neceive any governmental funding? If so, provide an attachment indicating the name of the agency, mailing address, contact person, and telephone number.       X	PART A - ACTIVITIES					
Note:       If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       Yes       No         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         3.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5.       During this reporting period, did the organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         6.       During this reporting period, did the organization receive any governmental fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       X         7.       During this reporting period, did the organization neceive any governmental funding? If so, provide an attachment linicating the name, address, and telephone number.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating the name of the agency						
and details for each "yes" response. Please review RRF-1 instructions for information required.       Yes       No         1.       During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?       No         2.       During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         3.       During this reporting period, did non-program expenditures exceed 50% of gross revenues?       X         4.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the internal Revenue Service, attach a copy.       X         5.       During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name, address, and telephone number.       X         6.       During this reporting period, did the organization nocle any and felephone number.       X         7.       During this reporting period, did the organization receive any organization contracts with a commercial fundraiser for charitable purposes.       X         8.       Does the organization nocle an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organiz	PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIO	D OF THIS RE	EPORT			
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee there effective directly or with an entity in which any such officer, director or trustee had any financial interest?       X         2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?       X         3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?       X         4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5. During this reporting period, did the organization receive any diverses, and telephone number of the service provider.       X         6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name, address, and telephone number.       X         7. During this reporting period, did the organization neceive any governmental funding? If so, provide an attachment indicating the name of the agency, mailing address, contact person, and telephone number.       X         8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X						
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? 1f "yes," provide an attachment listing the name, address, and telephone number of the service provider. 6. During this reporting period, did the organization neceive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? 949-863-3706 0rganization's e-mail address 7ACOBELLLFOUNDATION@TACOBELL.COM 1declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. 7ACOME TREASURER	1. During this reporting period, were there any contracts, loans, leases or othe	er financial trar	nsactions between the organization	Yes	No	
or funds?       X         3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?       x         4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.       X         5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       X         6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       X         7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's e-mail address       TACOBELLFOUNDATION@TACOBELL.COM       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct an	and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had				x	
4.       During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720       X         5.       During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       X         6.       During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       X         7.       During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's area code and telephone number       949-863-3706       X         0rganization's e-mail address       TACOBELLLFOUNDATION@TACOBELL.COM       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.       TREASURER </td <td colspan="4"></td> <td>x</td>					x	
with the Internal Revenue Service, attach a copy.       X         5.       During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used?       X         6.       During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name, address, and telephone number.       X         7.       During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's e-mail address       TACOBELLFOUNDATION@TACOBELL.COM       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.       TREASURER	3. During this reporting period, did non-program expenditures exceed 50% of	gross revenue	es?		x	
If "yes," provide an attachment listing the name, address, and telephone number of the service provider.       X         6.       During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.       X         7.       During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's area code and telephone number       949-863-3706       X         1       declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.         RYAN MOORE		penalty, fine or	judgment? If you filed a Form 4720		x	
name of the agency, mailing address, contact person, and telephone number.       X         7.       During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         Organization's area code and telephone number       949-863-3706       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.       RYAN MOORE		•			x	
the number of raffles and the date(s) they occurred.       X         8.       Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9.       Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's area code and telephone number       949-863-3706       X         0rganization's e-mail address       TACOBELLFOUNDATION@TACOBELL.COM       X         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.       TREASURER	name of the agency, mailing address, contact person, and telephone numb	ber.			x	
operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.       X         9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?       X         0rganization's area code and telephone number       949-863-3706       X         Organization's e-mail address       TACOBELLFOUNDATION@TACOBELL.COM       I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.         RYAN MOORE       TREASURER		purposes? If '	yes," provide an attachment indicating		x	
principles for this reporting period?       X         Organization's area code and telephone number       949-863-3706         Organization's e-mail address       TACOBELLFOUNDATION@TACOBELL.COM         I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.         RYAN MOORE       TREASURER					x	
Organization's e-mail address TACOBELLFOUNDATION@TACOBELL.COM I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. RYAN MOORE TREASURER	principles for this reporting period?	ordance with g	enerally accepted accounting	x		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.	Organization's area code and telephone number 949–863–3706					
correct and complete. RYAN MOORE TREASURER	Organization's e-mail address <b>TACOBELLFOUNDATION@TACOBEI</b>	L.COM				
		ying documents	s, and to the best of my knowledge and belief,	t is tru	e,	
Signature of authorized officer Printed Name Title Date						
20201	Signature of authorized officer Printed Name	Tî	Date			

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

					or 3 ruentinyi	ng number
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identificatio	n number (EIN) or
print	TACO BELL FOUNDATION INC.		33-0523542			
File by the						
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s ONE GLEN BELL WAY	see instruc	tions.	Social se	curity numb	er (SSN)
instructions	City, town or post office, state, and ZIP code. For a IRVINE, CA 92618	foreign add	lress, see instructions.			
Enter the	Return Code for the return that this application is for (f	ile a separa	te application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
	RYAN MOORE					
	ooks are in the care of  ONE GLEN BELL	WAY -	IRVINE, CA 92618			
Telepl	none No.		Fax No. 🕨			
	organization does not have an office or place of busines					🕨 📖
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole g	roup, check this
box 🕨	$\_$ . If it is for part of the group, check this box $\blacktriangleright$		ch a list with the names and EINs of	all memb	ers the exte	nsion is for.
<b>1</b> Ire	quest an automatic 6-month extension of time until	NOVE	MBER 15, 2017 , to file	the exen	npt organizat	ion return
for	the organization named above. The extension is for the	organizati	on's return for:			
►	$\underline{\mathbf{X}}$ calendar year $\underline{2016}$ or					
►	tax year beginning	, an	d ending			
2 If t	ne tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final retur	'n	
	Change in accounting period					
3a Ift	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	enter the tentative tax, less any			
no	nrefundable credits. See instructions.			3a	\$	0.
b lft	nis application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			
est	imated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawa	ll (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8	868 (Rev. 1-2017)

623841 01-11-17

Enter filer's identifying number

	000	
_	<b>YAII</b>	
Form	JJU	

Department of the Treasury

Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2017

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. or tax year beginning and ending



IRVINE, CA 92618         IRVINE, CA 92618         FName and address of principal officer:BRIAN NICCOL pending         SAME AS C ABOVE         I Taxeeempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527         J Website: ▶ WW. TACOBELLFOUNDATION.ORG         J Website: ▶ WWW. TACOBELLFOUNDATION.ORG         Form of organization: X Corporation I Trust Association Other ▶ L Year of formation: 1992 M State of legal domicle: CZ         Part.I Summary         I Briefly describe the organization's mission or most significant activities: WE FOCUS ON INVESTING IN         EDUCATION FOR AMERICA'S YOUTH & HELPING THEM REALIZE THEIR DREAMS.         2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)         4 Number of individuals employed in calendar year 2016 (Part VI, line 1b)         5 Total number of molviduals employed in calendar year 2016 (Part VI, line 12)         6 Total number of volunteers (estimate if necessary)         7 a Total numer and genats (Part VIII, column (C), line 12         b Net unrelated business taxable income from Form 990-T, line 34         9 Program service revenue (Part VIII, line 1h)         10 Investment income (Part VIII, column (A), lines 3, 4, and 7c)         11 Other revenue (ad imins 8 through 11 (must equal Part VIII, column (A), lines 5:10)         9 Program servi	AF	or th	e 2016 calendar year, or tax year beginning and	ending	_	
Doing business as       TACO       BELL       FOUNDATION       33-0523542         Number and street (or P.0. box if mail is not delivered to street address)       Nom/suite       E Telephone number       949-863-3706         City or town, state or province, country, and ZIP or foreign postal code       G @coss recepts \$ 11,848,802       H(a) Is this a group return for subordinates included?       Yes X No         Application       F Name and address of principal officer.BRTAN NICCOL       SAME AS C ABOVE       Yes X No         I taxexempt status:       X 501(c)(3)       501(c)(1)        (insert no.)       4947(a)(1) or       507         J website:       WWW TACOBELLFOUNDATION.ORG       H(c) Group exemption number       K       Form of organization:       X) Corporation       Trax       Association       Other       L year of formation:       192/m State of legal dominiet:       C         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voting members of the governing body (Part VI, line 1a)       3       2/t         4       Number of voting members of the governing body (Part VI, line 1a)       3       2/t       2/t         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       5       2/t         6       Total number of	B a	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
Doing business as       TACO       BELL       FOUNDATION       33-0523542         Number and street (or P.0. box if mail is not delivered to street address)       Nom/suite       E Telephone number       949-863-3706         City or town, state or province, country, and ZIP or foreign postal code       G @coss recepts \$ 11,848,802       H(a) Is this a group return for subordinates included?       Yes X No         Application       F Name and address of principal officer.BRTAN NICCOL       SAME AS C ABOVE       Yes X No         I taxexempt status:       X 501(c)(3)       501(c)(1)        (insert no.)       4947(a)(1) or       507         J website:       WWW TACOBELLFOUNDATION.ORG       H(c) Group exemption number       K       Form of organization:       X) Corporation       Trax       Association       Other       L year of formation:       192/m State of legal dominiet:       C         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voting members of the governing body (Part VI, line 1a)       3       2/t         4       Number of voting members of the governing body (Part VI, line 1a)       3       2/t       2/t         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5       5       2/t         6       Total number of		Addr	TACO BELL FOUNDATION INC.			
Image: Control of the organization of the organize the organization of the organization of the					33-0	523542
Image: Status:       ONE GLEN BELL WAY       949-863-3706         Chy or town, state or province, country, and ZIP or foreign postal code       G cross receipts \$ 11,848,802         Investment       F Name and address of principal officer: BRIAN NICCOL       H(a) Is this a group return         SAME AS C ABOVE       I accountry, and ZIP or foreign postal code       H(a) Is this a group return         I Tax-exempt status:       I 010(c)(3)       501(c) (4 (insert no.)       4947(a)(1) or       527         I Website:       WW NTACOBELLFOUNDATION.ORG       H(c) Group exemption number >         K Form of organization:       I Corporation       Trust       Association       Other >       L Year of formation:       1992 M State of legal domicle: Ci         Partil       Summary       EDUCATION FOR AMERICA'S YOUTH & HELPTING THEM REALIZE THEIR DREAMS.       2       Check this box >       1       1       1 if the organization is discontinued its operations or disposed of more than 25% of its net assets.       3         Number of individuals employed in calendar year 2016 (Part V, line 1a)       3       2       2         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       6       2         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       6       2         6       Total number of individuals employed in calenda		⊐Initial	<b>0</b>	Room/suite	E Telephone number	r
Image: Section of the sectin the sectin section of the sectin of the section of		Final	ONE CLEN BELL WAY			
Image and address of principal officer.BRIAN NICCOL SAME AS C ABOVE       H(a) is this a group return for subordinates?         I Taxexempt status: X 001(c)(3)       01(c)(1)		ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	11,848,802.
perioding       SAME AS C ABOVE       H(b) Are all subordinates included?       Yes       No         I Tax exempt status:       XX 501(c)(3)       501(c)()       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes       No         J Website:       WWW.TACOBELLFOUNDATION.ORG       H(c) Group exemption number       K: Form of organization:       XX Corporation       Trust       Association       Other       (c) Group exemption number       K: See instructions)         Part I       Summary       I Briefly describe the organization: Sisoin or most significant activities:       WE FOCUS       NINVESTING       IN         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voting members of the governing body (Part VI, line 1a)       4       21         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       6       21       7a       0         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       6       21       7a       0         6       Total number of individuals employed in calendar year 2016 (Part VI, line 2a)       5       5       0       0       0       0       0       0       0       0       0       0       0       0		lreturr	IRVINE, CA 92010		H(a) Is this a group re	
SARE AS C ABOVE       H(b) Are all subordinates included? [Ves		tión			for subordinates	? Yes 🔀 No
J       Website:       WWW.TACOBELLFOUNDATION.ORG       H(c) Group exemption number         K       Form of organization:       Image: Composition       Trust       Association       Other       L Year of formation:       1992       M State of legal domicile: Ci         Part I       Summary       Image: Ci       L Year of formation:       1992       M State of legal domicile: Ci         Part I       Summary       Image: Ci       L Year of formation:       1992       M State of legal domicile: Ci         Part I       Summary       Image: Ci       L Year of formation:       1992       M State of legal domicile: Ci         Part I       Summary       Image: Ci       Image: Ci <thimage: ci<="" th=""> <thimage: ci<="" th=""> <thimage< td=""><td></td><td>-</td><td>SAME AS C ABOVE</td><td></td><td>H(b) Are all subordinates in</td><td>ncluded? Yes No</td></thimage<></thimage:></thimage:>		-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
K       Form of organization:       X       Corporation       Trust       Association       Other       L       Vent of formation:       1992       M State of legal domicile: Ci         Part I       Summary       Summary       L       Vent of formation:       1992       M State of legal domicile: Ci         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       WE       FOCUS       ON       INVESTING       IN         2       Check this box       Image: I				or 🛄 527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: WE FOCUS ON INVESTING IN EDUCATION FOR AMERICA'S YOUTH & HELPING THEM REALIZE THEIR DREAMS.         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       4         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6       20         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0         b       Net unrelated business taxable income from Form 990-T, line 34       0       0         9       Program service revenue (Part VIII, line 1h)       15,509,886.       11,333,494         9       Program service revenue (Part VIII, line 2g)       0.       0         10       Investment income (Part VIII, olumn (A), lines 3, 4, and 7d)       7,448.       0         11       Other revenue (Part VIII, olumn (A), lines 4, and 7d)       15,517,334.       11,336,553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9,2666,900.					H(c) Group exemption	n number 🕨
9       1       Briefly describe the organization's mission or most significant activities: WE FOCUS ON INVESTING IN         2       Check this box        if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       21         4       Number of voting members of the governing body (Part VI, line 1a)       3       21         4       Number of individuals employed in calendar year 2016 (Part V, line 2a)       5       5         5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)       6       21         6       Total number of volunteers (estimate if necessary)       6       21         7       a       0       7a       0         9       Program service revenue from Part VIII, column (C), line 12       7a       0         9       Program service revenue (Part VIII, line 2g)       0.       0.       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       15, 517, 334.       11, 336, 553         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       9, 266, 900.       6, 440, 600         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       9, 266, 900.       6, 440, 600		_	-	L Year	of formation: 1992 N	State of legal domicile: CA
EDUCATION FOR AMERICA'S YOUTH & HELPING THEM REALIZE THEIR DREAMS.         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of voting members of the governing body (Part VI, line 1a)       4         5       7         6       7         7       Total number of volunteers (estimate if necessary)         7       7         7       Total number of volunteers (estimate if necessary)         7       7         8       Contributions and grants (Part VIII, column (C), line 12         9       Program service revenue (Part VIII, line 1h)         9       Program service revenue (Part VIII, line 2g)         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)         14       Benefits paid to or for members (Part IX, column (A), line 4)         10       Order professional fundraising eses (Part IX, column (A), line 11e)         15       Salaries, other co	Pa	1	•			
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,448.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         9,266,900.         6,440,600           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	e	1	Briefly describe the organization's mission or most significant activities: WE F		N INVESTING	
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,448.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         9,266,900.         6,440,600           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	Jan					
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,448.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         9,266,900.         6,440,600           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	verr		-		1 1	
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,448.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         9,266,900.         6,440,600           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	ĝ					20
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,448.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         9,266,900.         6,440,600           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	Š				·····	20
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,448.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         9,266,900.         6,440,600           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	itie	5				20
b Net unrelated business taxable income from Form 990-T, line 34         [7b]         0           8         Contributions and grants (Part VIII, line 1h)         15,509,886.         11,333,494           9         Program service revenue (Part VIII, column (A), line 2g)         0.         0           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         7,448.         0           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         9,266,900.         6,440,600           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         9,266,900.         6,440,600           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         982,505.         936,310           16a         Professional fundraising fees (Part IX, column (A), line 25)         889,792.         4,202,836.         5,072,042           17         Other expenses (Part IX, column (A), line 21a-11d, 11f-24e)         4,202,836.         5,072,042           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         14,452,241.         12,448,952	ž		Total number of volunteers (estimate in necessary)			0.
Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       15,509,886.       11,333,494         9       Program service revenue (Part VIII, line 2g)       0.       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7,448.       0         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3,059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       9,266,900.       6,440,600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       982,505.       936,310         16a       Professional fundraising fees (Part IX, column (D), line 25)       889,792.       4,202,836.       5,072,042         17       Other expenses (Part IX, column (D), line 25)       889,792.       4,202,836.       5,072,042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	Ă					0.
8       Contributions and grants (Part VIII, line 1h)       15,509,886.       11,333,494         9       Program service revenue (Part VIII, column (A), lines 2g)       0.       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7,448.       0         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3,059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       9,266,900.       6,440,600         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       9,266,900.       6,440,600         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982,505.       936,310         16a       Professional fundraising fees (Part IX, column (A), line 25)       889,792.       4,202,836.       5,072,042         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       4,202,836.       5,072,042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952						
9       Program service revenue (Part VIII, line 2g)       0.000         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       7,448.00         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.3,059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15,517,334.11,336,553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9,266,900.6,440,600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982,505.936,310         16a       Professional fundraising fees (Part IX, column (D), line 25)       889,792.       4,202,836.5,072,042         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       14,452,241.12,448,952         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.12,448,952	-	8	Contributions and grants (Part VIII, line 1h)			
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3, 059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15, 517, 334.       11, 336, 553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9, 266, 900.       6, 440, 600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       982, 505.       936, 310         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       889, 792.       4, 202, 836.       5, 072, 042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14, 452, 241.       12, 448, 952	nu				-	0.
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       3, 059         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15, 517, 334.       11, 336, 553         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9, 266, 900.       6, 440, 600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       982, 505.       936, 310         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       889, 792.       4, 202, 836.       5, 072, 042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14, 452, 241.       12, 448, 952	eve				7,448.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       15, 517, 334.       11, 336, 553         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9, 266, 900.       6, 440, 600         14 Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982, 505.       936, 310         16a Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b Total fundraising expenses (Part IX, column (D), line 25)       889, 792.         14, 202, 836.       5, 072, 042         14, 452, 241.         12, 2448, 952	£	11			• •	3,059.
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       9,266,900.       6,440,600         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       982,505.       936,310         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0       0         b       Total fundraising expenses (Part IX, column (D), line 25)       889,792.       4,202,836.       5,072,042         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952		12			15,517,334.	11,336,553.
Set of the compensation of the com		13			9,266,900.	6,440,600.
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ►       889,792.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       4,202,836.       5,072,042         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952		14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       4,202,030:       3,072,042         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		982,505.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       4,202,030:       3,072,042         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	sus.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)       4,202,030:       3,072,042         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       14,452,241.       12,448,952	хре	b	Total fundraising expenses (Part IX, column (D), line 25)	92.		
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>1</b> ,065,093 <b>-</b> 1,112,399		18				
		19	Revenue less expenses. Subtract line 18 from line 12			-1,112,399.
Beginning of Current Year End of Year	s or			Be		
20 Total assets (Part X, line 16)	sset 3alaı					7,488,712.
	et A: nd E		· · · · · · · · · · · · · · · · · · ·			342,760.
■       22 Net assets or fund balances. Subtract line 21 from line 20       8,258,351.       7,145,952         Part II       Signature Block	Z Z Z				ŏ,∠5ŏ,35l.	7,145,952.

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

Sign Here	Signature of officer RYAN MOORE, TREASURER			Date				
	Type or print name and title	1	I Data					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	LIOR TEMKIN	LIOR TEMKIN	09/01	/17 <sup>if</sup> P00748170				
Preparer	Firm's name 🕞 SINGERLEWAK LLP			Firm's EIN 95-2302617				
Use Only	Firm's address 📐 2050 MAIN STREET	, 7TH FLOOR						
	IRVINE, CA 92614			Phone no. 949 - 261 - 8600				
May the I	RS discuss this return with the preparer shown abo		X Yes No					
632001 11-1	32001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)							

	990 (2016) TACO BELL FOUNDATION INC.	33-0523542 <sub>Ра</sub>
Par	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	·
	TACO BELL FOUNDATION, INC. IS A NOT-FOR-PROFIT 501(C)(3	
	CORPORATION WITH THE FOUNDED FOCUS OF INVESTING IN THE	
	AMERICA'S YOUTH THROUGH EDUCATION AND HELPING THEM REA	LIZE THEIR
	DREAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes 🛛
	f "Yes," describe these changes on Schedule O.	
ŀ	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, and
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 7,618,516. including grants of \$ 4,440,600. ) (Rev	
	TACO BELL FOUNDATION PROVIDES FUNDING TO THE BOYS & GI	
	AMERICA AND OTHER TEEN-SERVICE ORGANIZATIONS IN THE FO	RM OF LOCAL
	GRANTS. EXPERIENCES OR PROGRAMS MUST FOCUS ON CAREER,	
	EDUCATION. EXAMPLES INCLUDE, BUT ARE NOT LIMITED TO:	
	SENDING TEENS TO THE NATIONAL KEYSTONE CONFERENCE, JOB	
	MENTORSHIP PROGRAMS, AND LOCAL COMMUNITY SERVICES PROJ	ECTS.
	(Code: ) (Expenses \$ 1,715,650 • including grants of \$ 1,000,000 • ) (Rev	
	TACO BELL FOUNDATION PROVIDES NATIONAL FUNDING TO THE	BOYS & GIRLS
	CLUBS OF AMERICA (B&GCA) TO FUND PROGRAMS THAT ARE PRO	VEN TO INSPIRE
	TEENS TO GRADUATE. SPECIFICALLY, PROGRAM FUNDING GOES	TOWARDS SUPPORT
	OF THE B&GCA KEYSTONE PROGRAM WHERE TEENS ENGAGE IN LO	NG TERM MENTORI
	RELATIONSHIPS WITH ADVISORS AND PARTICIPATE IN JOB SHA	
	EXPERIENCES, HANDS-ON COLLEGE TOURS, AND COMMUNITY SER	VICE PROJECTS.
		venue \$
	TACO BELL FOUNDATION IS A MAJOR SUPPORTER OF THE GET S	
	FOUNDATION WHICH AIMS TO DEVELOP AND MANAGE THE GRADUA	
	PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE PROMISE	
	EXCHANGE FOR REWARDS, RESOURCES AND THE COMMUNITY THEY	NEED TO STAY O
	TRACK, AS WELL AS TO DEVELOP AND EXECUTE THE GRADUATE	
	CHALLENGE, INVOLVING 150 HIGH SCHOOLS WHO ENGAGE IN A	
	COMPETITION TO DRIVE BEHAVIORS THAT ALLOW STUDENTS TO	
	REMAIN ON TRACK TOWARDS HIGH SCHOOL GRADUATION.	
ld	Other program services (Describe in Schedule O.)	
	Other program services (Describe in Schedule O.)	)
	Expenses \$ including grants of \$ ) (Revenue \$	)
		) Form <b>990</b>

Form 990 (2016)

TACO BELL FOUNDATION INC.

Pa	t 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)?		100	
•	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			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		x
F	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5		-		x
~	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	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,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- <sup>13</sup>		<u></u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		18	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		<u> </u>
19	complete Schedule G. Part III	19		x

Form **990** (2016)

Form	aan	(2016)
FOUL	990	(2010)

TACO BELL FOUNDATION INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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	05-		x
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
	Schodula   Part	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	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		_ <u> </u>
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

Form	990 (2016) TACO BELL FOUNDATION INC. 33-0523	542	Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
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 reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:         Initiation fees and capital contributions included on Part VIII, line 12         10a			
a b	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b			
11	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.) 11b			
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
			000	<u> </u>

Form **990** (2016)

Form 990 (	(2016)
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#### TACO BELL FOUNDATION INC.

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.

ec	tion A. Governing Body and Management					
4			20		Yes	+
Ia	Enter the number of voting members of the governing body at the end of the tax year	. <b>1</b> a		4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
<b>L</b>	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	41	20			
	Enter the number of voting members included in line 1a, above, who are independent			-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				x	1
~	officer, director, trustee, or key employee?			2	~	-
3	Did the organization delegate control over management duties customarily performed by or under				x	
	of officers, directors, or trustees, or key employees to a management company or other person?			3	^	_
4	Did the organization make any significant changes to its governing documents since the prior Form			4		_
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		_
6	Did the organization have members or stockholders?			6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or					
	more members of the governing body?			7a		_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, c	or			
	persons other than the governing body?			7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the followir	ıg:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)	1			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	say 201010 1111.g				1
				12a	х	Î
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.0		-
U	in Schedule O how this was done			12c	x	
3	Did the organization have a written whistleblower policy?			13	x	-
4	Did the organization have a written document retention and destruction policy?			14	X	-
				14	- 23	-
5	Did the process for determining compensation of the following persons include a review and appro		ent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45 -		1
	The organization's CEO, Executive Director, or top management official			15a		_
D	Other officers or key employees of the organization			15b		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	jement with a				4
	taxable entity during the year?			16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganization's				
	exempt status with respect to such arrangements?		<u></u>	16b		
ec	tion C. Disclosure					_
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA , AK , AR , CT ,	DC,GA,IL	, KS , KY	, LA	, ME	ŝ
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	)-T (Section 501(	c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request X Other (expla	in in Schedule C	))			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interes	st policy, and	d finan	cial	
	statements available to the public during the tax year.		-			
0	State the name, address, and telephone number of the person who possesses the organization's to	books and record	ds: 🕨			
	RYAN MOORE - 949-863-3706					
	KIAN MOORE = 949 - 005 - 5700					-
	ONE GLEN BELL WAY, IRVINE, CA 92618					

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	mployees,	Highest	Compensate	ed
	<b>Employees, and Independe</b>	ent Contra	ctors					

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

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.

Name and Title         Average hours per biols and electronucleo biols	(A)	(B)			(0	C)			(D)	(E)	(F)
house percent storm any week (list any house percent storm any method organizations and anelated organizations (hearing and anelated organizations (hearing and anelated organizations (hearing and hearing and hea	Name and Title	Average	(do	not c	Pos heck	ition	) than	one	Reportable	Reportable	Estimated
Week (stary) hours for related organizations below line)         Week (stary) stars         Intel model (w2/1099-MISC)         Intel model organizations (w2/1099-MISC)         Compensation from the organizations organizations and related organizations           (1) FRANK TUCKER         10.00         x         x         0.         0.         0.           (2) FYAN MOORE         2.50         x         x         x         0.         0.         0.           (3) LEICH ANNE TUCKER         0.20         x         x         x         0.         0.         0.           (3) LEICH ANNE TUCKER         0.20         x         x         x         0.         0.         0.           (3) LEICH ANNE TUCKEL         0.20         x         x         x         0.         0.         0.           (4) BEIAN NICCOL         0.20         x         x         0.         0.         0.           (5) MARK PETERSON         0.20         x         x         0.         0.         0.           (6) LEW MITCHELL         0.20         x         x         0.         0.         0.           (8) SENLY KENTRIS COLEMAN         0.20         x         0.         0.         0.         0.           (9) LEE ENGLER         0.20		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
(1) FRANK TUCKER       10.00       x       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				cer an	ia a a I	recto	or/trus	itee)			
(1) FRANK TUCKER       10.00       x       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			recto							•	
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(1) FRANK TUCKER       10.00       x       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		, v	ual tr	ional		yolqr	t con /ee				
(1) FRANK TUCKER       10.00       x       x       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			ndivid	n stitu	Officer	ey en	mplo	orme			organizationo
(2)         RYAN MOORE         2.50         X         X         X         0.         0.         0.           TRRASURER         X         X         X         0.00         0.         0.         0.           SECRETARY         0.20         X         X         0.00         0.         0.           (4)         BRIAN NICCOL         0.20         X         X         0.         0.         0.           (5)         Mark PETERSON         0.20         X         X         0.         0.         0.           (6)         LEE MITCHELL         0.20         X         0.         0.         0.           (7)         LINDA ALVARADO         0.20         X         0.         0.         0.           DIRECTOR         X         0.00         0.         0.         0.         0.         0.           (9)         LEE ENGLER         0.20         X         0.         0.         0.         0.           (10)         FARZIN FERDOWSI         0.20         X         0.         0.         0.           DIRECTOR         X         0.20         X         0.         0.         0.           DIRECTOR         <	(1) FRANK TUCKER	,				×	1 0	<u> </u>			
TREASURER         X         X         X         0.         0.         0.           (3)         LEIGH ANNE TUOHY         0.20         X         X         0.         0.         0.           SECRETARY         0.20         X         X         0.         0.         0.           (4)         BRIAN NICCOL         0.20         X         X         0.         0.         0.           (5)         MARK PETERSON         0.20         X         X         0.         0.         0.           (6)         LEE MITCHELL         0.20         X         0.         0.         0.         0.           (7)         LINDA ALVARADO         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.20         X         0.         0.         0.         0.	PRESIDENT		x		x				0.	0.	0.
(3)         LEIGH ANNE TUOHY         0.20         X         X         X         0.         0.         0.           (4)         BERAN NICCOL         0.20         X         X         0.         0.         0.           (4)         BERAN NICCOL         0.20         X         X         0.         0.         0.           (4)         BERAN NICCOL         0.20         X         X         0.         0.         0.           (5)         MARK PETERSON         0.20         X         X         0.         0.         0.           VICE CHAIRMAN         0.20         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (7)         LINDA ALVARADO         0.200         X         0.         0.         0.           DIRECTOR         X         0.200         X         0.         0.         0.           DIRECTOR         X         0.200         X         0.         0.         0.           DIRECTOR         X         0.200         X         0.         0.         0.           DIRECTOR         X <td< td=""><td>(2) RYAN MOORE</td><td>2.50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2) RYAN MOORE	2.50									
SECRETARY         X         X         X         X         0.         0.         0.           (4)         BRIAN NICCOL         0.20         X         X         X         0.         0.         0.           (5)         MARK PETERSON         0.20         X         X         0.         0.         0.           VICE CHAIRMAN         X         X         0.         0.         0.         0.           (6)         LEE MITCHELL         0.20         X         0.         0.         0.           (7)         LINDA ALVARADO         0.20         X         0.         0.         0.           (8)         EMILY KENTRIS COLEMAN         0.20         X         0.         0.         0.           (9)         LEE ENGLER         0.20         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.20         X         0.         0.         0.         0.         0.         0.         0. <td>TREASURER</td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	TREASURER		x		x				0.	0.	0.
(4)         BRIAN NICCOL         0.20         X         X         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(3) LEIGH ANNE TUOHY	0.20									
CHAIRMAN         X         X         X         X         0.         0.         0.           (5)         MARK PETERSON         0.20         X         X         0.         0.         0.           VICE CHAIRMAN         0.20         X         X         0.         0.         0.           DIRECTOR         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.         0.         0.           (10) FARZIN FERDOWS	SECRETARY		x		x				0.	0.	0.
(5)         MARK PETERSON         0.20         X         X         X         0.         0.         0.           VICE CHAIRMAN         X         X         X         0.         0.         0.         0.           (6)         LEE MITCHELL         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.	(4) BRIAN NICCOL	0.20									
VICE CHAIRMAN         X         X         X         X         0.	CHAIRMAN		X		X				0.	0.	0.
(6)         LEE MITCHELL         0.20         X         0.         0.         0.           DIRECTOR         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (9)         LEE ENGLER         0.20         X         0.         0.         0.           DIRECTOR         0.20         X         0.         0.         0.         0.           (10)         PARZIN FERDOWSI         0.20         X         0.         0.         0.           DIRECTOR         X         0.20         X         0.         0.         0.         0.           (11)         MIKE GRAMS         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.20         X         0.         0.         0. <td< td=""><td>(5) MARK PETERSON</td><td>0.20</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(5) MARK PETERSON	0.20									
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(7)       LINDA ALVARADO       0.20       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.20       0.00       0.00       0.00         DIRECTOR       X       0.20       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00         010       FARZIN FERDOWSI       0.20       0.00       0.00       0.00       0.00         DIRECTOR       X       0.20       0.00	(6) LEE MITCHELL	0.20									
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(8)         EMILY KENTRIS COLEMAN         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.20         X         0.         0.         0.         0.           (9)         LEE ENGLER         0.20         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.	(7) LINDA ALVARADO	0.20									
DIRECTOR         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(9)         LEE         ENGLER         0.20         X         0.0.0.0.           DIRECTOR         X         0.20         0.0.0.0.         0.0.0.0.           (10)         FARZIN FERDOWSI         0.20         X         0.0.0.0.0.         0.0.0.           DIRECTOR         X         0.20         0.0.0.0.         0.0.0.         0.0.0.           (11)         MIKE GRAMS         0.20         X         0.0.0.0.         0.0.0.           DIRECTOR         X         0.00.0.0.0.         0.0.0.         0.0.0.         0.0.0.           (12)         GREGORY J HAMER, SR         0.20         X         0.0.0.0.         0.0.           DIRECTOR         X         0.20         X         0.0.0.0.         0.           (13)         CRAIG LANGEL         0.20         X         0.0.0.0.         0.           DIRECTOR         X         0.0.0.0.0.         0.         0.         0.         0.           (14)         DAVID LOCKWOOD         0.20         X         0.0.0.0.         0.         0.           DIRECTOR         X         0.0.0.0.0.         0.         0.         0.         0.         0.           (16)         MARJORIE PERLMAN         0.20<	(8) EMILY KENTRIS COLEMAN	0.20									
DIRECTOR         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(10) FARZIN FERDOWSI         0.20         X         0.0.0.0.           DIRECTOR         X         0.0.0.0.0.         0.0.0.           (11) MIKE GRAMS         0.20         0.0.0.0.0.         0.0.0.0.           DIRECTOR         X         0.0.0.0.0.0.         0.0.0.0.           (12) GREGORY J HAMER, SR         0.20         0.0.0.0.0.0.         0.0.0.0.0.           DIRECTOR         X         0.0.0.0.0.0.0.         0.0.0.0.0.           (13) CRAIG LANGEL         0.20         0.0.0.0.0.0.         0.0.0.0.0.           DIRECTOR         X         0.0.0.0.0.0.0.         0.0.0.0.0.           (14) DAVID LOCKWOOD         0.20         0.0.0.0.0.0.         0.0.0.0.           DIRECTOR         X         0.0.0.0.0.0.0.         0.0.0.0.           (15) JEFF MCKASSON         0.20         0.0.0.0.0.         0.0.0.0.           DIRECTOR         X         0.0.0.0.0.         0.0.0.0.           (16) MARJORIE PERLMAN         0.200         0.0.0.0.0.         0.0.0.0.           DIRECTOR         X         0.0.0.0.0.0.         0.0.0.           (17) STEVE MCCORMICK (UNTIL 02/09/20         0.200         0.0.0.0.0.         0.0.0.	(9) LEE ENGLER	0.20									
DIRECTOR         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(11) MIKE GRAMS       0.20       X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(10) FARZIN FERDOWSI	0.20									_
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(12) GREGORY J HAMER, SR       0.20       X       0.0       0.0       0.0         DIRECTOR       X       0.20       0.0       0.0       0.0       0.0         (13) CRAIG LANGEL       0.20       X       0.0       0.0       0.0       0.0         DIRECTOR       X       0.20       0.0       0.0       0.0       0.0       0.0         (14) DAVID LOCKWOOD       0.20       X       0.0       0.0       0.0       0.0       0.0         DIRECTOR       X       0.00       0.0       0.0       0.0       0.0       0.0         DIRECTOR       X       0.00       0.0       0.0       0.0       0.0       0.0         DIRECTOR       X       0.20       X       0.0       0.0       0.0       0.0         DIRECTOR       X       0.20       0.0       0.0       0.0       0.0       0.0         DIRECTOR       X       0.20       0.0       0.0       0.0       0.0       0.0         DIRECTOR       X       0.20       0.0       0.0       0.0       0.0       0.0         DIRECTOR       X       0.00       0.0       0.0       0.0       0.0		0.20									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		X						0.	0.	0.
(13) CRAIG LANGEL       0.20       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (14) DAVID LOCKWOOD       0.20       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (15) JEFF MCKASSON       0.20       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (16) MARJORIE PERLMAN       0.20       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00	•	0.20									
DIRECTOR       X       0.       0.       0.       0.         (14) DAVID LOCKWOOD       0.20       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (15) JEFF MCKASSON       0.20       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (16) MARJORIE PERLMAN       0.20       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.20       X       0.       0.       0.       0.         DIRECTOR       X       0.20       X       0.       0.       0.       0.			X						0.	0.	0.
(14) DAVID LOCKWOOD       0.20       X       0.00       0.00       0.00         DIRECTOR       X       0.20       0.00       0.00       0.00       0.00         (15) JEFF MCKASSON       0.20       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00       0.00		0.20									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(15) JEFF MCKASSON       0.20       0.20       0.00       0.00       0.00         DIRECTOR       X       0.20       0.00       0.00       0.00       0.00         (16) MARJORIE PERLMAN       0.20       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.20       X       0.00       0.00       0.00         UIRECTOR       X       0.20       X       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00       0.00		0.20									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(16) MARJORIE PERLMAN         0.20         X         0.<		0.20									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X						0.	0.	0.
(17) STEVE MCCORMICK (UNTIL 02/09/20 0.20 X 0. 0. 0. 0. 0.		0.20									•
DIRECTOR X 0. 0. 0.			X					<u> </u>	0.	0.	0.
		0.20	.,,							_	_
E22007 11 11 16			Х						0.	0.	Eorm <b>990</b> (2016)

632007 11-11-16

Form 990 (2016)

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2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

Form 990 (	2016)
Dort VII	•

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			) (C	-			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable			stimate	
	hours per week			ss per nd a di				compensation	compensatio			nount	of
	(list anv						É	from the	from related organization			other Ipensa	tion
	hours for	direct				Ð		organization	(W-2/1099-MIS			om th	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 1110	50)		anizat	
	organizations	Individual trustee or director	nstitutional trustee		yee	Highest compensated employee		, ,			Ŭ	d relat	
	below	/id ual	tutior	er	Key employee	lest c	ner				orga	anizati	ons
	line)	Indiv	Insti	Officer	Key (	High	Former						
(18) BJORN ERLAND (UNTIL 02/09/2016)	0.20												
DIRECTOR		X						0.		0.	L		0.
(19) WALTER SMITH (UNTIL 02/09/2016)	0.20									•			•
DIRECTOR		X						0.		0.	<u> </u>		0.
(20) AMY KAVANAUGH (04/20/2016)	0.20							0		~			~
DIRECTOR	40.00	X						0.		0.	<u> </u>		0.
(21) TINA NGUYEN	40.00							1 4 1 0 0 4		~			•
DIRECTOR HR	40.00					X		141,904.		0.	<u> </u>		0.
(22) JENNIFER WALKER	40.00					37		100 010		0			0
SR. MANAGER	40.00					X		122,019.		0.	┝───		0.
(23) ASHLEY ASBRA	40.00					<b>v</b>		100 400		0			0
MANAGER						X		100,492.		0.	<u> </u>		0.
											<u> </u>		
1b Sub-total								364,415.		0.			0.
1b Sub-total c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								364,415.		0.			0.
2 Total number of individuals (including but n								-	000 of reportab		i		
compensation from the organization						-,			,				3
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey en	nplc	oyee	, or	highest compensated e	mployee on	ŀ			
line 1a? If "Yes," complete Schedule J for s	uch individual					-					3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	j j			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch p	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
(A)			~ * * *	_				(B)		~	)		-
Name and business	address	N	ONE	5			_	Description of s	ervices		ompe	nsatio	n
							_						
							-						
							-						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	above) who received m	nore than				
\$100,000 of compensation from the organi						0							

632008 11-11-16

Form **990** (2016)

Form	n 990	) (2	,		NDATION	INC.		33-0523	542 Page 9
Pa	rt V	111	Statement of Reve	nue					
			Check if Schedule O cont	tains a response	or note to any lin				
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S, ( Am			Fundraising events		6,666,426.				
Gift lar		d	Related organizations	1d					
imi,		е	Government grants (contribut	tions) <b>1e</b>					
rior ⊮ S		f	All other contributions, gifts, gran	its, and					
ibu			similar amounts not included abo	ve 1f	4,667,068.				
ntr od O		g	Noncash contributions included in lines	s 1a-1f: \$					
a Č		h	Total. Add lines 1a-1f		►	11,333,494.			
					Business Code				
ice	2	а							
ervi		b							
n S ent		С							
Program Service Revenue		d							
roc		е							
а.			All other program service reve						
			Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)						
	4		Income from investment of ta						
	5		Royalties						
	•		<b>a</b>	(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss) . Gross amount from sales of	(i) Securities					
	1		assets other than inventory	(i) Securities	(ii) Other				
			Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)						
•			Gross income from fundraisin						
Other Revenue	0		including \$ 6,666						
eve			contributions reported on line						
r R			Part IV, line 18	,	512,249.				
the			Less: direct expenses						
0			Net income or (loss) from fund		►	0.			
			Gross income from gaming ad	-					
			Part IV, line 19	а					
		b	Less: direct expenses	b					
		с	Net income or (loss) from gan	ning activities	►				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less: cost of goods sold	b					
		с	Net income or (loss) from sale	es of inventory	🕨				
			Miscellaneous Revenu	le	Business Code				
	11	а	MISCELLANEOUS INCOME		900099	3,059.			3,059.
		b			ļ				
		С							
			All other revenue						
			Total. Add lines 11a-11d			3,059.			2.050
	12		Total revenue. See instructions.		🕨	11,336,553.	0.	0.	3,059.
63200	9 11-	11-	16						Form <b>990</b> (2016)

TACO BELL FOUNDATION INC.

Part IX Statement of Functional Expenses

TACO BELL FOUNDATION INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service	<b>(C)</b> Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	6,440,600.	6,440,600.		
2	Grants and other assistance to domestic	0,110,000	0,110,0001		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	875,334.	744,034.	131,300.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	60,976.	51,829.	9,147.	
1	Fees for services (non-employees):				
а	Management	47,016. 23,538.		47,016. 23,538.	
b	Legal				
с	Accounting	83,147.		83,147.	
d					
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,059,150.	1,919,094. 218,777.	140,056.	
12	Advertising and promotion	218,777.	218,777.		
13	Office expenses	121,803.	103,533.	18,270.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	118,386.	100,628.	17,758.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	<u>(1 000</u>	20.011		
22	Depreciation, depletion, and amortization	61,828.	30,914.	30,914.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	1 4 2 4 4 4 0			
а	GRANT RELATED EXPENSES	1,434,449.	1,434,449.		
b	CANISTER SERVICE FEE	568,805.			568,805
С	CANISTER REPAIRS	320,987.			320,987
d		14 150		0 1 0 0	
е	All other expenses	14,156.	5,958.	8,198.	000 700
25	Total functional expenses. Add lines 1 through 24e	12,448,952.	11,049,816.	509,344.	889,792
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)				

632010 11-11-16

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2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

Form **990** (2016)

Form 990 (2016)

### TACO BELL FOUNDATION INC. Part X Balance Sheet

33-0523542 Page 11

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,800,247.		6,419,027.
	2	Savings and temporary cash investments		8,440,964.	2		
	3	Pledges and grants receivable, net			754,823.	3	846,120
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	icers, directors,				
		trustees, key employees, and highest compensation	ted em	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	•	· ·			
		section 4958(f)(1)), persons described in section	4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ŝts		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			<u> </u>	7	
٩	8	Inventories for sale or use			6,573.	8	29,393
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		056 000			
		basis. Complete Part VI of Schedule D	10a	256,000.	<u>,</u>		4.0.4.4.50
	b	Less: accumulated depreciation	10b	61,828.	0.	10c	194,172
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11 000 000	15	
	16	Total assets. Add lines 1 through 15 (must equa			11,002,607.	16	7,488,712
	17	Accounts payable and accrued expenses	2,744,256.	17	342,760		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
					2,744,256.	25	342,760
	26	Total liabilities. Add lines 17 through 25			2,744,250.	26	542,700
		Organizations that follow SFAS 117 (ASC 958		nere 🕨 🖾 and			
Net Assets or Fund Balances	07	complete lines 27 through 29, and lines 33 an			8,258,351.	07	7,145,952
lan	27	Unrestricted net assets			0,230,331.	27	7,145,952
Ba	28	Temporarily restricted net assets				28	
nna	29					29	
يت ۲		Organizations that do not follow SFAS 117 (A					
s o	20	and complete lines 30 through 34.			20		
sei	30	Capital stock or trust principal, or current funds			30 31		
t As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net	32	Retained earnings, endowment, accumulated in			8,258,351.		7,145,952
	33	Total net assets or fund balances			11,002,607.	33 34	7,488,712
	34	Total liabilities and net assets/fund balances			11,002,007.	34	Form <b>990</b> (2016

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Form	1990 (2016) TACO BELL FOUNDATION INC.	33-052	3542	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			L	
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 1 2 1 3 -	1,336 2,448 1,112 8,258	,95 ,39 ,35	<u>2.</u> 9.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	7,145	,95	2.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?				No X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	d on a		x	
	If 'Yes', check a box below to indicate whether the infancial statements for the year were addited on a separat consolidated basis, or both:         Image:	ne audit, nedule O.	. <u>2c</u>	x	
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>  3b  </u>	<b>190</b> (20	
			Form		1161

Form **990** (2016)

SCHEDULE A	
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	·ΕΖ

# 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.

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

2016	
Open to Public Inspection	

OMB No. 1545-0047

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Name	of the	organizatio	c

Nam	e of t	he organization דאכח	BELL FOUN	DATION INC.					ridentification number
Pa	rt I	Reason for Public			mplete th	is part ) Se	ee instruction:		5 0525542
		ization is not a private found		-	-				
1	Jigan	A church, convention of ch		• •	•	,			
2							·)(A)(I).		
		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name,							
4			ation operated in co	njunction with a nospital	described	a in sectio	A)(1)(a)(1)(A	)(III). Enter	the hospital's name,
_		city, and state:							l !
5		An organization operated for		llege or university owned	or operat	ted by a g	overnmental (	unit descrit	bed in
_		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go							
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	je or
		university:							
10		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section \$	509(a)(2).	See section &	509(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type c	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
		organization(s). You mus							
с		] Type III functionally inte			in connec <sup>.</sup>	tion with.	and functiona	Ilv integrate	ed with.
		its supported organizatio						, ,	,
d		Type III non-functionally						rted organi	ization(s)
		that is not functionally int						•	
		requirement (see instruct	0	<b>c</b> ,	•		•		
۵		Check this box if the orga						II Type III	
Ũ		functionally integrated, or					, iype i, iype	n, rype m	
f	Ente	er the number of supported of			ng organiz	Lution.			
a		vide the following information	•	organization(s)					·
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)
				above (see instructions))					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Total

# Schedule A (Form 990 or 990 EZ) 2016 TACO BELL FOUNDATION INC.

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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.)

Ser	tails to qualify under the tests	, lietoù bolow, plea		,				
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	( <b>C)</b> 2014	( <b>a</b> ) 2015	(e) 2016	(I) Total	
	membership fees received. (Do not							
	include any "unusual grants.")	10,426,188.	10,786,791.	10,464,279.	15,719,170.	11,333,494.	58,729,922.	
2	Tax revenues levied for the organ-	10,420,100.	10,700,751.	10,101,275.	13,713,170.	11,333,191.	50,725,522.	
2	ization's benefit and either paid to							
	or expended on its behalf							
2	The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
1	Total. Add lines 1 through 3	10,426,188.	10,786,791.	10,464,279.	15,719,170.	11,333,494.	58,729,922.	
	The portion of total contributions	10,120,100.	10,100,191.	10,101,2,5.	10,119,110.	11,000,101.		
5	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						644,971.	
6	Public support. Subtract line 5 from line 4.						58,084,951.	
	ction B. Total Support						,,	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4	10,426,188.	10,786,791.	10,464,279.	15,719,170.	11,333,494.	58,729,922.	
	Gross income from interest,							
Ŭ	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	7,805.	9,353.	6,995.	7,448.	0.	31,601.	
9	Net income from unrelated business		,					
-	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		8,544.	848.		3,059.	12,451.	
11	Total support. Add lines 7 through 10					-	58,773,974.	
12	Gross receipts from related activities,	etc. (see instruction	ons)	I		12		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)		
	organization, check this box and <b>stop</b>	here			-			
See	ction C. Computation of Publ						· ·	
14	Public support percentage for 2016 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	98.83 %	
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	99.18 %	
	33 1/3% support test - 2016. If the c					nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b> e	<b>ere.</b> Explain in Par	t VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization			
b	<b>b 10%</b> -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and <b>s</b>	stop here. Explain	in Part VI how the	e	
	organization meets the "facts-and-circ							
18	Private foundation. If the organizatio							
	Schedule A (Form 990 or 990-EZ) 2016							

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# Schedule A (Form 990 or 990-EZ) 2016 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6				-		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first. second. thi	rd. fourth. or fifth	tax vear as a section	on 501(c)(3) orga	nization.
	check this box and <b>stop here</b>						
Sec	ction C. Computation of Publ	ic Support Pe					
15	Public support percentage for 2016 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Investion						
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by li	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2016. If the						e 17 is not
	more than 33 1/3%, check this box a						▶∟
b	<b>33 1/3% support tests - 2015.</b> If the						
00	line 18 is not more than 33 1/3%, che						on P
	Private foundation. If the organization	n did not check a	pox on line 14, 19	a, or 19b, check t			
63202	23 09-21-16				Sch	iedule A (Form S	990 or 990-EZ) 2016

<sup>2016.04020</sup> TACO BELL FOUNDATION INC. 7757\_\_\_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 12a or 12b 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.)

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Schedule A (Form 990 or 990-EZ) 2016

			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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
	······································		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
	trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2016

## Schedule A (Form 990 or 990-EZ) 2016 TACO BELL FOUNDATION INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	on 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	v integrat	ted Type III supporting ord	anization (see

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

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

	D16 TACO BELL FOUNDAT		33-0523542 <sub>Pag</sub>
Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	ormation. Provide the explanations r s 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 D, lines 2 and 3; Part IV, Section E, lines nd 8; and Part V, Section E, lines 2, 5, a	11a, 11b, and 11c; Part IV, Section B, li s 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
(See instructions.)	I, LINE 10, EXPLANA	TION FOR OTHER INCOM	Е:
MISCELLANEOUS INCO	ME		
	8,544.		
	348.		
· · ·	8,059.		
32028 09-21-16		Sch	edule A (Form 990 or 990-EZ)

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)	
Department of the Treasury	

## Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

33-0523542

Organization type (check o	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

TACO BELL FOUNDATION INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

Name of organization

TACO BELL FOUNDATION INC.

Employer identification number

33-0523542

Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    1</u>	TACO BELL CORPORATE P.O.BOX 35910 LOUISVILLE, KY 40232	\$320,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

09370901 701224 7757

Employer identification number

33-0523542

TACO BELL FOUNDATION INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

09370901 701224 7757

7757\_\_\_1

2016.04020 TACO BELL FOUNDATION INC.

Name of orga	nization			Employer identification number	
ТАСО В	ELL FOUNDATION INC.			33-0523542	
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations describe columns (a) through (e) and the foll	d in section 501(c)(7), (8), owing line entry. For organizat	or (10) that total more than \$1,000 for	
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. o	nce.) ► \$	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
Part I			[		
.					
-					
		(e) Transfer of g	III		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
·					
F		(e) Transfer of g	ift		
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
		[			
		[			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
.					
-					
		(e) Transfer of g			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee	
(2) No		[			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
-		e) Transfer of g	ift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee	
	,, <b></b> , ,				

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

09370901 701224 7757

SC	HEDULE D	Supplementa	al Financial Statements			OMB No. 1545-0047
	orm 990) Complete if the organization answered "Yes" on Form 990.					2016
Depart	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.					
Nam	Name of the organization Employer i TACO BELL FOUNDATION INC. 33					
Pa	rt I Organiza		d Funds or Other Similar Funds	or Acc		3-0523542 Complete if the
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b)	Funds and	d other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year		- <b>1 6</b>		
5	-		writing that the assets held in donor advise			Yes No
6			exclusive legal control? dvisors in writing that grant funds can be u			
Ŭ	•		or donor advisor, or for any other purpose of		•	
	impermissible priva		······································		0	Yes No
Pa	rt II Conserv		ganization answered "Yes" on Form 990, Pa			
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).			
	Preservation	of land for public use (e.g., recreation or e	education)	rically im	iportant la	and area
		f natural habitat	Preservation of a certif	ied histo	oric struct	ure
		of open space				
2	·	• • •	fied conservation contribution in the form o	f a cons		
-	day of the tax year					at the End of the Tax Year
a b					2a 2b	
c c			ucture included in (a)		2c	
d			after 8/17/06, and not on a historic structu			
		al Register			2d	
3			leased, extinguished, or terminated by the	organiza	ation durir	ig the tax
	year 🕨					
4		where property subject to conservation ear				
5		tion have a written policy regarding the per				
•	,	orcement of the conservation easements i				Yes No
6	Staff and voluntee	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easemen	ts during the year
7	Amount of expens	es incurred in monitoring inspecting band	lling of violations, and enforcing conservati	on ease	ments du	ring the year
•	► \$					
8	-	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h	ר)(4)(B)(i)	1	
						Yes No
9			on easements in its revenue and expense			alance sheet, and
	include, if applicat	ole, the text of the footnote to the organization	tion's financial statements that describes the	he orgar	nization's a	accounting for
De	conservation ease		f Aut Iliatorical Transverse or Ot	har Ci	a ilan Ar	
Pa			f Art, Historical Treasures, or Ot	ner Sil	milar As	ssets.
10		the organization answered "Yes" on Form		ont and	halanaa a	boot works of art
Id			SC 958), not to report in its revenue statem nibition, education, or research in furtheran			
		note to its financial statements that descri				
b			SC 958), to report in its revenue statement :	and bala	ance shee	t works of art. historical
	-		ducation, or research in furtherance of pub			
	relating to these ite					-
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$	
					▶ \$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial	gain, pro	ovide	
	-	ints required to be reported under SFAS 1				
a					► <u>\$</u>	
			- for Form 000		► \$ Saha	
∟пА	FOR Paperwork Re	eduction Act Notice, see the Instruction	5 101 FUTTI 330.		Sche	dule D (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

Sche	chedule D (Form 990) 2016 TACO BELL FOUNDATION INC. 33-0523542 Page 2									
Par	t III Organizations Maintaining (	Collections of A	rt, Historica	I Treasures, or	Other	Similar	Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any o	f the following that a	are a sign	ificant use	e of its o	collectio	n item	iS
	(check all that apply):									
а	Public exhibition	c	I 🔄 Loan o	r exchange program	IS					
b	Scholarly research	e	e 🛄 Other_							
С	Preservation for future generations									
4	Provide a description of the organization's c	collections and explai	n how they fur	her the organization	i's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit of							-		-
	to be sold to raise funds rather than to be m		0				L	Yes		No
Par	t IV Escrow and Custodial Arrar		ete if the organ	zation answered "Y	es" on Fo	orm 990, F	Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custoo							7		٦
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	l and complete the fo	llowing table:							
								Amoun	t	
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
T O-	Ending balance					<b>1</b> f		N		
	Did the organization include an amount on F							Yes	-	_ No □
Par	If "Yes," explain the arrangement in Part XIII <b>t V Endowment Funds.</b> Complete									<u></u>
		(a) Current year	(b) Prior yea				rs hark	(a) Four	Vears	hack
1a	Beginning of year balance	(a) Ourient year				Three your	5 DUON	(e) 1 001	yours	buok
h	Contributions									
Č	Net investment earnings, gains, and losses									
b b	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cu	rrent vear end balance	ce (line 1a. colu	mn (a)) held as:						
а	Board designated or quasi-endowment	<b>,</b>	%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are h	eld and administere	d for the	organizati	ion			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organized	ations listed as requi	red on Schedu	e R?				3b		
4	Describe in Part XIII the intended uses of the	0	owment funds.							
Par	t VI Land, Buildings, and Equip									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, line 1	1a. See Form 990, F	Part X, lin	e 10.				
	Description of property	(a) Cost or c	• • •	Cost or other	.,	umulated		( <b>d</b> ) Boo	k value	е
		basis (investr	ment) b	asis (other)	depre	ciation				
	Land									
	Buildings									
	Leasehold improvements									
	Equipment	256	000		6	1 0 0 0		10	/ 1	70
	Other			//	0	1,828	•	19	$\frac{4,1}{1}$	14 • 72
Iotal	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	х, column (B),	iine IUC.)		<b>)</b>	▶   	L 9 D (Earn	-	14.

Schedule D (Form 990) 2016

632052 08-29-16

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" of	on Form 990 Part IV line	11c See Form 990 Part X line 13

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o

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

#### Part IX Other Assets.

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

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

#### Other Liabilities. Part X

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

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

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

#### Schedule D (Form 990) 2016

632053 08-29-16

Sche	edule D (Form 990) 2016 TACO BELL FOUNDATION INC.			33-	0523542 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	20,039,778.
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	9,257,492.	•	
с	Recoveries of prior year grants	_ 2c			
d					
е	Add lines 2a through 2d			2e	9,257,492.
3	Subtract line <b>2e</b> from line <b>1</b>			3	10,782,286.
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	554,267.	<u>.</u>	
с	Add lines <b>4a</b> and <b>4b</b>			4c	554,267.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				11,336,553.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents W	Vith Expenses per	r Reti	irn
				11011	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.		-	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ι.		1	21,152,177.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1	
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	21,152,177.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	9,257,492.	1	21,152,177. 9,257,492.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	9,257,492.	1	21,152,177.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	9,257,492.	1	21,152,177. 9,257,492.
2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	9,257,492.	1 2e 3	21,152,177. 9,257,492.
2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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	2a 2b 2c 2d	9,257,492.	1 2e 3	21,152,177. 9,257,492. 11,894,685.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 4a 4b	9,257,492.	1 2e 3 4c	21,152,177. 9,257,492. 11,894,685. 554,267.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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.)	2a 2b 2c 2d 4a 4b	9,257,492.	1 2e 3	21,152,177. 9,257,492. 11,894,685.

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.

632054 08-29-16

Schedule D (Form 990) 2016

THE FOUNDATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEAR ENDED DECEMBER 31, 2016, 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 2013 - 2016

STATE 2012 - 2016

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ALLOCATED TO FUNCTIONAL

EXPENSES

554,267.

554,267.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES ALLOCATED FROM FUNDRAISING

INCOME

632055 08-29-16

Schedule D (Form 990) 2016

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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.         ▶ Attach to Form 990 or Form 990 or Form 990-EZ.         ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.									,
Name of the organization	1			5 1150 0			Employer i	dentification num	ber
Fundrais		LL FOUNDATION INC. Complete if the organization answe		(ee" o	n Form 990 Part IV I	ina 1	33-052		
	complete this par			03 01			7.10111330		
<ul> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organization</li> <li>key employees listed</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations ations licitations n have a written o ed in Form 990, P highest paid indiv	f ☐ Solicita g ☐ Special or oral agreement with any individual 'art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Υ Π	es No	
compensated at lea	ast \$5,000 by the	organization.	1					-	
(i) Name and address or entity (fund		(ii) Activity	fùndr have c or cor	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paic or retained by fundraiser ted in col. <b>(i)</b>		by)
			Yes	No					
Total									
3 List all states in white or licensing.	ch the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt fron	registration	

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

Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

#### Schedule G (Form 990 or 990-EZ) 2016 TACO BELL FOUNDATION INC.

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

		(a) Event #1 NATIONAL	(b) Event #2 TACO CHARITY	(c) Other events	(d) Total events
		FUNDRAISER	FUNDRAISER	2	(add col. <b>(a)</b> through col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
1	Gross receipts	6,181,492.	660,446.	336,737.	7,178,675.
2	2 Less: Contributions	5,999,938.	441,423.	225,065.	6,666,426
3	Gross income (line 1 minus line 2)	181,554.	219,023.	111,672.	512,249.
4	Cash prizes				
, 5	5 Noncash prizes				
6	6 Rent/facility costs				
	7 Food and beverages				
د 9			219,023.	111,672.	512,249.
1			219,023.		512,249
1					0
	t III Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.	•			
			(b) Pull tabs/instant		/ N T I I / I I
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	
1	Gross revenue	(a) Bingo		(c) Other gaming	
1		(a) Bingo		(c) Other gaming	
1	2 Cash prizes	(a) Bingo		(c) Other gaming	
2	2 Cash prizes	(a) Bingo		(c) Other gaming	
1	Cash prizes     Noncash prizes     Rent/facility costs	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
1 2 3 3 4 5	Cash prizes     Noncash prizes     Rent/facility costs	(a) Bingo		(c) Other gaming	
1 2 3 3 4 5	Cash prizes     Noncash prizes     Rent/facility costs     Other direct expenses     Volunteer labor	%	bingo/progressive bingo	Yes% No	
	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> </ul>	↓ Yes% No h 5 in column (d)	bingo/progressive bingo	Yes% No	
1 2 2 2 2 2 2 2 2 2 2 2 2 2	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>3 Rent/facility costs</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 7</li> </ul>	Yes%           No           7 from line 1, column (d)	bingo/progressive bingo	Yes% No	
1 2 2 3 3 4 5 6 6 7 8 8 9 E a 1s	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>3 Rent/facility costs</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>3 Net gaming income summary. Subtract line 7</li> <li>5 Inter the state(s) in which the organization conduct sthe organization licensed to conduct gaming a</li> </ul>	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (c)
1 2 2 3 3 4 5 6 6 7 8 8 9 E a 1s	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>5 inter the state(s) in which the organization conduction</li> </ul>	h 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (c)
1 2 2 3 3 4 5 6 6 7 8 8 6 6 7 8 8 9 E 5 6 6 7 8 8 9 8 9 8 9 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>3 Net gaming income summary. Subtract line 7</li> <li>5 inter the state(s) in which the organization conduct gaming a the organization licensed to conduct gaming a timo," explain:</li> <li>Were any of the organization's gaming licenses relation</li> </ul>	Yes% No  from line 1, column (d)  ucts gaming activities: ctivities in each of these evoked, suspended, or t	bingo/progressive bingo	Yes% No	col. (a) through col. (c)
1 2 2 3 3 4 5 6 6 7 8 8 6 6 7 8 8 9 E 5 6 6 7 8 8 9 8 9 8 9 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	<ul> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>3 Rent/facility costs</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>5 Other direct expenses</li> <li>5 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 througi</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>9 Inter the state(s) in which the organization conduct sthe organization licensed to conduct gaming a "No," explain:</li> </ul>	Yes% No  from line 1, column (d)  ucts gaming activities: ctivities in each of these evoked, suspended, or t	bingo/progressive bingo	Yes% No	col. (a) through col. (c

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 TACO BELL FOUNDATION INC. 3	3-052354	2 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
15-	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
156	Toos the organization have a contract with a third party north whom the organization receives garning revenue?		
L			
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	IL	
	of gaming revenue retained by the third party <b>&gt;</b> \$		
C	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		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes	No
ŀ	Pertain the state gaming license?		
	organization's own exempt activities during the tax year <b>&gt;</b> \$	uie	
Da	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 0, 0h	10b 15b
10	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	n in, in ies 9, 90,	100, 150,
	TSC, T6, and T7b, as applicable. Also provide any additional mormation. See instructions		
6320	83 09-12-16 Schedule G	(Form 990 or 99	0-EZ) 2016
			-

2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

632084 04-01-16	Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service		tion about Schedule I	Attach to Form	m 990.		0.	Open to Public Inspection	
Name of the organization TACO BELL	FOUNDAT	ION INC.					Employer identification number $33 - 0523542$	
Part I General Information on Grants a	nd Assistance							
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	i <b>c Governments.</b> C	omplete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
recipient that received more than	\$5,000. Part II cai	n be duplicated if addit	tional space is need	led.				
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
BOYS & GIRLS CLUBS OF AMERICA (NATIONAL OFFICE) - 1275 PEACHTREE							TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN,	
STREET NE - ATLANTA, GA 30309	13-5562976	501(C)(3)	1,000,000.	0.			TO HELP THEM GROW UP TO	
BOYS & GIRLS CLUBS OF AMERICA (LOCAL OFFICES - LIST AVAILABLE UPON REQUEST) - VARIOUS LOCATIONS							TO PROVIDE FINANCIAL SUPPORT AT THE LOCAL LEVEL FOR BOYS AND GIRLS	
THROUGH OUT THE US - MULTIPLE		501(C)(3)	1,963,780.	0.			CLUBS THROUGHOUT THE	
ALABAMA POSSIBLE PO BOX 55058 BIRMINGHAM, AL 35255	58-2074080	501(C)(3)	10,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP	
GET SCHOOLED FOUNDATION 1540 BROADWAY, 34TH FLOOR NEW YORK, NY 10036	27-2245578	501(C)(3)	1,643,820.	0.			TO DEVELOP AND MANAGE THE GRADUATE FOR MAS ONLINE PLATFORM, WHERE HIGH SCHOOL STUDENTS MAKE THE	
BEST BUDDIES ARIZONA 4527 NORTH 16TH STE 106 PHOENIX, AZ 85016	31-0965155	501(C)(3)	5,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP	
ARNOLD O. BECKMAN HIGH SCHOOL 3588 BRYAN AVENUE IRVINE, CA 92602	55-0862096	501(C)(3)	5,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP	
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	nd government o	rganizations listed in th	he line 1 table					

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

Schedule I (Form 990) (2016)

#### TACO BELL FOUNDATION INC. Schedule I (Form 990)

632241 04-01-16

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE SUPPORT
CITY YEAR, INC (MA)							SERVICES AND PROGRAMS FOR
287 COLUMBUS AVE							UNDERPRIVILEGED CHILDREN,
BOSTON, MA 02116	22-2882549	501(C)(3)	75,000.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
COLORADO I HAVE A DREAM FOUNDATION							SERVICES AND PROGRAMS FOR
1836 GRANT ST							UNDERPRIVILEGED CHILDREN,
DENVER, CO 80203	74-2497109	501(C)(3)	28,080.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
COMMUNITIES IN SCHOOLS OF THE BIG							SERVICES AND PROGRAMS FOR
COUNTRY - 1654 CAMPUS COURT -							UNDERPRIVILEGED CHILDREN,
ABILENE, TX 79601	75-2945230	501(C)(3)	5,900.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
DENVER ZOOLOGICAL FOUNDATION							SERVICES AND PROGRAMS FOR
2300 STEELE ST							UNDERPRIVILEGED CHILDREN,
DENVER, CO 80205	84-0502539	501(C)(3)	10,000.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
JUNIOR ACHIEVEMENT OF WASHINGTON							SERVICES AND PROGRAMS FOR
1700 WESTLAKE AVE NORTH #400							UNDERPRIVILEGED CHILDREN,
SEATTLE, WA 98109	54-0788947	501(C)(3)	106,120.	0.			TO HELP THEM GROW UP
			,				TO PROVIDE SUPPORT
LATIN AMERICAN EDUCATIONAL							SERVICES AND PROGRAMS FOR
FOUNDATION - 561 SANTA FE DRIVE -							UNDERPRIVILEGED CHILDREN,
DENVER, CO 80204	84-6010415	501(C)(3)	6,500.	0.			TO HELP THEM GROW UP
<b>`</b>			,				TO PROVIDE SUPPORT
OREGON PARTNERSHIP LINES FOR LIFE							SERVICES AND PROGRAMS FOR
5100 SW MACADAM AVE SUITE 400							UNDERPRIVILEGED CHILDREN,
PORTLAND, OR 97239	93-0725294	501(C)(3)	54,410.	0.			TO HELP THEM GROW UP
							TO PROVIDE SUPPORT
SCHOLARSHIP AMERICA							SERVICES AND PROGRAMS FOR
PO BOX 240							UNDERPRIVILEGED CHILDREN,
ST PETER, MN 56082	23-7007104	501(C)(3)	1,375,000.	0.			TO HELP THEM GROW UP
,,			_,,				TO PROVIDE SUPPORT
BIG BROTHERS BIG SISTERS OF							SERVICES AND PROGRAMS FOR
MISSOULA - 1520 S RUSSELL ST -							UNDERPRIVILEGED CHILDREN,
MISSOULA, MT 59801	81-6023638	501(C)(3)	5,000.	0.			TO HELP THEM GROW UP

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

33-0523542 Page 1

Schedule I (Form 990)

## 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	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOB'S FOR AMERICA'S GRADUATES - KANSAS - 500 SW VAN BUREN STREET OFFICE 217 - TOPEKA, KS 66603	46-5533413	501(C)(3)	5,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP
YMCA OF THE PIKES PEAK REGION 316 NORTH TEJON COLORADO SPRINGS, CO 80903	84-0404266	501(C)(3)	5,420.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP
JUNIOR ACHIEVEMENT OF SOUTHERN CO,INC - 419 WEST BIJOU STREET - COLORADO SPRINGS, CO 80905	84-6009223	501(C)(3)	5,000.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP
JUNIOR ACHIEVEMENT OF CHICAGO 651 W. WASHINGTON BLVD, SUITE 404 CHICAGO, IL 60661	36-2170141	501(C)(3)	103,850.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP
JUNIOR ACHIEVEMENT OF NORTHWESTERN OHIO – 2239 CHEYENNE BLVD – TOLEDO, OH 43614	34-4430363	501(C)(3)	27,720.	0.			TO PROVIDE SUPPORT SERVICES AND PROGRAMS FOR UNDERPRIVILEGED CHILDREN, TO HELP THEM GROW UP

33-0523542 Page 1

Schedule I (Form 990)

Schedule I (Form 990) (2016) TACO B

TACO BELL FOUNDATION INC.

Page 2

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUBS OF AMERICA (NATIONAL OFFICE)

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

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

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

LEARN AND PLAY.

Part IV | Supplemental Information

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.

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)

632291 04-01-16

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.       OMB No. 1545-0047         Department of the Treasury Internal Revenue Service       Attach to Form 990 or 990-EZ and its instructions is at WWW.irs.gov/form990.       Ome to Public 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) MIKE GRAMS, (3) RYAN MOORE,
(4) FRANK TUCKER.
FORM 990, PART VI, SECTION A, LINE 3:
THE ORGANIZATION PUT THEIR GRANT AWARD PROGRAM UNDER THE SUPERVISION OF AN
OUTSIDE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY TO
REVIEW BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
TACO BELL FOUNDATION HAS ADOPTED TACO BELL CORPORATION'S (YUM! BRANDS) CODE
OF CONDUCT AND CONFLICT OF INTEREST POLICIES; THESE ARE REVIEWED ON A
REGULAR BASIS AND PROVIDED TO THE OFFICERS/DIRECTORS.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, 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.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization TACO BELL FOUNDATION INC.	Employer identification number 33-0523542
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	140,056.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	140,056.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	1,919,094.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,919,094.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,059,150.
FORM 990, PART XI, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	LECTION OF AN
INDEPENDENT ACCOUNTANT. THE OVERSIGHT AND SELECTION PROC	ESSES HAVE NOT
CHANGED FROM PRIOR YEAR.	
632212 08-25-16 Sched	dule O (Form 990 or 990-EZ) (2016)

09370901 701224 7757 2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

Form	4562	
	ment of the Treasury I Revenue Service	(99)

# Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

L

6

Attach to your tax return. Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

name(a	S SHOWE OFFICIENT			Dusine				identifying humber
TAC	O BELL FOUNDATION					PAGE 10		33-0523542
Par	t I Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	ou have any lis	sted property	, complete Part	V before	you complete Part I.
<b>1</b> M	laximum amount (see instructions)						1	500,000.
<b>2</b> T	otal cost of section 179 property place	ed in service (see	instructions	)			2	
	hreshold cost of section 179 property							2,010,000.
	eduction in limitation. Subtract line 3 f							
_	ollar limitation for tax year. Subtract line 4 from line						-	
6	(a) Description of pro			(b) Cost (busin		(c) Elected		
7 L	isted property. Enter the amount from	line 29			7			
	otal elected cost of section 179 prope						8	
	entative deduction. Enter the <b>smaller</b>							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the sr							
	ection 179 expense deduction. Add li							
	arryover of disallowed deduction to 20							
	Don't use Part II or Part III below for							
Par	t II Special Depreciation Allowa	nce and Other D	epreciation	(Don't include	e listed prope	rty.)		
<b>14</b> S	pecial depreciation allowance for qual	ified property (oth	ner than liste	d property) pl	aced in servio	ce during		
th	ne tax year					-	14	
<b>15</b> P	roperty subject to section 168(f)(1) ele							
Par	t III MACRS Depreciation (Don't	include listed pro	perty. <b>)</b> (See	instructions.)				
			Se	ection A				
<b>17</b> №	IACRS deductions for assets placed in	n service in tax ye	ears beginnir	ng before 2016	6		17	
<b>18</b> If	you are electing to group any assets placed in serv	ice during the tax year	into one or more	general asset acc	ounts, check here	<b>ト</b>		
	Section B - Assets	Placed in Servic	e During 20	16 Tax Year I	Jsing the Ge	neral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/ii	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
с	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets P	laced in Service	During 201	6 Tax Year U	sing the Alte	rnative Depred	iation Sy	stem
20a	Class life						S/L	
b	12-year	1			12 yrs.		S/L	
с	40-year	/			40 yrs.	MM	S/L	
Par	an an an	•						•
<b>21</b> L	isted property. Enter amount from line	28					21	
	otal. Add amounts from line 12, lines							
	nter here and on the appropriate lines	-			-		22	61,828.
	or assets shown above and placed in		•	•			•	
	ortion of the basis attributable to secti	-	-		23			
	12-21-16 LHA For Paperwork Redu							Form <b>4562</b> (2016)

2016.04020 TACO BELL FOUNDATION INC. 7757\_\_\_1

Part V       Listed Property (include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, increation, or any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, and Other Information (Caution: See the instructions for limits for passenger automobiles.)         Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)         24a Do you have evidence to support the business/investment use claimed?       Yes       No       24b (free, is the evidence writter?       Yes       No         24a Do you have evidence to support the business/investment use claimed?       Yes       No       24b (free, is the evidence writter?       Yes       No         24a Do you have evidence to support the business/investment use claimed?       Or yes       (f)       24b (free, is the evidence writter?       Yes       No         25       Depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use:       25       25       26       Property used 50% or less in a qualified business use:       26       S/L -       28	Form 4562 (2016) TACO BELL	FOUNDATI	ON INC.					33-(	0523	542	Page 2	
Note: For any vehicle for which you are using the standard misage rate or doubcing lease expense, complete only 24a, 24b, columns (a) through (c) Section A. all of Section B. all of Maximum All of Section A. all of	Part V Listed Property (Include automobiles, ce	ertain other vehic	cles, certain aircr	aft, certai	in comp	outers, a	nd prop					
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger autorics):         Yes         No         No <th< td=""><td>Note: For any vehicle for which you are u</td><td></td><td></td><td>or deductin</td><td>ing lease</td><td>e expens</td><td>se, comp</td><td>olete <b>onl</b></td><td><b>y</b> 24a, 2</td><td>4b, colu</td><td>mns</td></th<>	Note: For any vehicle for which you are u			or deductin	ing lease	e expens	se, comp	olete <b>onl</b>	<b>y</b> 24a, 2	4b, colu	mns	
Description       No       24b D1 Yes				activition	oo for lin	nito for n		or outom				
(a)       (b)       (b)       (b)       (b)       (c)       (	-			_			-			Vac	No	
Type of property (ist withinks)         Date (ist withinks)         Date (ist withinks)         Date (ist withinks)         Description (ist withinks)         Description (is			1	<u> </u>		,						
25       Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use:       25         27       Property used more than 50% in a qualified business use:       26         27       Property used for et han 50% in a qualified business use:       54         27       Property used 50% or less in a qualified business use:       54         28       Add amounts in column (), lines 25 through 27. Enter here and on line 21, page 1       28         28       Add amounts in column (), lines 25 through 27. Enter here and on line 21, page 1       28         29       Section 8       Information on lines of Yasic       29         20       Add amounts in column (), lines 25 through 27. Enter here and on line 21, page 1       28       28         20       Add amounts in column (), lines 2. Enter here and on line 27, page 1       28       28         20       Add amounts in column (), lines 2. Enter here and on line 27, page 1       29       29         Section 6       Information on Use of Vahicles       10       10       10         21       Valido for Vahicles       Valido	Type of property Date Business/ (list vehicles first) placed in investment	Cost or	Basis for depre (business/inve	stment n	ecovery	Meth	nod/	Depred	ciation	Elec sectio	cted n 179	
used more than 50% in a qualified business use:       25         26       Property used more than 50% in a qualified business use:       25         27       Property used 50% or less in a qualified business use:       36         27       Property used 50% or less in a qualified business use:       50         27       Property used 50% or less in a qualified business use:       50         28       Add amounts in column (b), line 25. Enter there and on line 21, page 1       28         29       Add amounts in column (b), line 26. Enter there and on line 21, page 1       28         29       Add amounts in column (b), line 26. Enter there and on line 21, page 1       28         20       Stoctin B - Information on Use of Vehicles       29         Complete this section for whicles used by a soble proprietor, partner, or other 'more than 5% owner,' or rolated person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year.       20       (d)       (b)       (c)       (d)       (e)       (e)       (e)       (e)       (f)         31       Total commuting miles       1       1       1       1       1       1       1       1       1       1       1       1       1 </td <td></td> <td>-</td> <td>in service during</td> <td>the tax v</td> <td>vear and</td> <td>d</td> <td></td> <td></td> <td></td> <td></td> <td>.51</td>		-	in service during	the tax v	vear and	d					.51	
26       Property used more than 50% in a qualified business use:         i       9%         27       Property used 50% or less in a qualified business use:         i       9%         28       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1         29       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1         29       Add amounts in column (h), lines 30 where, for related person. If you provided vehicles to you employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         20       Total obusiness/investment miles driven during the year.         Add ines 30 through 32.       Add ines 30 through 32. <td></td> <td></td> <td></td> <td>, ,</td> <td>,</td> <td></td> <td>25</td> <td></td> <td></td> <td></td> <td></td>				, ,	,		25					
27       Property used 50% or less in a qualified business use:         27       Property used 50% or less in a qualified business use:         1       96       StL.         1       96       StL.         28       Add amounts in column (b), line 25 through 27. Enter here and on line 21, page 1       28         29       Section B - Information on Use of Vehicles       StL.         29       Section B - Information on Use of Vehicles       29         Complete this section for vehicles used by a sole proprietor, partern, or ther' more than 5% owner, 'or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year. Add lines 30 through 32.       Yeincle       Vehicle												
i         %         Sector           27         Property used 50% or less in a qualified business use:         SRL -         SRL -           i         %         SRL -         SRL -         SRL -           i         %         SRL -         SRL -         SRL -           i         %         SRL -         SRL -         SRL -           28         Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1         28         Zet           29         Add amounts in column (h), line 25. Enter here and on line 7, page 1         Zet         Zet           Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles         Vehicle         Vehicle <td< td=""><td></td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		%										
27       Property used 50% or less in a qualified business use:       SL -       SL -         1       96       SL -       SL -         2       2       Section 8 - Information on Use of Vehicles         29       Section 8 - Information on Use of Vehicles         20       Section 8 - Information on Use of Vehicles         20       Section 8 - Information on Use of Vehicles         20       Section 8 - Information on Use of Vehicles         20       Total business/investment miles driven during the year.         21       Total commuting miles driven during the year.         23       Total business/investment miles driven during the year.         24       Vanice       Vehicle       Vehicle       Vehicle         24       Was the vehicle available for personal use during driven or related personal       Velan       Velan       Velan         36       is another vehicle available for personal       Velan       Velan       Velan       Velan         37       Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees       No       Yes       No <t< td=""><td>: : 9</td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	: : 9	%										
i       %       St.         i       %       St.         28       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       28         29       Add amounts in column (h), lines 25 through 27. Enter here and on line 2, page 1       29         Section B - Information on Use of Vehicles       29         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year. (advint indue commuting miles) of the vehicle available for personal use during off-duty hours?       (a)       (b)       (c)       (d)       (e)       (f)         31       Total other personal (noncommuting) miles driven during the year. (Add lines 30 through 32.       Yes       No       Yes		%										
i       96       StL         28       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       29         29       Section B - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year (don't include commuting miles)       (a)       (b)       (c)       (d)       (e)       (f)         31       Total one-moniting miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)       (d)       (e)       (f)         33       Total other personal (noncommuting miles driven during the year.       (a)       (b)       (f)	27 Property used 50% or less in a qualified business	use:										
i       %       Stt         28       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       29         Section 8 - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5%, owner, 'or related person. If you provided vehicles         30         Total business/investment miles driven during the year.         (a)         (a)         (a)         (a)         (a)         (a)         (b)         (c)         (c) <td colspa<="" td=""><td> · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td> · · · · · · · · · · · · · · · · ·</td> <td></td>	· · · · · · · · · · · · · · · · ·										
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29       29         20         Section B - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year (and thinke commuting miles)       (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles driven during the year (and thinke commuting miles)       (a)       (b)       (c)       (d)       (e)       (f)       (f)         32       Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32       (a)       Ves       No       Yes       No		-										
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to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.			-			r rolatod	noreon	lf you n	rovidod	vohiclor	-	
30       Total business/investment miles driven during the year (don't include commuting miles)       (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles driven during the year (additional commuting miles)       (additional commuting)							•				5	
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311       Total other personal (noncommuting) miles driven	<b>30</b> Total business/investment miles driven during the				-	-	-	-			-	
31       Total ommuting miles driven during the year.	year ( <b>don't</b> include commuting miles)											
driven	<b>31</b> Total commuting miles driven during the year											
33       Total miles driven during the year. Add lines 30 through 32.       Image: Solution of the solution o	32 Total other personal (noncommuting) miles											
Add lines 30 through 32       Yes       No       Yes       Yes       Yes	driven											
during off-duty hours?       Image: Constraints of the vehicle used primarily by a more than 5% owner or related person?       Image: Constraints of the vehicle available for personal use?         36       Is another vehicle available for personal use?       Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?       Yes       No         39       Do you reat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Image: Code of the vehicles.       Image: Code of the vehicles.         41       Do you reat the requirements concerning qualified automobile demonstration use?       Image: Code of the vehicles.       Image: Code of the vehicles.         42       Amortization of costs that begins during your 2016 tax year:       Image: Code of the vehicles in column (f). See the instructions for where to report       43         43       Amortization of costs that began before your 2016 tax year:       Image: Code of the vehicles in column (f). See the instructions for where to report       43	<ul><li>33 Total miles driven during the year.</li><li>Add lines 30 through 32</li></ul>											
35       Was the vehicle used primarily by a more than 5% owner or related person?       Image: Constraint of the vehicle available for personal use?         36       Is another vehicle available for personal use?       Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.       Yes       No         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39       Do you reat all use of vehicles by employees as personal use?       Image: Context and the information received?       Image: Context and the information received?       Image: Context and the information received?         41       Do you meet the requirements concerning qualified automobile demonstration use?       Image: Context and the period or percentage       Image: Context and the period or percentage       Image: Context and the period or percentage         42       Amortization of costs       Image: Context and the period or percentage       Image: Context and the period or percentage       Image: Context and the period or percentage       Image: Context and th	34 Was the vehicle available for personal use	Yes No	Yes No	Yes	No	Yes	No	Yes	No	Yes	No	
than 5% owner or related person?	during off-duty hours?											
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Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.       Yes       No         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: See the instructions for vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Image: See the instructions for vehicles to your employees, obtain information neceived?       Image: See the instruction gradified automobile demonstration use?       Image: See the instruction for set with see the requirements concerning qualified automobile demonstration use?       Image: See the instruction for set with see the instruction for the covered vehicles.       Image: See the instruction for set with see the instruction for this year       Image: See the instruction for set with see the instruction for this year       Image: See the instruction for set with see the instruction for where to report       Image: See the instruction for set with see the instruction for where to report       Image: See the instruction for set with see the instruction for where to report       Image: See the instruction for set with see the instruction for where to report       Image: See the instruction for set with se												
owners or related persons.       Yes       No         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: See the instructions for vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Image: See the instruction gualified automobile demonstration use?       Image: See the instruction of costs that begins during your 2016 tax year:       Image: See the instruction of costs that begin before your 2016 tax year:       Image: See the instruction of costs that began before your 2016 tax year:       Image: See the instructions for where to report       Image: See the instruction for where to report					-						-07	
37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: Content of Con		exception to com	pleting Section	B for venic	icles use	ed by en	ipioyees	s who are	en t moi	e than c	0%0	
employees?	•	rohibits all persor	nal use of vehicle	es includi	lina com	mutina	by your			Ves	No	
38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your										100		
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<b>38</b> Do you maintain a written policy statement that pr	ohibits personal	use of vehicles,	except co	ommuti	na, by ya	our					
39 Do you treat all use of vehicles by employees as personal use?						0. , ,						
40 Do you provide more than five vehicles to your employees, obtain information from your employees about       Image: Content of the vehicles, and retain the information received?         41 Do you meet the requirements concerning qualified automobile demonstration use?       Image: Content of the vehicles.         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.       Image: Content of the vehicles.         Part VI       Amortization       Image: Content of the vehicles of the vehicles of the vehicles.         Image: Content of the vehicles of the vehicles of the vehicles.       Image: Content of the vehicles of the vehicles.         Image: Content of the vehicles of the vehicles of the vehicles of the vehicles.       Image: Content of the vehicles of the vehicles.         Image: Content of the vehicles of the vehicles of the vehicles of the vehicles.       Image: Content of the vehicles of the vehicles.         Image: Content of the vehicles of the vehicles.       Image: Content of the vehicles of the ve												
41 Do you meet the requirements concerning qualified automobile demonstration use?	40 Do you provide more than five vehicles to your em	ployees, obtain	information from	ı your emp	ployees	about						
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization begins       Amortizable amount       Code section       Amortization priod or percentage       Amortization for this year         42       Amortization of costs that begins during your 2016 tax year:       Image: Code section       Amortization of costs that began before your 2016 tax year       Image: Code section       Amortization of costs that began before your 2016 tax year       Image: Code section       43         43       Amortization of costs that began before your 2016 tax year       43       44       44												
Part VI       Amortization         (a) Description of costs       (b) Date amortization begins       (c) Amortizable amount       (d) Code section       (e) Amortization period or percentage       (f) Amortization for this year         42       Amortization of costs that begins during your 2016 tax year:       Image: Code section       Imag												
(a) Description of costs       (b) Date amortization begins       (c) Amortizable amount       (d) Code section       (e) Amortization period or percentage       (f) Amortization for this year         42       Amortization of costs that begins during your 2016 tax year:       Image: Code section       Imag		es," don't comple	ete Section B for	the cove	ered veh	iicles.						
begins       amount       section       period or percentage       for this year         42 Amortization of costs that begins during your 2016 tax year:       : : :		(b)	(c)	-	(d)		(0)			(f)		
Image: Second state in the second s		amortization begins	Amortizable		Code	р	Amortizati		Arr for	nortization		
43 Amortization of costs that began before your 2016 tax year       43         44 Total. Add amounts in column (f). See the instructions for where to report       44	<b>42</b> Amortization of costs that begins during your 2010	6 tax year:										
43 Amortization of costs that began before your 2016 tax year       43         44 Total. Add amounts in column (f). See the instructions for where to report       44												
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