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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

		der very 2015 or tay year beginning		_			20 40		
	ame of for	dar year 2015 or tax year beginning 09/28	, 2013	o, and o	ending	10/02 er identification number	, 20 16		
					. A Limpioye		••		
		K IN THE BOX FOUNDATION iber and street (or P O box number if mail is not delivered to street address) Room/suite				33-0776076 B Telephone number (see instructions)			
		GROUP, 9330 BALBOA AVENUE n, state or province, country, and ZIP or foreign postal code				(858) 571-2538			
	•	•			C If exempt	tion application is pend	ing, check here ►		
		O, CA 92123							
G	Check		n of a former public	charity	D 1. Foreigi	n organizations, check	here ►		
		☐ Final return ☐ Amended r			2. Foreigi	n organizations meeting	the 85% test,		
		Address change Name char				here and attach computed foundation status was			
Н		type of organization. Section 501(c)(3) exempt p				07(b)(1)(A), check here	terri in lated dilider ▶		
ᆜ		n 4947(a)(1) nonexempt charitable trust Other tax					_		
<u>-</u>		parket value of all assets at J Accounting method	. ☑ Cash □ A	ccrual	F If the fou	ndation is in a 60-mont	h termination		
2		year (from Part II, col. (c), Other (specify)			under se	ction 507(b)(1)(B), checl	k here ► 🗸		
3 	line 16	333/.2.1	on cash basis)		l				
يا چ	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable		
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books		ncome	income	purposes (cash basis only)		
۵ ا							(Casil Dasis Offiy)		
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,434,594	ļ					
SONICINED Revenue	2	Check ► ☐ If the foundation is not required to attach Sch. B		<u> </u>	**				
3	3	Interest on savings and temporary cash investments	0		0	0			
= = =	4	Dividends and interest from securities		ļ <u>.</u>					
3	5a	Gross rents							
Q	b	Net rental income or (loss)		_					
ഡല്	6a	Net gain or (loss) from sale of assets not on line 10							
eu	_b	Gross sales price for all assets on line 6a				· · · · · · · · · · · · · · · · · · ·			
ě	7	Capital gain net income (from Part IV, line 2)		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Œ	1 -	Net short-term capital gain		 					
	9	Income modifications					,		
	10a	Gross sales less returns and allowances							
	b	Less: Cost of goods sold .							
	C	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	1,434,594	 	0	0			
S	13	Compensation of officers, directors, trustees, etc		<u> </u>					
Expenses	14	Other employee salaries and wages		<u> </u>					
ē	15	Pension plans, employee benefits				RECEIVE			
X	loa	Legal fees (attach schedule)		_	- 		 		
ē		Other professional fees (attach schedule)			- h	ALIG 1 8 20	17 00		
aţį	17	Interest		\vdash	3017	AUG 1 8 ZI			
štra	18	Taxes (attach schedule) (see instructions)		 	<u> m</u>				
Ë	19	Depreciation (attach schedule) and depletion		\vdash		OGDEN,			
<u> </u>	20	Occupancy		 	 _				
A	21	Travel, conferences, and meetings							
ב	22	Printing and publications							
Operating and Administrative	23	Other expenses (attach schedule) See Stmt 1	200 207	 	0	0	260 207		
ina	24	Total operating and administrative expenses.	368,297	\vdash		 	368,297		
at	-	Add lines 13 through 23	260 207		^	1	250 203		
ē	25	Contributions, gifts, grants paid	368,297		0	0	368,297		
ō	26	Total expenses and disbursements. Add lines 24 and 25	1,147,260		0	0	1,147,260		
	27	Subtract line 26 from line 12:	1,515,557	\vdash		 0	1,515,557		
	a	Excess of revenue over expenses and disbursements	00.000	1					
	b	Net investment income (if negative, enter -0-) .	-80,963	 	0				
	C	Adjusted net income (if negative, enter -0-) .		 		·			
		Adjusted liet income in negative, enter -0-7	I	I		0	l		

Part II		Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End o	f year		
V 6		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	611,687	530,724	530,724		
	2	Savings and temporary cash investments					
	3	Accounts receivable ►					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ►					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶					
		Less: allowance for doubtful accounts ▶					
ts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments—US and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment. basis ▶					
		Less. accumulated depreciation (attach schedule) ▶					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach schedule) ▶					
	15	Other assets (describe ►)					
	16	Total assets (to be completed by all filers-see the					
		ınstructions. Also, see page 1, item l)	611,687	530,724	530,724		
	17	Accounts payable and accrued expenses					
S	18	Grants payable					
tie	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
<u>.</u>	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe ►)					
	23	Total liabilities (add lines 17 through 22)	0	0			
w		Foundations that follow SFAS 117, check here ▶ □					
ĕ		and complete lines 24 through 26 and lines 30 and 31.					
ă	24	Unrestricted					
Balances	25	Temporarily restricted	611,687	530,724	,		
P	26	Permanently restricted					
Fund		Foundations that do not follow SFAS 117, check here ▶ □					
Ĭ.		and complete lines 27 through 31.					
o or	27	Capital stock, trust principal, or current funds					
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
155	29	Retained earnings, accumulated income, endowment, or other funds					
7	30	Total net assets or fund balances (see instructions)	611,687	530,724			
ž	31	Total liabilities and net assets/fund balances (see					
_		instructions)	611,687	530,724			
	Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with						
ı		of year eported on prior year's return)			.		
^					611,687		
2		er amount from Part I, line 27a			-80,963		
3		er increases not included in line 2 (itemize)		4			
4		lines 1, 2, and 3		<u> </u>	530,724		
5	Deci	reases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—l	Part II column (h) lir	5 ne 30 6			
	, 1018	arrior associa or rund balances at end of year (line 4 minds line 5)—1	art ii, Columni (b), iii	10 JU D	530,724		

Part	V Capital Gains and	Losses for Tax on Investm	ent Income				
•		kind(s) of property sold (e.g., real estate e, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acc (mo , day		
1a							
b			-				
С				ļ			
d							
ее							·
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)	
a							_
<u>b</u>				,	. ,		
<u> </u>							
<u>d</u>						· · · · · · · · · · · · · · · · · · ·	
е	Complete only for assets show	ring gain in column (h) and owned t	y the foundation	n on 12/31/69		(0-1 (0-)	
	T-	(i) Adjusted basis		ess of col (i)		ains (Col. (h) gain minus), but not less than -0-)	
	(i) F M V as of 12/31/69	as of 12/31/69		ol (j), if any	Ì	osses (from col (h))	
а						***	
b					· <u>-</u>		
С							
d							
е							
2	Capital gain net income or		also enter in Pa enter -0- in Pa		2		
3	Net short-term capital gain	or (loss) as defined in sections	1222(5) and (6	s)·			
	If gain, also enter in Part I	, line 8, column (c) (see instruc	tions) If (loss				
Part		er Section 4940(e) for Redu		Net Investment	3 Income		
		ate foundations subject to the				ne)	
(1 01 0	phonal asc by domestic priv	ate foundations subject to the c	שוטדטד ווטווטטנע	, tax on not investi	ment moon	16.)	
If sect	ion 4940(d)(2) applies, leave	this part blank					
Was tl	ne foundation liable for the s	ection 4942 tax on the distribut	able amount o	of any year in the b	ase period	? ☐ Yes	✓ No
If "Yes		qualify under section 4940(e) D					
_ 1		unt in each column for each yea	r; see the insti	ructions before ma	akıng any e	ntries	
	(a) Base period years	(b)		(c)		(d) Distribution ratio	
Cale	ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of noncharitable-use as	ssets	(col (b) divided by col	(c))
	2014	1,627			7,672	2 4753	
	2013	1,649			1,161	2 4581	
	2012	1,618			1,224	3 5092	
	2011	1,751			0,593	4 8560	
	2010	1,896	,821	618	8,522	3 0667	
2	Total of line 1, column (d)				. 2		16 3653
3		or the 5-year base period—divid		line 2 by 5, or by			16 3633
•		ation has been in existence if le			. з		3 2731
	•		•		-	-	3 2/31
4	Enter the net value of nonc	haritable-use assets for 2015 fr	om Part X, line	e 5	. 4	<u> </u>	719,774
5	Multiply line 4 by line 3 .				. 5	2	2,355,892
					·		-,000,002
6	Enter 1% of net investment	t income (1% of Part I, line 27b)			6		0
7	Add lines 5 and 6		· · · · ·		. 7		2,355,892
8	Enter qualifying distribution	ns from Part XII, line 4			. 8	1	1,515,557
		er than line 7, check the box in				ing a 1% tax rate.	See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	nstru	ıctio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)					
b						
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
3	Add lines 1 and 2					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -05					
6	Credits/Payments:					
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) . 6c 6c					
d	Backup withholding erroneously withheld 6d			L		
7	Total credits and payments. Add lines 6a through 6d			 		
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			 		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ► 10 Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded ► 11					
11 Post	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► Refunded ► 11 VII-A Statements Regarding Activities			<u> </u>		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		1		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	'a		<u> </u>		
_	Instructions for the definition)?	1b		1		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		1		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$					
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		✓		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.					
	By language in the governing instrument, or		ĺ	[[
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that					
_	conflict with the state law remain in the governing instrument?	6	/	<u> </u>		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	/	 		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
ь	CA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	-	 		
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD	1	 		
9	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	\vdash	<u> </u>	t ¹		
	complete Part XIV	9		1		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10	1	1		

Part	VII-A	Statements Regarding Activities (continued)				
					Yes	No
11		me during the year, did the foundation, directly or indirectly, own a controlled entit of section 512(b)(13)? If "Yes," attach schedule (see instructions)	•	11		1
12		oundation make a distribution to a donor advised fund over which the foundation or a advisory privileges? If "Yes," attach statement (see instructions).	disqualified 	12		1
13	Did the fo	undation comply with the public inspection requirements for its annual returns and exemption	application?	13	✓	
	Website a	address ► HTTP //WWW JACKINTHEBOXINC COM/RESPONSIBILITY/COMMUNITY				
14	The book	s are in care of ► JACK IN THE BOX INC Telephone no	▶ (85)	8) 571	2538	
		at ▶ 9330 BALBOA AVENUE, SAN DIEGO, CA ZIP+4		9212	3	<u></u>
15		1947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check her the amount of tax-exempt interest received or accrued during the year	ere ▶ 15 			▶ □
16		me during calendar year 2015, did the foundation have an interest in or a signature or o	other authority		Yes	No
		ink, securities, or other financial account in a foreign country?		16		✓
		nstructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," ente on country ▶	r the name of			
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
	File Forn	n 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During th	e year did the foundation (either directly or indirectly):				
	(2) Borro	w money from, lend money to, or otherwise extend credit to (or accept it from) a	Yes ✓ No			
	-	· · · · · · · · · · · · · · · · · · ·	Yes ⊻ No			
			Yes 🗸 No			
			Yes ✓ No			
		of the runs of a disqualified person (or make any of either available for	Vos. 🖂 No.			
			Yes ✓ No			
	found	e to pay money or property to a government official? (Exception. Check "No" if the dation agreed to make a grant to or to employ the official for a period after nation of government service, if terminating within 90 days.)	Yes			
b		swer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in				
	section 5	3.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? tions relying on a current notice regarding disaster assistance check here	▶ □	1b		
_	-	oundation engage in a prior year in any of the acts described in 1a, other than except				
c	were not	corrected before the first day of the tax year beginning in 2015?		1c		1
2	operating	n failure to distribute income (section 4942) (does not apply for years the foundation was foundation defined in section 4942(j)(3) or 4942(j)(5)).	as a private			
а		nd of tax year 2015, did the foundation have any undistributed income (lines 6d and XIII) for tax year(s) beginning before 2015?	IV FIN			
			Yes ✓ No			
L		list the years 20 , 20 , 20 , 20	40.40(=\(0\)			
D		e any years listed in 2a for which the foundation is not applying the provisions of section to incorrect valuation of assets) to the year's undistributed income? (If applying section				
			4342(a)(2) (U	2b		
_	-	ivisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year		20		
С	▶ 20	20 20 20	ais Here.			1
3a	Did the fe	oundation hold more than a 2% direct or indirect interest in any business enterprise			,	
-			Yes ✓ No			
b	•	did it have excess business holdings in 2015 as a result of (1) any purchase by the fo	_			
D		ed persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period app				
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)				
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to dete				
		on had excess business holdings in 2015)		3b		<u> </u>
4a	Did the fo	oundation invest during the year any amount in a manner that would jeopardize its charitable	e purposes?	4a		1
b		oundation make any investment in a prior year (but after December 31, 1969) that could j				
	charitable	e purpose that had not been removed from jeopardy before the first day of the tax year begin	ning in 2015?	4b		1

Form	990-PF	(2015)

Par	Statements Regarding Activities	s tor v	vnich Form	4/20	мау ве н	equire	e d (contii	nued)		
`5a	During the year did the foundation pay or incur a	ny amo	ount to:							
	(1) Carry on propaganda, or otherwise attempt t						Yes	✓ No		
	(2) Influence the outcome of any specific public		on (see sect	ion 495	5); or to ca	arry on,				
	directly or indirectly, any voter registration dr	ıve?					☐ Yes	✓ No		
	(3) Provide a grant to an individual for travel, stu	dy, or	other similar	purpos	es?		☐ Yes	✓ No		
	(4) Provide a grant to an organization other than	n a cha		_		ribed in				
	section 4945(d)(4)(A)? (see instructions) .						Yes	✓ No		
	(5) Provide for any purpose other than religious				ary, or educ	cational				
	purposes, or for the prevention of cruelty to o							✓ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the							ibed in		4
	Regulations section 53 4945 or in a current notice	-	=		•	uctions))?		5b	
	Organizations relying on a current notice regardi									
С	If the answer is "Yes" to question 5a(4), does t			ı exem	ption from	the tax		_		
	because it maintained expenditure responsibility		_			•	∐ Yes	∐ No		
6-	If "Yes," attach the statement required by Regula									
6a	Did the foundation, during the year, receive any on a personal benefit contract?						_			
ь	•						∐ Yes	_ ✓ No		
b	Did the foundation, during the year, pay premiun If "Yes" to 6b, file Form 8870.	is, dire	city or indire	cuy, on	a personal	benem	contract	·	6b	✓
7a	At any time during the tax year, was the foundation a	a narty:	to a prohibite	tay eh	elter transac	tion?	☐Yes	[/] No		
b	If "Yes," did the foundation receive any proceeds								7b	
Par	t VIII Information About Officers, Direc									es,
	and Contractors					•				ŕ
1	List all officers, directors, trustees, foundation	n mana	agers and th	eir con	npensatior	(see i	nstructio	ns).		
	(a) Name and address		e, and average rs per week	(c) Co	mpensation not paid,		Contributions byee benefit			se account,
			ed to position	`er	ter -0-)	and defe	erred compe	nsation	other all	owances
SEE S	TATEMENT 2									
									·····	
2	Compensation of five highest-paid employed	s (oth	er than tho	se incl	uded on li	ne 1-:	see instr	uction	s). If no	ne, enter
	"NONE."									ĺ
			(b) Title, and a	verage			(d) Contribu			
	(a) Name and address of each employee paid more than \$50,00	0	hours per v	veek	(c) Comper	sation	employee plans and c			se account, owances
			devoted to p				compens	ation		
ONE			1							
			,							
					<u></u>					
			-							
			-							
Total	number of other employees paid over \$50,000 .							. ▶		

Part VI	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3 Fi	ve highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		
Fotal nu	mber of others receiving over \$50,000 for professional services	
Part IX	-A Summary of Direct Charitable Activities	
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NO		
1 110	VL	
2 —		
3		
4		
Part IX	B Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NO		
2		
All othe	r program-related investments See instructions	
3		
Tatal A	dd Inag 1 through 2	· · · · · · · · · · · · · · · · · · ·
i otai. A	dd lines 1 through 3	L

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fou	indations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	730,735
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	730,735
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	730,735
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	10,961
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	719,774
6	Minimum investment return. Enter 5% of line 5	6	35,989
Part		ounda	
1	Minimum investment return from Part X, line 6	1	35,989
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	35,989
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	35,989
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	35,989
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	1,515,557
b	Program-related investments—total from Part IX-B	16	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,515,557
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,515,557
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whe	ther the foundation
			Form 990-PF (2015)

Part	XIII Undistributed Income (see instruction	ons)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				35,989
2	Undistributed income, if any, as of the end of 2015.				
а	Enter amount for 2014 only				1
b	Total for prior years: 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010 1,865,896				
b	From 2011				ļ
C	From 2012 1,595,478				
d	From 2013 1,616,241				
e	From 2014 1,595,072				
f	Total of lines 3a through e	0.405.602			
4	Qualifying distributions for 2015 from Part XII,	8,405,693			
7	P - 4 - 6				
_	Applied to 2014, but not more than line 2a.				1
a b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
C	required—see instructions)				
	Applied to 2015 distributable amount	<u> </u>			
d	, ,				35,989
e	Remaining amount distributed out of corpus	1,479,568			
5	Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
e	Enter the net total of each column as				
6	indicated below:				
_					
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	9,885,261			
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
	Subtract line 6c from line 6b. Taxable			L	
ď	amount—see instructions				
				· · · · · · · · · · · · · · · · · · ·	
е	Undistributed income for 2014. Subtract line				
	4a from line 2a. Taxable amount—see instructions				
					
f	Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2016				_
-					0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	<u>'</u>			
8	Excess distributions carryover from 2010 not				
o	applied on line 5 or line 7 (see instructions).				
^		1,865,896			
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
		8,019,365			
10	Analysis of line 9:				
a	Excess from 2011 1,733,006				
b	Excess from 2012 1,595,478]			
С	Excess from 2013 1,616,241				
d	Excess from 2014				
е	Excess from 2015 1,479,568				1

Page	1	ſ
raue		•

Part :	XIV Private Operating Founda	tions (see ınstru	ections and Part	VII-A, question 9)	
`1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for				N/	
b	Check box to indicate whether the four	ndation is a private	e operating founda	tion described in se	ection 🗌 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(0) 10101
	each year listed					N/A
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities .					
ę	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
2						
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					· · · · · · · · · · · · · · · · · · ·
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)					
	of minimum investment return shown in					
_	Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part				the foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation before the close of any tax year (but of					by the foundation
	before the close of any tax year (but o	only if they have c	ontributed more tr	nan \$5,000). (See s	ection 507 (d)(2).)	
N/A_	List any managers of the foundation	who own 100/ o	v mara of the oto	als of a paragratic	n /or on oqually la	ran portion of the
þ	ownership of a partnership or other e					ige portion or the
NI/A	ominion of a partition of other c	or willon the	Junion nuo a	. 370 or grouter and		
N/A 2	Information Regarding Contribution	Grant Gift Lo	an Scholarshin 4	etc. Programs		
2	Check here ▶ ☐ If the foundation				organizations and	does not accept
	unsolicited requests for funds. If the					
	other conditions, complete items 2a,		0 ,0 .	,		•
а	The name, address, and telephone no		ddress of the pers	son to whom applic	ations should be a	nddressed:
	,,		•	• • •		
b	The form in which applications should	d be submitted an	nd information and	materials they sho	ould include.	
	Any submission deadlines:					
С	rity Submission deadines.					
d	Any restrictions or limitations on av	wards, such as t	by geographical a	areas, charitable fi	elds, kınds of ins	titutions, or other

Part XV 3 Gra	Supplementary Information (cont ants and Contributions Paid During t	the Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual,	Foundation		
Na	me and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	d during the year	or substantial contributor			
			[
SEE STATE	EMENT 3				1,147,260
			{		
			Ì		
		}	}		
		}			
			[]		
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			!		
Tot	al	<u> </u>		▶ 3 a	1,147,260
	proved for future payment	T	<u> </u>		1,147,200
)
					1
			1		
			<u> </u>		

Pa	rt XVI-A	Analysis of Income-Producing Ac					
nte	r gross ar	mounts unless otherwise indicated	(a)	(b)	(c)	(a)	(e) Related or exempt function income
1	Program	service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions)
•	a	. 33, 1133 / 373, 133,					
	b						
	c						
	d						
	е						
	f						
	g Fees	and contracts from government agencies					
2		ship dues and assessments					
3		on savings and temporary cash investments					
4		ds and interest from securities					
5	Net renta	al income or (loss) from real estate.					
		t-financed property					
		debt-financed property					
6		al income or (loss) from personal property					
7		vestment income					
8		loss) from sales of assets other than inventory					
9		ome or (loss) from special events					
10		rofit or (loss) from sales of inventory .					
	-	venue a					
	b						
	С						
	d						
	· ·						
	e						
12	e	I. Add columns (b), (d), and (e)					
	e Subtotal	J. Add columns (b), (d), and (e)				13	0
13 See	e Subtotal Total . A workshe	I. Add columns (b), (d), and (e)	 ıs.)			13	0
13 See Pa	e Subtotal Total. A workshe rt XVI-B	I. Add columns (b), (d), and (e)	 ıs.)			13	0
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	e Subtotal Total. A workshe rt XVI-B	I. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		
13 See Pa	Subtotal Total. A workshe rt XVI-B e No.	J. Add columns (b), (d), and (e)	 ıs.) ıccomplishm	ent of Exemp	t Purposes		

Part	XVII		n Regarding Trans	fers To and Transacti	ons and R	elationship	s With N	lonchar	itable	
1	ın sec	e organization d	lirectly or indirectly er	ngage in any of the followi ection 501(c)(3) organization	ng with any ons) or in se	other organiz ction 527, rel	ation des	scribed political	Yes	No
а	Trans	fers from the rep	porting foundation to	a noncharitable exempt or	ganızation o	of.			1a(1)	
		her assets						• •	1a(1) 1a(2)	1
.	` '	transactions.				• • •		•	I a(E)	├
b			a nanaharitahla ayan	ent organization					1b(1)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			a noncharitable exen					• •		1
				ole exempt organization .					1b(2)	1
			• •	assets			•	•	1b(3)	
	•						• •		1b(4)	1
	• -	ans or loan gua							1b(5)	1
				o or fundraising solicitation					1b(6)	1
		•		s, other assets, or paid en					1c	1 🗸
	value value	of the goods, of in any transaction	ther assets, or service on or sharing arrange	" complete the following es given by the reporting ment, show in column (d)	foundation the value of	If the foundate the goods, o	tion recer ther asse	ved less ts, or ser	than fair n vices rece	narket ived
(a) Line	no (I) Amount involved	(c) Name of noncha	ritable exempt organization	(d) Descrip	tion of transfers,	transaction	s, and shar	ing arrangem	ents
2a	descr	ibed in section 5	501(c) of the Code (ot	lated with, or related to, her than section 501(c)(3))					Yes 🗸	No
b_	It "Ye		following schedule	(h) T (Danamata			
		(a) Name of organ	ization	(b) Type of organizatio	n	(C	Description	of relation	isnip	
						 				
				· · · · · · · · · · · · · · · · · · ·						
	1 112 1	annalli ca af	design that the second	Aboratus astronomics	oobadulas '	ntotomonto	abo bost of			· · · · · ·
Sign		t, and complete Decl	aration of preparer tother than	this return, including accompanying taxpayer) is based on all information	n of which prepa	rer has any knowl	edge [_
Here	•	ature of officer or tru:	stee		DIRECTOR			with the p	RS discuss this reparer shown trions)? Yes	below
	1	Print/Type preparer		Preparer's signature	<u></u>	Date		IP	TIN	
Paid				•		}		mployed		
Prep		Firm's name ▶		<u> </u>		' 				
Use (Unly						irm's EIN 🕨			
		Firm's address ▶					hone no		990-PI	= (0015)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

JACK IN	THE BOX FOUNDATIO	11 4		33-0770070		
Organiz	Organization type (check one)					
Filers o	f:	Section:				
Form 99	00 or 990-EZ	☐ 501(c)() (enter number) organization			
		4947(a)(1) nor	nexempt charitable trust not treated as a private for	undation		
		527 political c	organization			
Form 99	00-PF	√ 501(c)(3) exer	npt private foundation			
		☐ 4947(a)(1) nor	nexempt charitable trust treated as a private founda	ation		
		501(c)(3) taxa	ble private foundation			
	nly a section 501(c)(7		neral Rule or a Special Rule. Ization can check boxes for both the General Rule a	and a Special Rule. See		
Genera	l Rule					
V		or property) from an	0-EZ, or 990-PF that received, during the year, con by one contributor Complete Parts I and II. See inst			
Special	Rules					
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) an d that received from	on 501(c)(3) filing Form 990 or 990-EZ that met the 3 od 170(b)(1)(A)(vi), that checked Schedule A (Form 9 n any one contributor, during the year, total contributorm 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line utions of the greater of (1)		
	contributor, during t	the year, total contr	n 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tha ibutions of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Con	s, charitable, scientific,		
	contributor, during to contributions totaled during the year for a	the year, contribution d more than \$1,000 an <i>exclusively</i> religion es to this organizati	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the ons exclusively for religious, charitable, etc., purpose if this box is checked, enter here the total contribous, charitable, etc., purpose Do not complete any ion because it received nonexclusively religious, chart.	ses, but no such utions that were received of the parts unless the		

Name of organization
IACK IN THE BOX FOUNDATION

Employer identification number 33-0776076

JACKINI	TE BOX POUNDATION		33-0770070
Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK IN THE BOX, INC 9330 BALBOA AVENUE SAN DIEGO, CA 92123	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	A3H FOODS 7504 N SHEPHERD DRIVE HOUSTON, TX 77088	\$ 8,500	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BARCO UNIFORMS 350 W RÔSECRANS AVENUE GARDENA, CA 90248	\$ 8,170	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TURANO BAKING CO 6501 ROOSEVELT ROAD BERWYN, IL 60402	\$ 8,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	CITY NATIONAL BANK 555 SOUTH FLOWER STREET LOS ANGELES, CA 90071	\$\$, 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CNP SIGNS & GRAPHICS 4530 MISSION GORGE PLACE SAN DIEGO. CA 92120	\$	Person

Name of organization
JACK IN THE BOX FOUNDATION

Employer identification number 33-0776076

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COLORADO PREMIUM FOODS		Person
	2035 2ND AVENUE	\$ 6,910	Payroll ☐ Noncash ☐
:	GREELEY, CO 80631		(Complete Part II for noncash contributions)
			,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	CONAGRA FOODS		Person 🗸
	1 CONAGRA DRIVE	\$8,650	Payroll [] Noncash []
	OMAHA, NE 68102		(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	CTI FOODS		Person 🔽
	22303 HIGHWAY 95	\$ 9,150	Payroll 🔲 Noncash 🔲
	WILDER, ID 83676		(Complete Part II for noncash contributions)
(2)	<u></u>	(a)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	
No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 DAVID & GOLIATH	Total contributions	Person Payroll
No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700	Total contributions	Person Payroll Noncash (Complete Part II for
10 (a)	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
10 (a) No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b) Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution
10 (a) No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b) Name, address, and ZIP + 4 DR PEPPER SNAPPLE GROUP	\$ 12,780 Cc) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll
(a) No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b) Name, address, and ZIP + 4 DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024	\$ 12,780 S 12,780 Total contributions (c) Total contributions	Person V
10 (a) No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b) Name, address, and ZIP + 4 DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE	\$ 12,780 Cc) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for
(a) No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b) Name, address, and ZIP + 4 DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024 (b)	\$ 12,780 Total contributions (c) Total contributions \$ 16,000	Person Payroll Complete Part II for noncash contribution Person Payroll Complete Part II for noncash contributions (d) Type of contribution Person Payroll Noncash Complete Part II for noncash contributions) (d) Type of contributions
(a) No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b) Name, address, and ZIP + 4 DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024 (b) Name, address, and ZIP + 4	\$ 12,780 Total contributions (c) Total contributions \$ 16,000	Person
(a) No.	Name, address, and ZIP + 4 DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245 (b) Name, address, and ZIP + 4 DR PEPPER SNAPPLE GROUP 5301 LEGACY DRIVE PLANO, TX 75024 (b) Name, address, and ZIP + 4 FIELDALE FARMS CORPORATION	\$ 12,780 S 12,780 Total contributions \$ (c) Total contributions \$ 16,000 Total contributions	Person Payroll Complete Part II for noncash contribution Person Payroll Complete Part II for noncash contributions (d) Type of contribution Person Payroll Noncash Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Payroll Payroll Payroll

Name of organization

Employer identification number

(a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Payrol Noncash Compiles Part II for noncash contributions (b) No. Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Type of contributions Type of contributions Person Payrol Compiles Part II for noncash contributions Person Payrol Noncash Compiles Part II for noncash contributions Type of contributions Type of c	JACK IN T	HE BOX FOUNDATION		33-0776076
No. Name, address, and ZIP + 4 FLOWERS FOODS SPECIALTY GROUP, LLC Person Payrol Non-cash Compiler Part II for noncess contributions Person Payrol Noncesh Payrol Payrol Noncesh Payrol Noncesh Payrol Noncesh Payrol Payrol Noncesh Payrol Payrol Noncesh Payrol	Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space is	needed.
919 FLOWERS CIRCLE \$ 9,300 Payroll Noncash Complete Part II for noncash contributions No. Name, address, and ZIP + 4 Total contributions Type of contribution Payroll			(c) Total contributions	
THOMASVILLE, GA 3/3757	13		\$\$,300	Payroll Noncash
No. Name, address, and ZIP + 4 Total contributions Type of contribution		THOMASVILLE, GA 31757		
ISBS SOUTHWAY ST SE			(c) Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution Cargill Meat Solutions Person Payroll Noncash Complete Part II for noncash contributions Person Payroll Type of contributions Person Payroll Noncash Person Payroll Type of contributions Person Payroll Type of contributions Person Payroll Type of contribution Person Payroll Noncash Payroll Noncash Payroll Payroll Payroll Noncash Payroll Noncash Payroll Noncash Payroll Noncash Payroll Noncash Payroll Noncash Payroll Noncash N	14	1888 SOUTHWAY ST SE	\$ 6,000	Payroll
\$ 5,300 Payroll			(c) Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution Type of contribution Person	15	31155 VIA CRISTAL	\$ 5,300	Payroll Noncash (Complete Part II for
402 W BROADWAY 400 \$ 5.925 Payroll			(c) Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) [18] HORIZON MEDIA [18] HORIZON MEDIA [18] HORIZON MEDIA [18] HORIZON MEDIA [18] Person Payroll Noncash (Complete Part II for noncash contributions) [18] HORIZON MEDIA [18] Person Payroll Payroll Noncash (Complete Part II for noncash contributions)	16	402 W BROADWAY 400	\$ 5,925	Payroll
18301 VON KARMAN AVE #1100 \$ 16,300 Noncash			(c) Total contributions	(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of contribution 18	17	18301 VON KARMAN AVE #1100	\$\$	Payroll Noncash (Complete Part II for
75 VARICK ST FL 16 \$ 9,520 Payroll			(c) Total contributions	(d) Type of contribution
	18		\$ 9,520	Payroll Noncash

Name of organization
JACK IN THE BOX FOUNDATION

Employer identification number 33-0776076

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed
Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is neede

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HUGHES NETWORK SYSTEMS, LLC 11717 EXPLORATION LANE GERMANTOWN, MD 20876	\$8,380	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	KERRY KERRY, GLOBAL TECHNOLOGY AND INNOVATION CENTER MILLENIUM PARK, NAAS, CO KILDARE	\$6,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	TAYLOR FREEZERS OF CALIFORNIA 6825 EAST WASHINGTON BLVD COMMERCE, CA 90040	\$10,750	Person Payroll Noncash (Complete Part II for noncash contributions)
/-×	/41		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
No.	MBM FOODSERVICE 2641 MEADOWBROOK RD	Total contributions	Person Payroll Noncash (Complete Part II for
22 (a)	MBM FOODSERVICE 2641 MEADOWBROOK RD ROCKY MOUNT, NC 27802 (b)	\$ 16.870	Person Payroll Noncash (Complete Part II for noncash contributions)
22 	Name, address, and ZIP + 4 MBM FOODSERVICE 2641 MEADOWBROOK RD ROCKY MOUNT, NC 27802 (b) Name, address, and ZIP + 4 OK FOODS 4601 N 6TH STREET	\$ 16,870 (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number JACK IN THE BOX FOUNDATION 33-0776076

Part I	Contributors (see instructions). Use duplicate copies		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	PATMAN MEAT GROUP		Person 🗸 Payroll 🔲
	704 TORRANCE BLVD	\$	Noncash
	REDONDO BEACH, CA 90277		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	PEAK LIGHTING AND ENERGY		Person
	1411 N BATAVIA ST STE 122	\$ 20,170	Noncash
	ORANGE, CA 92867		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	POKER CENTRAL		Person 🗸
ĺ	3960 HOWARD HUGHES PARKWAY #500	\$8,355	Payroll [
	LAS VEGAS, NV 89169		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions	Type of contribution Person
No.	Name, address, and ZIP + 4	(c) Total contributions \$ 30,850	Type of contribution
No.	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION	Total contributions	Person Payroll
No.	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION PO BOX 231034	Total contributions	Person
28 (a)	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION PO BOX 231034 SAN DIEGO, CA 92193 (b)	\$ 30,850 (c)	Person
28 (a) No.	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION PO BOX 231034 SAN DIEGO, CA 92193 (b) Name, address, and ZIP + 4	\$ 30,850 (c)	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution
28 (a) No.	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION PO BOX 231034 SAN DIEGO, CA 92193 (b) Name, address, and ZIP + 4 RICH PRODUCTS CORPORATION	\$ 30,850 (c) Total contributions	Type of contribution Person
28 (a) No.	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION PO BOX 231034 SAN DIEGO, CA 92193 (b) Name, address, and ZIP + 4 RICH PRODUCTS CORPORATION 3401 W SEGERSTROM AVE	\$ 30,850 (c) Total contributions	Type of contribution Person
(a) No.	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION PO BOX 231034 SAN DIEGO, CA 92193 (b) Name, address, and ZIP + 4 RICH PRODUCTS CORPORATION 3401 W SEGERSTROM AVE SANTA ANA, CA 92704 (b)	\$ 30,850 Total contributions (c) Total contributions \$ 6,020	Person Payroll Complete Part II for noncash contribution Person Payroll Complete Part II for noncash contributions (d) Type of contribution Person Payroll Noncash Complete Part II for noncash contributions) (d) Type of contributions
(a) No.	Name, address, and ZIP + 4 THE JACK IN THE BOX NATIONAL FRANCHISE ASSOCIATION PO BOX 231034 SAN DIEGO, CA 92193 (b) Name, address, and ZIP + 4 RICH PRODUCTS CORPORATION 3401 W SEGERSTROM AVE SANTA ANA, CA 92704 (b) Name, address, and ZIP + 4	\$ 30,850 Total contributions (c) Total contributions \$ 6,020	Person Payroll Complete Part II for noncash contribution Person Payroll Type of contribution Person Payroll Noncash Complete Part II for noncash contribution

Name of organization IACK IN THE BOX FOUNDATION

35

(a)

No.

36

Employer identification number 33-0776076

art I			
(a) No. ———	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	SCHREIBER FOODS		Person
	807 PLEASANT VALLEY RD	\$8,100	Payroll
	WEST BEND, WI 53095		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	SOOD ENTERPRISES		Person 🔽
	4917 GENESTA AVE	\$5,400	Payroll 🗌 Noncash 🔲
	ENCINO, CA 91316		(Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	ECOLAB		Person <u></u>
	370 WABASHA ST N	\$ 5,800	Payroll Noncash
	SAINT PAUL, MN 55102		(Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	TAYLOR FARMS		Person 🗸
	911 BLANCO CIRCLE	\$ 8,000	Payroll Noncash
	SALINAS, CA 93901		(Complete Part II for noncash contributions
			(d)

(b)

Name, address, and ZIP + 4

THE BOSTON CONSULTING GROUP

ONE BEACON STREET

2025 W BELT LINE ROAD, #114

CARROLLTON, TX 75006

BOSTON, MA 02108

TIDEL

Person

Payroll

Noncash (Complete Part II for

 \checkmark

 \checkmark

Person

Payroli

Noncash

(Complete Part II for

noncash contributions)

(d)

Type of contribution

noncash contributions)

8,000

8,100

(c)

Total contributions

COCA-COLA REFRESHMENTS

THREE PARK PLAZA, STE 600

IRVINE, CA 92614

(b)

Name, address, and ZIP + 4

(a) No.

42

Name of organization JACK IN THE BOX FOUNDATION Employer identification number 33-0776076

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	TYSON FOOD SERVICES		Person 🗸 Payroll
	PO BOX 2020, CP631	\$ 8,000	Noncash
	SPRINGDALE, AR 72765-2020		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	VEG FRESH FARMS		Person 🗸
	500 E ORANGETHORPE AVE	\$ 8,000	Payroll Noncash
	ANAHEIM, CA 92801		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	VENTURA FOODS, LLC		Person 🗸
	40 POINTE DRIVE	\$ 8,000	Payroll Noncash
	BREA, CA 92821		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	WAYNE FARMS, LLC		Person 🗸
	700 MCDONALD AVE	\$11,471	Payroll
	ALBERTVILLE, AL 35950		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	WILLIS TOWERS WATSON		Person 🗸
	10955 VISTA SORRENTO PKWY STE 300	\$ 5,975	Payroll Noncash
	SAN DIEGO, CA 92130		(Complete Part II for noncash contributions)

Person

Payroll

Noncash

(Complete Part II for

noncash contributions)

(d)

Type of contribution

 \square

(c)
Total contributions

10,075

Name of organization Employer identification number JACK IN THE BOX FOUNDATION 33-0776076

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	BEN NEMATZADEH		Person 🗸 Payroll 🗌
	4917 GENESTA AVE	\$ 19,265	Noncash
	ENCINO, CA 91316		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	BOB CRAIG		Person 🗸
	2865 WESTHOLLOW DRIVE, #41	\$12,125	Payroll Noncash
	HOUSTON, TX 77082		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45 	TERRY JONES		Person 🗸
	156 MONARCH BAY DRIVE	\$	Payroll [] Noncash []
	MONARCH BEACH, CA 92629		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	COX MEDIA		Person
	6205 PEACHTREE DUNWOODY RD	\$	Payroll ☐ Noncash ☑
	ATLANTA, GA 30328		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	NASSER COMPANY / FARMER JOHN		Person 🗸
	22720 SAVI RANCH PKWY	\$ 8,000	Payroll ☐ Noncash ☐
	YORBA LINDA, CA 92887		(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.)

Name of organization JACK IN THE BOX FOUNDATION

Part I

Employer identification number

33-0776076

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
42	AUCTION PRIZES INCLUDING VIP TOUR AT UNIVERSAL STUDIOS HOLLYWOOD, CONCERT AND AWARD SHOW TICKETS, AND VARIOUS COCA-COLA BRANDED		
	COLLECTIBLES	\$	4/13/2016
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
46	AUCTION PRIZE INCLUDING ROUND TRIP AIRFARE FOR TWO TO KAUAI, A \$250 TRANSPORTATION ALLOWANCE, FOUR NIGHTS' HOTEL ACCOMODATIONS, WELCOME BREAKFAST, OVERNIGHT VALET PARKING, AND A CHOICE OF SPA		
	OR GOLF AND A FAREWELL SUNSET DINNER	\$	4/13/2016
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21	TAYLOR SHAKE FREEZER AUCTION PACKAGE		<u> </u>
		\$6,100	4/13/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ļ		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

(see instructions)

Bank Fees

Other Charities Expenses

Golf Tournament Expenses

Total Other Expenses

EIN: 33-0776076

8,785

17,065

342,447

368,297

Form 990-PF, Page 1 Detail		FYE 10/2/2016
Part I, Line 1 - Contributions, Gifts, Grants, Etc.		
BBBSA Contributions (Antenna Ball Promo)	\$ 167,573	
Golf Tournament	727,851	
Jack In The Box Inc. Corporate Contributions	520,000	
JIB Employee Contributions	13,666	
Various One-Time Contributions	5,504	
Total Contributions	\$ 1,434,594	-
Part I, Line 23 - Other Expenses		

	(A) Name & Addresses	(B) Title, and Average Hours Per Week Devoted to Position	(C) Compensation (If Not Paid, Enter -0-)	(D) Contributions to Employee Benefit Plans and Deferred Compensation	(E) Expense Account Other Allowances
1	Brian Luscomb 9330 Balboa Ave San Diego, CA 92123	President 0 Hours Per Week	0	0	0
2	Mark Blankenship 9330 Balboa Ave San Diego, CA 92123	Director 0 Hours Per Week	0	o	0
3	Lenny Comma 9330 Balboa Ave San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
4	Paul Melancon 9330 Balboa Ave San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
5	Phillip Rudolph 9330 Balboa Ave San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
6	Karen Trissel 9330 Balboa Ave San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
7	Eric Tunquist 9330 Balboa Ave San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
8	Kathy Kovacevich 9330 Balboa Ave San Diego, CA 92123	Secretary 40 Hours Per Week	0	0	0

FYE 10/2/2016

JACK IN THE BOX FOUNDATION

FORM 990-PF, Page 11 Detail

Part XV-3a, Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name	Recipient Address	ddress	show any relationship to any foundation manager or substantial contributor	Foundation Status of recipient	Purpose of grant or Contribution	Amo	Amount
Alliance for Children's Rights	3333 Wilshire Blvd , Ste 550	Los Angeles CA 90010	0	Exempt	Donation	₩	11,500
2 Big Brothers Big Sisters of America	2202 N Westshore Blvd , Ste 455	Tampa FL 33607		Exempt	Donation	€	642,573
3 Big Brothers Big Sisters of San Diego County	8515 Arjons Drive, Ste A	San Diego CA 92126	99	Exempt	Donation	₩.	11,500
4 Clash at Clairemont Event & Special Event Sponsorship	5505 Friars Rd	San Diego CA 92110	0	Exempt	Donation	€	10,000
5 Classroom of the Future Foundation	6401 Linda Vista Rd , Room 207	San Diego CA 92111		Exempt	Donation	€9	10,000
6 Embrace	3679 Voltaire Street, Ste A	San Diego CA 92106	9	Exempt	Donation	69	7,500
Every Monday Matters Inc	321 Pass Avenue, Ste 152	Burbank CA 91505	35	Exempt	Donation	↔	82,500
8 Habitat for Humanity of Greater Baton Rouge	6554 Flonda Blvd , Ste 200	Baton Rouge LA 70806	9	Exempt	Donation	€	849
Jacobs & Cushman San Diego Food Bank	9850 Distribution Ave	San Diego CA 92121	K	Exempt	Donation	, ↔	2,500
10 Jeffco Action Center Inc	8755 W 14th Ave	Lakewood CO 80215	5	Exempt	Donation	€9	558
11 Junior Achievement of SD & Imperial Counties	4756 Mission Gorge PI	San Diego CA 92120	0:	Exempt	Donation	eρ	79,070
12 March of Dimes Foundation	9325 Sky Park Court, Ste 250	San Diego CA 92123	S.	Ехөтр	Donation	. ↔	104,710
13 Mission Valley YMCA	5505 Friars Rd	San Diego CA 92110	0	Exempt	Donation	₽	62,500
14 Pro Kids	2605 Burnet Ave	Cincinnati OH 45219	6	Exempt	Donation	ь	31,000
15 St Jude Medical Center	101 E Valencia Mesa Drive	Fullerton CA 92835	52	Exempt	Donation	€9	2,000
16 Star Pal	4110 54th Street	San Diego CA 92105	55	Exempt	Donation	69	2,000
17 UC San Diego Foundation	9500 Gilman Drive 0536	La Jolla CA 92093	13	Exempt	Donation	₩	50,000
18 USS Midway	910 N Harbor Drive	San Diego CA 92101		Exempt	Donation		25,000
19 Warnor Foundation Freedom Station	1223 1/2 28th Street	San Diego CA 92102	2	Exempt	Donation	€>	5,000
20 Ant Ibrahim	15819 John F Kennedy Blvd	Houston TX 77032	None S	Individual	Donation	69	200

Total Contributions, Gifts, Grants Paid

\$ 1,147,261