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

OMB No 1545-0052 2018

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Department of the Treasur
Internal Revenue Service

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

Inter	nal Rever	nue Service	▶ Go to	www.irs.gov/Form990PF f	or instructions	and the late	st informati	on. 14 M Oper	to Public Inspection
For calendar year 2018 or tax year beginning 10/0						2018, and	ending	09/29	, 20 19
Nam	ne of fou	ndation					A Employe	er identification numb	er
JAC	K IN T	HE BOX FO	UNDATION					33-0776076	
Nun	nber and	I street (or P O	box number if mail is n	ot delivered to street address)		Room/suite	B Telephor	ne number (see instruc	tions)
			SPECTRUM CENT					(858) 571-253	8
City	or town	, state or provir	nce, country, and ZIP or	r foreign postal code			C If exemp	tion application is pend	ding, check here ► 🗌
		O, CA 92123					-		
G	Check	all that app	·	=	n of a former p	ublic charity	D 1. Foreig	n organizations, check	here ►
			☐ Final retu					n organizations meetin	
	Charl		✓ Address		-			here and attach comp foundation status was	
				ection 501(c)(3) exempt p table trust Other ta				07(b)(1)(A), check here	_
-			of all assets at	J Accounting method			-		
•			n Part II, col (c),	Other (specify)	J Casii [_ Accidai		ndation is in a 60-mon ction 507(b)(1)(B), chec	
		6) ► \$ 549,4		(Part I, column (d) must be	e on cash basis)			
P	art I	<u>.</u>		xpenses (The total of					(d) Disbursements
		amounts in c	columns (b), (c), and (d)) may not necessarily equal	(a) Revenue a expenses pe	r (b) Ne	t investment ncome	(c) Adjusted net income	for charitable purposes
			ın column (a) (see ınst		books			ome	(cash basis only)
	1	Contribution	ns, gifts, grants, etc ,	received (attach schedule)	1,514	,494			
	2	Check ► [] if the foundation is	not required to attach Sch. B					
	3	Interest on	savings and temp	orary cash investments					
	4	Dividends	and interest from	securities .					1
	5a	Gross rent	s .						
	b		let rental income or (loss)						ļ
ne	6a	_	r (loss) from sale o						
Revenue	_b		price for all assets or	-					
ě	7	. •	in net income (fron						
ш	8		term capital gain						
	9		odifications .						1
	10a		less returns and allo	wances					
	b		t of goods sold fit or (loss) (attach	· L					
	11	•	me (attach schedu						
	12		l lines 1 through 1	-	1,514	494			
	13			rectors, trustees, etc	1,01	,,,,,,,			
ses	14	-	loyee salaries and						
ë	15		ans, employee be	-					
xpenses	16a	•	(attach schedule)						
ш	b	Accounting	g fees (attach sche	edule)					
ţi	С		essional fees (atta	ch schedule)					
tra	17	Interest		11 / [- [-]					
nis	18	Taxes (atta	ach sche	insinucions)		160			160
Ē	19		on lattach schedul						
Αd	20	Occupanc	y S nferedes, and the	7 2020	<u></u>				
Þ	21 22	Printing on	neretrues, anome	eurigs .		-			
Operating and Administrative	23	Other ever	id publications enses (attell (Sche	TILLARE	200	200		-	200 200
ij	24	Total one	erating and adn	ninistrative expenses.	390	,390			390,390
rat	~~		13 through 23		390,5	5 0			390,550
þe	25		ons, gifts, grants p	aid		,766		 	989,766
0	26			nents. Add lines 24 and 25	1,380				1,380,316
-	27		ne 26 from line 12		1,300	,,,,,			1,000,010
	a			nses and disbursements	134	,178			
	b			negative, enter -0-)					
			net income (if neo						1

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2018)

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of year		
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value	
	1	Cash—non-interest-bearing	415,233	54	9,411	549,4	
	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				<u> </u>	
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)			- 1		
	7	Other notes and loans receivable (attach schedule) ▶					
		Less allowance for doubtful accounts ▶					
S	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ass	10a	Investments – U S and state government obligations (attach schedule)					
•	b	Investments—corporate stock (attach schedule)				•	
	c	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	Other assets (describe ►) Total assets (to be completed by all filers—see the	-			· · · · · · · · · · · · · · · · · · ·	
	10	instructions. Also, see page 1, item I)	415,233	EA	9,411	549,4	
_	17	Accounts payable and accrued expenses	415,233	34	3,411	343,	
							
es	18	Grants payable					
Liabilities	19						
Ö	20	Loans from officers, directors, trustees, and other disqualified persons					
Ë	21	Mortgages and other notes payable (attach schedule)			-		
	22	Other liabilities (describe ►)					
	23	Total liabilities (add lines 17 through 22)					
Ś	İ	Foundations that follow SFAS 117, check here					
ည		and complete lines 24 through 26, and lines 30 and 31.					
Balances	24	Unrestricted					
Ba	25	Temporarily restricted	415,233	54	9,411		
_	26	Permanently restricted					
٦		Foundations that do not follow SFAS 117, check here ▶ ☐					
Net Assets or Fund		and complete lines 27 through 31.					
0	27	Capital stock, trust principal, or current funds		-			
ë	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
t A	40	Total net assets or fund balances (see instructions)	415,233	54	9,411		
Š	311	Total liabilities and net assets/fund balances (see					
_		instructions)	415,233	54	9,411		
	ırt III	Analysis of Changes in Net Assets or Fund Balances					
1		Il net assets or fund balances at beginning of year-Part II, colu		t agree with			
		of-year figure reported on prior year's return)		•	1	415,2	
		er amount from Part I, line 27a	•		2	134,	
		er increases not included in line 2 (itemize) ▶			3		
		lines 1, 2, and 3			4		
5	Dec	reases not included in line 2 (itemize) ▶			5		
€	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	6	549,4	

Part I	V Capital Gains and	Losses for Tax on Investm	ent Income				
		d(s) of property sold (for example, real es e, or common stock, 200 shs MLC Co)	tate,	(b) How acquired P-Purchase D-Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
1a							
<u> b </u>			·				<u> </u>
<u> </u>							<u> </u>
<u>d</u>							<u>-</u>
<u> </u>		18 Degree contrary allowed	(a) Cost or	ather book			n or (loss)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			(f) minus (g))
<u>a</u>							
<u> b </u>	-						
<u>с</u> d							
е	-						
	Complete only for assets show	wing gain in column (h) and owned b	by the foundation	on 12/31/69		\ Gains (Co	I (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		(k), but no	t less than -0-) or from col (h))
а							
b							
C							
d							
<u>е</u>	L						
2	Capital gain net income or		also enter in Pa enter -0- in Pai		2		
3		or (loss) as defined in sections I, line 8, column (c) See instruc			3		
Part		er Section 4940(e) for Redu	ced Tax on N	let Investment		<u> </u>	
_		rate foundations subject to the s					
	•	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			J ,	
If secti	on 4940(d)(2) applies, leave	this part blank					
		section 4942 tax on the distribut ualify under section 4940(e)_Do			oase peri	od?	☐ Yes ☑ No
1	Enter the appropriate amo	unt in each column for each yea	r, see the instru	uctions before ma	akıng any	entries /	
Cale	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use as	ssets		(d) tribution ratio divided by col. (c))
	2017	1,444	1,184	67	4,379		2.1415
	2016	1,94	1,148	68	5,060		2 8335
	2015	1,519	5,557	71	9,774		2 1056
	2014		7,956		7,672		2.4753
	2013	1,649	9,799	67	1,161		2 4581
_							
2	Total of line 1, column (d)				2		12 014
3		for the 5-year base period—divi undation has been in existence			. <u>3</u>	<u> </u>	2.4028
4	Enter the net value of nonc	charitable-use assets for 2018 fr	om Part X, line	5	. 4		540,103
5	Multiply line 4 by line 3				5		1,297,759
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6		0
7	Add lines 5 and 6				7		1,297,759
8	Enter qualifying distribution		Dort V/I - 1		. <u>8</u>		1,380,316
	If line 8 is equal to or great	ter than line 7, check the box in	rari vi, line 10	, and complete t	nat part	using a	170 lax rate See the

Pag	e 4

Part '		nstru	ıctioı	าร)
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	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	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 -0-			
6	Credits/Payments			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
_d	Backup withholding erroneously withheld			
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				
11 Past	Enter the amount of line 10 to be: Credited to 2019 estimated tax ► Refunded ► 11 VII-A Statements Regarding Activities			
		Τ	Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	1.03	√
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		✓
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ł		
	published or distributed by the foundation in connection with the activities.	4.		
C	Did the foundation file Form 1120-POL for this year?	1c		
а	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ▶ \$	ł		
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е		1		
2	on foundation managers ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? .	2		
2	If "Yes," attach a detailed description of the activities			
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		✓
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? . If "Yes," attach the statement required by General Instruction T.	5		✓
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or			
	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	-	
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	1	
8а	Enter the states to which the foundation reports or with which it is registered. See instructions			
	CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .	8b	<u></u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
7	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		✓
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		✓

Part	: VII-A	Statements Regarding Activities (continued)				
	-			_	Yes	No
11		me during the year, did the foundation, directly or indirectly, own a controlled en of section 512(b)(13)? If "Yes," attach schedule See instructions	tity within the	11		✓
12		oundation make a distribution to a donor advised fund over which the foundation or advisory privileges? If "Yes," attach statement. See instructions	a disqualified	12		1
13	Did the fol	undation comply with the public inspection requirements for its annual returns and exempti	on application?	13	1	
	Website a	address HTTP://WWW.JACKINTHEBOXINC COM/RESPONSIBILITY/COMMUNITY				
14		s are in care of JACK IN THE BOX INC Telephone r		8) 571		
			+4 ▶	9212	3	·
15		947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check	1 1			▶ ⊔
40		the amount of tax-exempt interest received or accrued during the year .	► 15		Yes	No
16		ne during calendar year 2018, did the foundation have an interest in or a signature or one, securities, or other financial account in a foreign country?	other authority	16	103	√
		nstructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter	er the name of			<u> </u>
		n country ▶				
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form	1 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the	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			
	(3) Furnis	sh goods, services, or facilities to (or accept them from) a disqualified person?	🗌 Yes 🛛 No			
			☐ Yes ✓ No			
		fer any income or assets to a disqualified person (or make any of either available for enefit or use of a disqualified person)?	☐ Yes ☑ No			
	founda	to pay money or property to a government official? (Exception. Check "No" if the ation 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 ✓ No			
b		swer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions ins section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instr				
	Organizat	tions relying on a current notice regarding disaster assistance, check here .	. ▶□		·	
С	Did the fo	bundation engage in a prior year in any of the acts described in 1a, other than excep	oted acts, that			
		corrected before the first day of the tax year beginning in 2018?		1c	i .	1
2		failure to distribute income (section 4942) (does not apply for years the foundation foundation defined in section 4942(j)(3) or 4942(j)(5))	was a private			
а		d of tax year 2018, did the foundation have any undistributed income (lines 6d and				
		(III) for tax year(s) beginning before 2018?	∐ Yes ☑ No			
		st the years ▶ 20 , 20 , 20 , 20				
þ		any years listed in 2a for which the foundation is not applying the provisions of sec o incorrect valuation of assets) to the year's undistributed income? (If applying section				
		o incorrect valuation of assets) to the year's undistributed income? (if applying section listed, answer "No" and attach statement—see instructions)	11 4942(a)(2) 10	2b		
С	-	visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the y	ears here	20		1
·		, 20 , 20 , 20	curs nere			
3a	Did the fo	bundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any tim	ne during the year?	☐ Yes ☐ No			
b		did it have excess business holdings in 2018 as a result of (1) any purchase by the				
		ed persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period ap				
		nioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to de in had excess business holdings in 2018)	termine if the			لــــا
40		undation invest during the year any amount in a manner that would jeopardize its charita	hle nurneses?	3b 4a		
4a Ե		oundation invest during the year any amount in a manner that would jeopardize its chanta oundation make any investment in a prior year (but after December 31, 1969) that could		74	, -	· l
~		purpose that had not been removed from jeopardy before the first day of the tax year beginning the state of the tax and the state of the sta		4b		—

Pa	'n	۵	6

Part	t VII-B Statements Regarding Ac	tivities for W	Vhich Form	4720	May Be F	Require	d (conti	nued)			
5a	During the year, did the foundation pay o	r incur any am	ount to			-				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No (2) Influence the outcome of any specific public election (see section 4955), or to carry on,										
	directly or indirectly, any voter registra	ation drive?			·	•	☐ Yes	✓ No			
	(3) Provide a grant to an individual for tra	avel, study, or o	other similar	purpos	es? .		☐ Yes	☑ No			
	(4) Provide a grant to an organization of section 4945(d)(4)(A)? See instruction	her than a cha				rıbed ın	☐ Yes	_ ✓ No			
	(5) Provide for any purpose other than repurposes, or for the prevention of cru				ary, or educ	cational	_ ∐Yes	— ✓ No			
b										_	
	Organizations relying on a current notice	regarding disa	ister assistan	ce, che	ck here			▶□	_		
С	If the answer is "Yes" to question 5a(4), because it maintained expenditure respo	does the four	ndation claim			the tax	☐ Yes	□No			
	If "Yes," attach the statement required by	Regulations s	section 53 49	45-5(d)).		_	_			
6a	Did the foundation, during the year, receion a personal benefit contract?					emiums	☐ Yes	☑ No			
b	Did the foundation, during the year, pay p	oremiums, dire	ctly or indire	ctly, on	a personal	benefit	contract	?	6b		$\overline{}$
	If "Yes" to 6b, file Form 8870										1
7a	, , ,						Yes	✓ No	<u> </u>		
b	If "Yes," did the foundation receive any p		•					۱,	7b		 ;
8	Is the foundation subject to the section a remuneration or excess parachute payme	•	• • •	more t	han \$1,000	1,000 in	_		ŀ	ł	
Dari	t VIII Information About Officers,			ounda	tion Man	agere	∐ Yes	✓ No	nnlov		!
ran	and Contractors	, Directors, i	i i ustees, i ·	Juliua	tion Man	agers,	inginy r	alu Li	пріоу	ccs,	
1	List all officers, directors, trustees, and	d foundation r	nanagers ar	d their	compens	ation. S	See instru	ctions			
-	(a) Name and address	(b) Title hou	e, and average rs per week ed to position	(c) Co	mpensation not paid, iter -0-)	(d) (emplo	Contributions byee benefit erred compe	s to plans	(e) Expe	nse acc	ount,
SEE S	TATEMENT 2						·				
								Ì			
	••••										
								,			
2	Compensation of five highest-paid en "NONE."	nployees (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uctions	s). If no	one, e	enter
			(h) Title and a				(d) Contribu	itions to			
1	(a) Name and address of each employee paid more th	an \$50,000	(b) Title, and a hours per v devoted to p	veek ¯	(c) Compe	nsation	employee plans and c compens	benefit leferred	(e) Expe other a	nse acc illowan	
NONE					·						
_											
Total	number of other employees paid over \$50	,000			·		<u> </u>	•			

Part VIII	Information About Officers, Directors, Trustees, Foundati and Contractors (continued)	on Managers, Highly Paid En	ployees,
3 Five	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			
•			
Total numb	er of others receiving over \$50,000 for professional services	. >	
Part IX-A	Summary of Direct Charitable Activities		
	indation's four largest direct charitable activities during the tax year. Include relevant states and other beneficiaries served, conferences convened, research papers produced, etc.	tistical information such as the number of	Expenses
1 NONE			
2			
3			
4		•••••	
		•••••	
D . 11/ D			<u> </u>
Part IX-B	· · · · · · · · · · · · · · · · · · ·	•	Amount
	e two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 NONE			
		······································	
2			
٠			
All other pro	ogram-related investments. See instructions		
3			
Total. Add	ines 1 through 3	>	

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fou	ndations,
	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	
b	Average of monthly cash balances	1b	548,328
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	548,328
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	548,328
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	8,225
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	540,103
6	Minimum investment return. Enter 5% of line 5	6	27,005
Part :		oundat	tions
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	27,005
2a	Tax on investment income for 2018 from Part VI, line 5 . 2a		
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,005
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	27,005
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	1 1	
	line 1	7	27,005
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	1,380,316
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	1,380,316
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,380,316
	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 wheth	ner the foundation

Part	XIII Undistributed Incom	ne (see instructio	ns)			
			(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 line 7	8 from Part XI,				27,005
2	Undistributed income, if any, as of	the end of 2018.				
а	Enter amount for 2017 only .					
b	Total for prior years 20,					
3	Excess distributions carryover,					
a	From 2013	1,616,241				
b	From 2014	1,595,072]		
c d	From 2015 From 2016	1,479,568 1,906,895		İ		
e	From 2016	1,410,465				
f	Total of lines 3a through e		8,008,241			
4	Qualifying distributions for 201	1	9,000,211			
٠,	line 4 ▶ \$ 1,380,316	, , , , , , , , , , , , , , , , , , , ,		İ		
а	Applied to 2017, but not more	than line 2a				
b	Applied to undistributed incom (Election required—see instruc					
С	Treated as distributions out of required—see instructions)	corpus (Election				
d	Applied to 2018 distributable a	mount .				27,005
е	Remaining amount distributed	out of corpus	1,353,311			
5	Excess distributions carryover (If an amount appears in colun amount must be shown in colu	nn (d), the same				
6	Enter the net total of ear indicated below:	ch column as				
а	Corpus Add lines 3f, 4c, and 4e	Subtract line 5	9,361,552			
b	Prior years' undistributed incline 4b from line 2b	come Subtract				
С	Enter the amount of prior year income for which a notice of been issued, or on which the tax has been previously assess	deficiency has section 4942(a)				
d	Subtract line 6c from line amount—see instructions	e 6b Taxable 				
е	Undistributed income for 201 4a from line 2a Taxable instructions .					
f	Undistributed income for 2018 4d and 5 from line 1. This a distributed in 2019					
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)					
8	Excess distributions carryover applied on line 5 or line 7 (see		1,616,241			
9	Excess distributions carry Subtract lines 7 and 8 from line	over to 2019.	7,745,311			
10	Analysis of line 9	ļ				
а	Excess from 2014 .	1,595,072				
b	Excess from 2015	1,479,568				
С	Excess from 2016 .	1,906,895				
d	Excess from 2017	1,410,465				
е	Excess from 2018	1,353,311				

	00-PF (2018)	tions (one mote	intions and Dark	VIII A supplier (Page 10
Part		`_ _			9) 	
ıa	If the foundation has received a ruling foundation, and the ruling is effective fo			private operating		
b	Check box to indicate whether the four		-	ation described in si	ection 7 494216	(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year	operating loanue	Prior 3 years	49420)	3) 01 🔲 4942()(3)
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	investment return from Part X for each year listed	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(4,000)	(4, == 1		
ь	85% of line 2a					
c	Qualifying distributions from Part XII,					"
_	line 4 for each year listed				1	
d	Amounts included in line 2c not used directly		 			
	for active conduct of exempt activities					
е	Qualifying distributions made directly			/		
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
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					
_	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter		Y			
	(1) Total support other than gross	/	Ί			
	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					
	· · ·	/		 		
Part	(4) Gross investment income XV Supplementary Information	n (Complete ti	is part only if t	the foundation b	ad \$5,000 or m	ore in assets at
ı aı ı	any time during the year-	•	-	ine roundation r	iaα ψο,οοο οι τιι	ore in assets at
1	Information Regarding Foundation					
	List any managers of the foundation		uted more than 2°	% of the total cont	ributions received	by the foundation
	before the close of any tax year (but o					•
N/A						
b	List any managers of the foundation	who own 10% o	r more of the sto	ck of a corporatio	n (or an equally la	rge portion of the
	ownership of a partnership or other ei	ntity) of which the	foundation has a	10% or greater int	erest	
N/A						
2	Information Regarding Contribution	ı, Grant, Gift, Loa	an, Scholarship, d	etc., Programs:		
	Check here ► ✓ If the foundation					
	unsolicited requests for funds. If the f		gifts, grants, etc.	, to individuals or c	rganizations unde	r other conditions,
	complete items 2a, b, c, and d See in					
а	The name, address, and telephone nu	imber or email ad	dress of the perso	on to whom applica	itions should be a	dressed
	The form is which applications should	l be submitted as	d information and	motoriale they abo	uld politida	
D	The form in which applications should	i de submitteα an	o information and	materials they sho	uia include	
	Any submission deadlines		 			
·	ray submission deadines					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fi	elds, kinds of ins	titutions, or other
	factors.					

3	Grants and Contributions Paid During t	he Vear or Approve	ed for Eur	ture Payment	_
<u> </u>		If recipient is an individual	CO IOI FUI	uie rayment	T
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	
а	Paid during the year				
SEE S	TATEMENT 3				989,766
		,			
	Tatal			. ► 3a	000 700
h	Total Approved for future payment	<u>. </u>	· ·	. Sa	989,766
	, pproved for fatare paymone				
					ļ.
					ļ
	Total		·	▶ 3b	-

Pa	rt XV	I-A Analysis of Income-Producing Ac	tivities				
		ss amounts unless otherwise indicated		isiness income	Excluded by sect	ion 512, 513, or 514	(e) Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
1	Prog	gram service revenue		Amount	Exclusion code	Autodite	(See instructions)
	а						
	b _						
	С		_				
	d _						
	e f						
	-	ees and contracts from government agencies	-				
2	_	nbership dues and assessments					
3		est on savings and temporary cash investments	1				
4		dends and interest from securities					
5	Net	rental income or (loss) from real estate					
	а [Debt-financed property			ļ		
		Not debt-financed property .					
6		rental income or (loss) from personal property		:			
7		er investment income .	-				
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events . ss profit or (loss) from sales of inventory					
10 11					 		
''	b					-	
	c -						•••
	d						
	a . e		_				
12	e	total Add columns (b), (d), and (e) .					
13	e Sub	total Add columns (b), (d), and (e) . al. Add line 12, columns (b), (d), and (e)				. 13	
13 (See	e Sub Tota work	total Add columns (b), (d), and (e) . al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s)			. 13	
13 (See Pa	e Sub Tota work	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		
13 (See Pa	e Sub Tota work	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) . al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the tions)
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the tions)
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the tions)
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the tions)
13 (See Pa	e Sub Tota work t XV e No.	total Add columns (b), (d), and (e) al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation (I-B Relationship of Activities to the A	s)	ent of Exemp	t Purposes		nportantly to the tions)

Part	XVII		n Regarding Tra	nsfers to and	Transactio	ns and F	Relationships	With Noncha	ritabl	е Ехе	empt
	5	Organization								Yes	No
1			directly or indirectly other than section							1.55	1
		nizations?	other man econom	00.(0)(0)	u	0001		.g .e pee			
а	•		porting foundation t	o a noncharitat	ole exempt org	ganızatıor	n of				
		ash							1a(1)		1
	(2) O	ther assets .							1a(2)		✓
b	Other	r transactions:									
	(1) S	ales of assets to	a noncharitable ex	empt organizati	ion .				1b(1)		✓
	(2) P	urchases of asse	ets from a noncharit	able exempt or	rganization .				1b(2)		✓
	(3) R	ental of facilities,	, equipment, or othe	er assets .					1b(3)		✓
	(4) R	eimbursement ai	rrangements						1b(4)	ļ	✓
	(5) Lo	oans or loan gua	rantees .				•	•	1b(5)		✓
			ervices or members	•	_				1b(6)		✓
С		-	equipment, mailing l						1c	<u> </u>	✓
d			of the above is "Ye								
			ther assets, or serv								
		<u> </u>	on or sharing arrang								
(a) Line	e no ((b) Amount involved	(c) Name of nonc	haritable exempt o	rganization	(d) Desc	cription of transfers, tr	ansactions, and sh	aring arr	angem	ents
							<u> </u>				
								•			
			:								
	-			· · · · · · · · · · · · · · · · · · ·	-	1					
	_									-	
	-										
						+					
						-					
2a	le the	e foundation dire	ectly or indirectly a	offiliated with	or related to	one or m	nore tax-exempt	organizations			
La			501(c) (other than se						□ v	es √	l No
b			e following schedule		,				_ ··	. <u>. </u>	,
		(a) Name of organ			pe of organization		(c) C	Description of relation	onship		
								<u> </u>			
					·						
								**			
			•		·						
			declare that I have examin						dge and	belief, it	is true,
Sign	cerre	ct, and complete Decl	aration of preparer (other the	an taxpayer) is base	d on all information	of which pre	parer has any knowled	ge May the	IRS disci	uss this	return
Here	11	SIIII -10	Dhe_	V/24	12020	/Y. ('	UNTIVOLLA	// with the	preparer :	shown b	elow?
(ature of officer of true	stee	Date	Title	- /		See instri	JULIONS	∐ Yes	⊔ио
Paid	!	Print/Type preparer	r's name	Preparer's signa	ature		Date	Check If	PTIN		-
Prep	arer			İ				self-employed			
Use		Firm's name ▶					Firm	n's EIN ▶			
-JJE 1	Jilly	Firm's address ▶					**	one no			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

JACK IN THE BOX FOUNDATION

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2018

Employer identification number

33-0776076

Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not 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 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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).

Employer identification number

JACK IN	THE BOX FOUNDATION		33-0776076
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK IN THE BOX INC. 9357 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	\$\$630,700_	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	YUMI PRENTICE 909 N SEPULVEDA BLVD EL SEGUNDO, CA 90245	\$\$\$	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	TURANO BAKING COMPANY 6501 ROOSEVELT RD BERWYN, IL 60402	\$\$,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
4	TERRY JONES 23801 CALABASAS RD #2036 CALABASAS, CA 91302	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ECOLAB 370 WABASHA ST N SAINT PAUL, MN 55102	\$\$	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	BURHAN NASSER 22720 SAVI RANCH PKWY YORRA LINDA CA 92887	\$ 19,600	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

JACK IN T	THE BOX FOUNDATION		33-0776076
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WAYNE FARMS LLC 4110 CONTINENTAL DRIVE OAKWOOD, GA 30566	\$16,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	OK FOODS, INC. 4601 N 6TH STREET FORT SMITH, AR 72904	\$16,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MCCLANE FOODSERVICE 14813 MERIDIAN PKWY RIVERSIDE, CA 92518	\$16,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10	KEURIG DR PEPPER 5301 LEGACY DR PLANO, TX 75024	\$16,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	GOLDEN STATE FOODS 18301 VON KARMAN AVE #1100 IRVINE, CA 92612	\$16,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

KEVIN GAFFNEY

2200 DON TYSON PARKWAY CP-601

SPRINGDALE, AZ 72762

12

Person

Payroll

Noncash

(Complete Part II for noncash contributions)

15,900

abla

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
13	SHEHZAD GILL 9811 W. CHARLESTON BLVD LAS VEGAS, NV 89117	\$ <u>17,150</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	COCA-COLA REFRESHMENTS THREE PARK PLAZA, STE 600 IRVINE, CA 92614	\$11,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	DAVID & GOLIATH 909 SEPULVEDA BLVD STE 700 EL SEGUNDO, CA 90245	\$ 10,800	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 GLOBAL MEDIA GROUP 402 W BROADWAY 400 SAN DIEGO, CA 92101	(c) Total contributions \$ 10,200	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
No.	Name, address, and ZIP + 4 GLOBAL MEDIA GROUP 402 W BROADWAY 400	Total contributions	Person Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4 GLOBAL MEDIA GROUP 402 W BROADWAY 400 SAN DIEGO, CA 92101 (b)	\$ 10,200	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
16 (a) No.	Name, address, and ZIP + 4 GLOBAL MEDIA GROUP 402 W BROADWAY 400 SAN DIEGO, CA 92101 (b) Name, address, and ZIP + 4 LAMB WESTON HOLDINGS INC 599 S RIVERSHORE LN	\$ 10,200 (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

JACK IN THE BOX FOUNDATION

Employer identification number 33-0776076

Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HUGHES NETWORK SYSTEMS 11717 EXPLORATION LANE GERMANTOWN, MD 20876	\$8,700	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	BARCO UNIFORMS 350 W ROSECRANS AVENUE GARDENA, CA 90248	\$8,700	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	FRANK CUTRONE 2850 ORBITER STREET BREA, CA 92821	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	XENIAL 2155 BUTTERFIELD DR #111 TROY, MI 48084	\$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
23	VENTURA FOODS, LLC 40 POINTE DRIVE BREA, CA 92821	\$ 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
24	VEG FRESH FARMS 500 E ORANGETHORPE AVENUE ANAHEIM, CA 92801	\$8,000	Person Payroll Noncash (Complete Part II for noncash contributions)

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
25	TYSON FOOD SERVICES INC PO BOX 2020, CP631 SPRINGDALE, AR 72765-2020	\$ <u>8,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	TIDEL 2025 W. BELT LINE ROAD, #114 CARROLLTON, TX 75006	\$ 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
27	TAYLOR FARMS 911 BLANCO CIRCLE SALINAS, CA 93901	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	SCHREIBER FOODS 807 PLEASANT VALLEY RD WEST BEND, WI 53095	\$ <u>8,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	S&D COFFEE AND TEA 300 CONCORD PARKWAY SOUTH CONCORD, NC 28027	\$ 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
30	ROBERT CURTIS 4035 SOUTH CAMELLIA DRIVE CHANDI FR A7 85248	\$\$	Person Payroli Noncash (Complete Part II for noncash contributions)

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.

	. <u>. </u>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	PATMAN MEAT GROUP		Person
	704 TORRANCE BLVD	\$\$	Noncash
i	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
32	NASSER COMPANY / FARMER JOHN		Person
	22720 SAVI RANCH PKWY	\$8,000	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
33	J.P. MORGAN		Person
	390 MADISON AVE	\$\$	Noncash
	NEW YORK, NY 10017		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	GUGGENHEIM PARTNERS		Person 🗸
34	GUGGENHEIM PARTNERS 330 MADISON AVENUE	\$ 8,000	Person
		\$\$.	Payroll
34 (a) No.	330 MADISON AVENUE	\$ 8,000 (c) Total contributions	Payroll
(a)	330 MADISON AVENUE NEW YORK, NY 10017 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	330 MADISON AVENUE NEW YORK, NY 10017 (b) Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution
(a) No.	330 MADISON AVENUE NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 CTI FOOD SERVICES, LLC	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll
(a) No.	330 MADISON AVENUE NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 CTI FOOD SERVICES, LLC 22303 HIGHWAY 95 WILDER, ID 83676 (b)	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No. 35 	330 MADISON AVENUE NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 CTI FOOD SERVICES, LLC 22303 HIGHWAY 95 WILDER, ID 83676	(c) Total contributions \$\$ (c)	Payroll Noncash
(a) No. 35	330 MADISON AVENUE NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 CTI FOOD SERVICES, LLC 22303 HIGHWAY 95 WILDER, ID 83676 (b)	(c) Total contributions \$\$ (c)	Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No. 35 	330 MADISON AVENUE NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 CTI FOOD SERVICES, LLC 22303 HIGHWAY 95 WILDER, ID 83676 (b) Name, address, and ZIP + 4	(c) Total contributions \$\$ (c)	Payroll

TIGARD, OR 97223

Name of organization

Employer identification number

33-0776076 JACK IN THE BOX FOUNDATION Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 37 CARAT US **Payroll** 5800 BRISTOL PKWY, 5TH FLOOR 8,000 Noncash (Complete Part II for noncash contributions) **CULVER CITY, CA 90230** (a) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 38 Person **BEN NEMATZADEH Payroll** Noncash **4917 GANESTA AVE** 10,800 (Complete Part II for noncash contributions) **ENCINO, CA 91316** (d) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 \square Person 39 SUGARDALE FOODS **Payroll** 6,000 Noncash 1600 HARMONT AVE NE (Complete Part II for **CANTON, OH 44705** noncash contributions) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Person $\overline{\mathbf{Z}}$ OSI INDUSTRIES, INC. **Pavroll** П 6,000 Noncash 1225 CORPORATE BLVD (Complete Part II for noncash contributions) **AURORA, IL 60505** (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution FIELDALE FARMS CORPORATION 41 Person ☑ \Box **Payroll** 6,000 Noncash **555 BROILER BLVD** (Complete Part II for noncash contributions) BALDWIN, GA 30511 (d) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person \bigcirc 42 **RAJEEV GUPTA** \Box **Payroll** Noncash 7150 SW FIR LOOP 5,780 (Complete Part II for

noncash contributions)

Name of organization

Employer identification number

JACK IN THE BOX FOUNDATION 33-0776076 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person \square 43 SUGARCREEK **Payroll** \Box П 5,400 Noncash **12021 SHERATON LANE** (Complete Part II for noncash contributions) CINCINNATI, OH 45246 (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person \square 44 **CASHMERE AGENCY Payroll** 5,400 Noncash **5242 W ADAMS BLVD** (Complete Part II for noncash contributions) LOS ANGELES, CA 90016 (d) (b) (c) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** \square 45 **VIRGINIA DARE** Person **Payroll 882 THIRD AVENUE** 5,100 Noncash (Complete Part II for **NEW YORK, NY 11232** noncash contributions) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 46 **BIZHAN NEMATZADEH Payroll** 5,035 Noncash **4917 GENESTA AVENUE** (Complete Part II for noncash contributions) **ENCINO, CA 91316** (d) (c) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person \square MIKE FLORES 47 **Pavroll** Noncash 26,165 22370 ORTEGA DRIVE (Complete Part II for noncash contributions) SALINAS, CA 93908 (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. **ROBERT CRAIG** 48 Person **Payroll** 9,050 12603 ASHFORD PINE DRIVE Noncash (Complete Part II for noncash contributions) HOUSTON, TX 77082

Name of organization

JACK IN THE BOX FOUNDATION

Employer identification number 33-0776076

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. from Date received Description of noncash property given Part I (See instructions) YANKEES BASEBALL PACKAGE, VIP ALASKA FISHING TRIP, US OPEN PACKAGE (WEEKEND FINALS), COCA-COLA LOGO'D 2 CORNHOLE SET, 4 DIAMONDBACKS VS. DODGERS TIX + PARKING 36,700 VARIOUS (a) No. (c) (d) FMV (or estimate) from **Date received** Description of noncash property given Part I (See instructions) ELTON JOHN CONCERT, STAY AT ANIL'S CABO SAN LUCAS VILLA VARIOUS 13,150 (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I VIP TOUR AT UNIVERSAL STUDIOS, MAUI VACATION PACKAGE, 6 **GOLF WITH ANIL, MIKE, & RABI AT THE BRIDGES** 7,200 VARIOUS (a) No. (c) (d) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions) PEBBLE BEACH PACKAGE 12 4/25/2019 5,900 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I 2 TIX TO SF GIANTS + PARKING + AQUARIUM BY THE BAY TIX, JACK IN THE BOX LOGO BIG SIGN, 18 4 MARINERS VS ANGELS TIX + 2 PARKING PASSES VARIOUS 5,400 (c) FMV (or estimate) (a) No. (b) from Date received Description of noncash property given (See instructions) Part I 4 DODGERS VS. NATIONAL TIX + PARKING, KEURIG K-CLASSIC, 4 ANGELS VS REDS TIX + PARKING, 10 LA KINGS SUITE TIX + 3 21 **PARKING SPOTS VARIOUS** 5,909

EIN: 33-0776076

Form 990-PF, Page 1 Detail

FYE 09/29/2019

Part I, Line 1 - Contributions, Gıfts, Grants, Etc			
Golf Tournament Jack In The Box Inc Corporate Contributions JIB Employee Contributions Miscellaneous	901,472 600,000 12,904 118		
Total Contributions	\$ 1,514,494	-	
Part I, Line 18 - Taxes			
CA RRF-1 Filing Fees	\$ 160		
Total Taxes	\$ 160	\$ -	
Part I, Line 23 - Other Expenses			
Bank Fees Golf Tournament Expenses	\$ 8,681 381,709		
Total Other Expenses	\$ 390,390	-	

	(A) Name & Addresses	(B) Title, and Average Hours Per Week Devoted	(C) Compensation (If Not Paid,	(D) Contributions to Employee Benefit Plans and Deferred	(E) Expense Account & Other Allowances
	& Addresses	to Position	Enter -0-)	Compensation	Other Allowances
1	Brian Luscomb	President			
	9357 Spectrum Center Blvd San Diego, CA 92123	0 Hours Per Week	0	0	0
2	Mark Blankenship 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
3	Lenny Comma 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
4	Paul Melancon 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
5	Mike Pietro 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
6	Phillip Rudolph 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
7	Karen Trissel 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
8	Eric Tunquist 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
9	Rachel Webb 9357 Spectrum Center Blvd San Diego, CA 92123	Director 0 Hours Per Week	0	0	0
10	Kathy Kovacevich 9357 Spectrum Center Blvd San Diego, CA 92123	Secretary 40 Hours Per Week	0	0	0

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JACK IN THE BOX FOUNDATION

FVE 09/29/2019	
	fear or Approved for Future Payment
FORM 990-PF, Page 11 Detail	Part XV-3a, Grants and Contributions Paid During the Ye

Recipient Name	Recipient Address	ress		If recipient is an individual show any relationship to any foundation manager or substantial contributor	Foundation Status of recipient	Purpose of grant or Contribution	Amount	
1 Alliance for Children's Rights	3333 Wilshire Blvd , Ste 550	Los Angeles	CA 90010		Exempt	Donation	8	10,000
2 Big Brothers Big Sisters of America	2502 N Rocky Point Drive, Suite 550	Tampa	FL 33607		Exempt	Donation	\$ 7	79,062
3 Neighborhood House	5660 Copley Drive	San Diego	CA 92111		Exempt	Donation	\$	50,000
4 Classroom of the Future Foundation	6401 Linda Vista Rd , Room 207	San Diego	CA 92111		Exempt	Donation	\$	25,000
5 Every Monday Matters Inc	321 Pass Avenue, Ste 152	Burbank	CA 91505		Exempt	Donation	\$ 21	215,000
6 Monarch School	1625 Newton Avenue	San Diego	CA 92113		Exempt	Donation	€9	5,000
7 Junior Achievement of SD & Imperial Counties	4756 Mission Gorge PI	San Diego	CA 92120		Exempt	Donation	\$ 5	50,000
8 Mission Valley YMCA	5505 Friars Rd	San Diego	CA 92110		Exempt	Donation	2 \$	75,000
9 Pro Kids - The First Tee	2605 Burnet Ave	Cincinnati	OH 45219		Exempt	Donation	\$ 17	176,000
11 Star Pal	4110 54th Street	San Diego	CA 92105		Exempt	Donation	&	5,000
12 UC San Diego Foundation	9500 Gilman Drive 0536	La Jolla	CA 92093		Exempt	Donation	\$ 5	50,000
13 Warrior Foundation Freedom Station	1223 1/2 28th Street	San Diego	CA 92102		Exempt	Donation	€9	346
14 Share Our Strength - No Kid Hungry	1030 15th Street, NW, Suite 1100 W	Washington	DC 20005		Exempt	Donation	\$ 14	144,108
15 USS Midway	910 N Harbor Drive	San Diego	CA 92102		Exempt	Donation	\$	25,000
16 San Diego Food Bank	9850 Distribution Avenue	San Diego	CA 92121		Exempt	Donation	\$	5,000
17 ALADS CARES Foundation	2 Cupania Circle	Monterey Park	CA 91755		Exempt	Donation	es	5,000
18 March for Babies - March of Dimes	1550 Crystal Dr, Surte 1300	Arlıngton	VA 22202		Exempt	Donation	9	60,250
19 American Red Cross	431 18th Street, NW	Washington	DC 20006		Exempt	Donation	\$	10,000
Total Contributions, Gifts, Grants Paid							86 \$	989,766