** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning OCT 1, 2024 **and ending** SEP 30, 2025

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
TIM TEBOW FOUNDATION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 12735 GRAN BAY PKWAY

Room/suite 130A

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32258

D Employer identification number
27-4345913

E Telephone number
904-380-8499

G Gross receipts $ 92,843,513.

F Name and address of principal officer: CHU SOH
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.TIMTEBOWFOUNDATION.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2010

M State of legal domicile: GA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: BRINGING FAITH, HOPE AND LOVE TO THOSE NEEDING A BRIGHTER DAY IN THEIR DARKEST HOUR OF NEED.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	81
6	Total number of volunteers (estimate if necessary)	6	204
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	42,109,619.	66,529,507.
9	Program service revenue (Part VIII, line 2g)	12,461.	28,002.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,720,877.	907,527.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-784,283.	-862,633.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,058,674.	66,602,403.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,750,302.	35,964,691.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,460,378.	5,059,716.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	60,000.	50,000.
b	Total fundraising expenses (Part IX, column (D), line 25) 5,800,111.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,335,226.	8,565,800.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	39,605,906.	49,640,207.
19	Revenue less expenses. Subtract line 18 from line 12	3,452,768.	16,962,196.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	54,929,497.	69,503,734.
21	Total liabilities (Part X, line 26)	6,511,751.	3,955,229.
22	Net assets or fund balances. Subtract line 21 from line 20	48,417,746.	65,548,505.

Part II Signature Block

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

Sign Here

Signature of officer — Date

JASON MERRYMAN, VP OF FINANCE & ADMIN
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DAREN DAIGA	DAREN DAIGA	08/14/26	[ ]	P01074795

Firm's name CRI CAPIN CROUSE ADVISORS, LLC — Firm's EIN 33-2621854

Firm's address 345 MASSACHUSETTS AVE, STE 300
INDIANAPOLIS, IN 46204 — Phone no. 505-502-2746

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE TIM TEBOW FOUNDATION EXISTS TO BRING FAITH, HOPE AND LOVE TO THOSE NEEDING A BRIGHTER DAY IN THEIR DARKEST HOUR OF NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 26,310,081. including grants of $ 25,191,138.) (Revenue $)
ANTI-HUMAN TRAFFICKING & CHILD EXPLOITATION:

ENGAGED IN THE GLOBAL FIGHT AGAINST HUMAN TRAFFICKING AND CHILD EXPLOITATION, THE FOUNDATION IS COMMITTED TO CATALYZING AWARENESS AND PREVENTION, ENABLING THE RESCUE OF VICTIMS, AND PROVIDING RESTORATIVE CARE TO SURVIVORS. EFFORTS INCLUDE POLICY REVISION, EQUIPPING AND TRAINING LAW ENFORCEMENT, CAPACITY BUILDING THROUGH TASK FORCES, VICTIM IDENTIFICATION OPERATIONS, MISSING CHILDREN OPERATIONS, PROTECTION CENTERS, SAFE HOMES, AND MORE.

4b (Code:) (Expenses $ 6,519,939. including grants of $ 5,160,201.) (Revenue $)
SPECIAL NEEDS MINISTRY:

THE TIM TEBOW FOUNDATION IS PASSIONATE ABOUT CHANGING HOW THE WORLD SEES PEOPLE WITH SPECIAL NEEDS. PEOPLE LIVING WITH DISABILITY ARE OFTEN DENIED THE SAME OPPORTUNITIES AS THEIR PEERS TO BE UNDERSTOOD AND CELEBRATED FOR THEIR INHERENT WORTH AND VALUE. IN MANY COUNTRIES AROUND THE GLOBE, PEOPLE WITH DISABILITIES ARE VIEWED AS A BURDEN, LESS-THAN, OR EVEN CURSED. THE FOUNDATION IS CHANGING THIS NARRATIVE THROUGH GLOBAL CELEBRATION EVENTS, EDUCATION AND RESOURCE CENTERS, THERAPY SERVICES, AND COMMUNITY-BUILDING RESOURCES.

4c (Code:) (Expenses $ 3,223,630. including grants of $ 3,130,644.) (Revenue $)
ORPHAN CARE + PREVENTION:

THE TIM TEBOW FOUNDATION PROVIDES FOR THE PHYSICAL AND SPIRITUAL CARE OF CHILDREN WHO HAVE BEEN LEFT HOMELESS OR ABANDONED, AS WELL AS RESOURCES TO CREATE STRONG FAMILIES AND ADOPTION ASSISTANCE, ALL TO PROTECT CHILDREN FROM VULNERABILITIES AND GIVE THEM HOPE FOR A SECURE FUTURE. PROGRAMS INCLUDE FAMILY-BASED CARE, COMMUNITY CENTERS, FAMILY REUNIFICATION, THE ESTABLISHMENT OF A FOSTER CARE SYSTEM, AWARENESS FOR LIFE-SAVING ALTERNATIVES TO BABY ABANDONMENT, ADOPTION AID, VITAL SUPPORT FOR YOUNG MEN AND WOMEN AGING OUT OF ORGANIZED CARE, AND FAMILY SUPPORT PROGRAMMING.

4d Other program services (Describe on Schedule O.)
(Expenses $ 4,334,567. including grants of $ 2,482,707.) (Revenue $ 28,002.)

4e Total program service expenses 40,388,217.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	56		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b			X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed TN,CO,NY,OH,CA,FL,AK,AL,CT,GA,HI,KS

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

JASON MERRYMAN - 904-380-8499

12735 GRAN BAY PKWAY, 130A, JACKSONVILLE, FL 32258

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE BIONDO	40.00									
PRESIDENT (PART YEAR)	5.00			X				219,368.	0.	19,675.
(2) JASON MERRYMAN	40.00									
VP OF FINANCE & ADMIN	5.00			X				157,231.	0.	16,685.
(3) JENNIFER STRICKLAND	40.00									
VP OF BRANDING, STRATEGY, & HR	5.00					X		152,950.	0.	13,934.
(4) BRANDI COOK	40.00									
VP OF MINISTRY	5.00					X		152,338.	0.	12,958.
(5) CAMILLE COOPER	44.00									
VP OF ANTI-HUMAN TRAFFICKING & CE	1.00					X		147,717.	0.	8,684.
(6) KYLE ROOSEN	40.00									
VP OF GROWTH MARKETING	5.00					X		107,700.	0.	12,555.
(7) CHU SOH	40.00									
PRESIDENT	5.00			X				0.	0.	0.
(8) TIMOTHY R TEBOW	10.00									
CHAIRMAN	2.00	X		X				0.	0.	0.
(9) BRYAN CRAUN	1.00									
SECRETARY/TREASURER	0.00	X		X				0.	0.	0.
(10) ROBERT R TEBOW II	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) WILLIAM HEAVENER	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) URBAN MEYER	1.00									
DIRECTOR	0.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								937,304.	0.	84,491.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								937,304.	0.	84,491.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 6

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CONTRACT CONSTRUCTION, INC. P.O. BOX 269, BALLENTINE, SC 29002	CAMPUS CONSTRUCTION	22,017,128.
BIENESTAR Y PATRIMONIO, SA, LOTIFICACION BOSQUE DE SANTIAGO LOTE 16 CARRETERA,	TEBOW DOWN GUATEMALA CONSTR.	1,166,160.
MISSION DRIVEN PRODUCTIONS, LLC, 2220 COUNTY ROAD 210 W., JACKSONVILLE, FL 32259	PRODUCTION SERVICES	394,561.
AD SYMPHONY LLC, 12439 MAGNOLIA BLVD, #170, NORTH HOLLYWOOD, CA 91607	CAMPAIGNS & ADVERTISING	220,957.
APOLLO JETS LLC, 9 EAST 37TH STREET, 8TH FLOOR, NEW YORK, NY 10016	FLIGHT SERVICES	208,091.
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 8		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	7,450,661.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	59,078,846.				
	g Noncash contributions included in lines 1a-1f	1g	$ 2,715,360.				
	h **Total.** Add lines 1a-1f			66,529,507.			
Program Service Revenue		**Business Code**					
	2a REGISTRATION FEES	900099		22,504.	22,504.		
	b EQUINE LESSONS	900099		5,498.	5,498.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			28,002.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			683,905.			683,905.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	211,734.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	211,734.					
	d Net rental income or (loss)			211,734.			211,734.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	24,657,079.	1,800.				
	b Less: cost or other basis and sales expenses 7b	24,435,257.	0.				
	c Gain or (loss) 7c	221,822.	1,800.				
	d Net gain or (loss)			223,622.			223,622.
	8a Gross income from fundraising events (not including $ 7,450,661. of contributions reported on line 1c). See Part IV, line 18	8a	706,854.				
	b Less: direct expenses	8b	1,774,747.				
	c Net income or (loss) from fundraising events			-1,067,893.			-1,067,893.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	24,339.				
	b Less: cost of goods sold	10b	31,106.				
	c Net income or (loss) from sales of inventory			-6,767.			-6,767.
Miscellaneous Revenue		**Business Code**					
	11a						
	b						
	c						
	d All other revenue	900099		293.			293.
	e **Total.** Add lines 11a-11d			293.			
	12 **Total revenue.** See instructions			66,602,403.	28,002.	0.	44,894.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,678,683.	11,678,683.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	24,286,008.	24,286,008.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	421,705.	131,549.	208,854.	81,302.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,837,053.	1,756,613.	982,514.	1,097,926.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,612.	38,140.	25,558.	26,914.
9 Other employee benefits	397,784.	177,096.	112,147.	108,541.
10 Payroll taxes	312,562.	148,151.	75,954.	88,457.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,882.	1,253.	6,629.	
c Accounting	41,639.		41,639.	
d Lobbying	120,000.	120,000.		
e Professional fundraising services. See Part IV, line 17	50,000.			50,000.
f Investment management fees	70,879.		70,879.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	340,670.	49,820.	181,506.	109,344.
12 Advertising and promotion	3,392,189.	295,621.	31,431.	3,065,137.
13 Office expenses	1,381,970.	77,508.	872,671.	431,791.
14 Information technology	867,066.	165,881.	240,064.	461,121.
15 Royalties				
16 Occupancy	798,397.	287,684.	352,825.	157,888.
17 Travel	357,002.	258,241.	34,637.	64,124.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78,460.	61,911.	4,511.	12,038.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	192,244.	139,755.	21,806.	30,683.
23 Insurance	176,732.	48,080.	128,652.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CLIENT CARE & EVENTS	410,949.	410,949.		
b REPAIR & MAINTENANCE	195,340.	120,893.	59,602.	14,845.
c EQUINE & DIRECT CAMP	134,381.	134,381.		
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	49,640,207.	40,388,217.	3,451,879.	5,800,111.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		3,525,992.	1	452,198.
	2	Savings and temporary cash investments			2	3,570,536.
	3	Pledges and grants receivable, net		1,000,000.	3	7,081,828.
	4	Accounts receivable, net		13,486.	4	3,528.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		44,859.	8	77,420.
	9	Prepaid expenses and deferred charges		616,487.	9	488,937.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,981,786.			
	b	Less: accumulated depreciation	10b 725,978.	30,756,940.	10c	46,255,808.
	11	Investments - publicly traded securities		17,004,201.	11	10,307,325.
	12	Investments - other securities. See Part IV, line 11		257,000.	12	
	13	Investments - program-related. See Part IV, line 11		82,565.	13	82,565.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,627,967.	15	1,183,589.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		54,929,497.	16	69,503,734.
Liabilities	17	Accounts payable and accrued expenses		285,950.	17	264,419.
	18	Grants payable		191,220.	18	2,507,220.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		6,034,581.	25	1,183,590.
	26	**Total liabilities.** Add lines 17 through 25		6,511,751.	26	3,955,229.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		19,906,984.	27	24,182,747.
	28	Net assets with donor restrictions		28,510,762.	28	41,365,758.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		48,417,746.	32	65,548,505.
	33	Total liabilities and net assets/fund balances		54,929,497.	33	69,503,734.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,602,403.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,640,207.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,962,196.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,417,746.
5	Net unrealized gains (losses) on investments	5	168,563.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	65,548,505.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
TIM TEBOW FOUNDATION, INC.	27-4345913

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,111,716.	21,696,441.	25,512,075.	42,109,619.	66,529,507.	195,959,358.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	40,111,716.	21,696,441.	25,512,075.	42,109,619.	66,529,507.	195,959,358.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,903,636.
6 **Public support.** Subtract line 5 from line 4.						175,055,722.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	40,111,716.	21,696,441.	25,512,075.	42,109,619.	66,529,507.	195,959,358.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	418,950.	449,296.	1,142,984.	1,209,539.	895,639.	4,116,408.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			2,164.	1,610.	293.	4,067.
11 **Total support.** Add lines 7 through 10						200,079,833.

12 Gross receipts from related activities, etc. (see instructions) 12 213,731.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 87.49 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 83.34 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2022 AMOUNT: $ 2,164.

2023 AMOUNT: $ 1,610.

2024 AMOUNT: $ 293.

SCHEDULE A, PART II

PER THE INSTRUCTIONS, PUBLIC SUPPORT IS MEASURED USING A 5-YEAR COMPUTATION PERIOD THAT INCLUDES THE CURRENT AND FOUR PRIOR TAX YEARS (INCLUDING SHORT YEARS). THE ORGANIZATION HAD A SHORT YEAR IN 2022. THE BELOW CHART CLARIFIES THE INFROMATION REPRESENTED IN SCHEDULE A, PART II:

COLUMN (A) - FISCAL YEAR ENDING 12/31/21

COLUMN (B) - 9 MONTH PERIOD ENDING 9/30/22

COLUMN (C) - FISCAL YEAR ENDING 9/30/23

COLUMN (D) - FISCAL YEAR ENDING 9/30/24

COLUMN (E) - FISCAL YEAR ENDING 9/30/25

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
TIM TEBOW FOUNDATION, INC.	27-4345913

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

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
1		$ 4,031,319.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,958,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: TIM TEBOW FOUNDATION, INC.

Employer identification number: 27-4345913

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

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

Name of organization	Employer identification number
TIM TEBOW FOUNDATION, INC.	27-4345913

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $ __________

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
TIM TEBOW FOUNDATION, INC.	27-4345913

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	59,757.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	130,615.	
c Total lobbying expenditures (add lines 1a and 1b)	190,372.	
d Other exempt purpose expenditures	49,399,835.	
e Total exempt purpose expenditures (add lines 1c and 1d)	49,590,207.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures			1,150.	190,372.	191,522.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures			1,150.	59,757.	60,907.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-A, LINE 1:

DIRECT CONTACT WITH GOVERNMENT OFFICIALS BY EMPLOYEE IN EFFORTS TO SECURE STATE GRANT AND OTHER ORGANIZATION RELATED ACTIVITIES.

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
TIM TEBOW FOUNDATION, INC.

Employer identification number
27-4345913

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,727,809.		5,727,809.
b Buildings		2,427,060.	112,096.	2,314,964.
c Leasehold improvements		77,743.	7,618.	70,125.
d Equipment		452,817.	194,320.	258,497.
e Other		38,296,357.	411,944.	37,884,413.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				46,255,808.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASES RIGHT-OF-USE OBLIGATIONS	1,183,590.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,183,590.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

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

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		3,487,253.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		6,721,997.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		2,950,653.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		201,705.
NORTH AMERICA - CANADA AND MEXICO	0	0	GRANTMAKING		1,320,050.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		178,550.
SOUTH AMERICA	0	0	GRANTMAKING		2,013,600.
SOUTH ASIA	0	0	GRANTMAKING		383,419.
3 a Subtotal	0	0			17,257,227.
b Total from continuation sheets to Part I	0	0			7,028,781.
c **Totals** (add lines 3a and 3b)	0	0			24,286,008.

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		7,028,781.
Totals ▶					7,028,781.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ANTI HUMAN TRAFFICKING	224,383.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	289,244.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	6,500.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	75,000.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	244,100.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	VICTIM IDENTIFICATION	500,000.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DOWN GUATEMALA, NIGHT TO SHINE	1375000.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	45,000.	ELECTRONIC FUND OR WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 74

3 Enter total number of other organizations or entities 4

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION, PROFOUND MEDICAL NEEDS	267,850.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	170,800.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	6,850.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	8,700.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SAFE HOME / SURVIVOR CARE	261,675.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	SPECIAL NEEDS MINISTRIES	7,500.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	8,475.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	VICTIM IDENTIFICATION	336,000.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE, PROFOUND MEDICAL NEEDS	306,100.	CHECK & ELECTRONIC FUND OR WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	VICTIM IDENTIFICATION	70,000.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	VICTIM IDENTIFICATION	10,000.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	SAFE HOME / SURVIVOR CARE, SPECIAL NEEDS MINISTRIES	3643212.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	SAFE HOME / SURVIVOR CARE	2196060.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	VICTIM IDENTIFICATION	112,000.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	15,350.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	SPECIAL NEEDS MINISTRIES	299,975.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,850.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,500.	CHECK	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	VICTIM IDENTIFICATION	20,000.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	VICTIM IDENTIFICATION	20,000.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,000.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,222.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,855.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,500.	CHECK	0.		
		EUROPE	NIGHT TO SHINE	6,850.	CHECK	0.		
		EUROPE	NIGHT TO SHINE	7,101.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,500.	ELECTRONIC FUND OR WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	VICTIM IDENTIFICATION	2500000.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,850.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,500.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,350.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE	NIGHT TO SHINE	6,350.	ELECTRONIC FUND OR WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	NIGHT TO SHINE	6,700.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	ANTI HUMAN TRAFFICKING	12,500.	ELECTRONIC FUND OR WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SPECIAL NEEDS MINISTRIES	159,605.	ELECTRONIC FUND OR WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	NIGHT TO SHINE	6,850.	CHECK	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	NIGHT TO SHINE	11,200.	CHECK	0.		
		NORTH AMERICA	VICTIM IDENTIFICATION	1100000.	ELECTRONIC FUND OR WIRE	0.		
		NORTH AMERICA	ORPHAN CARE & PREVENTION, SPECIAL NEEDS MINISTRIES	186,000.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		RUSSIA	VICTIM IDENTIFICATION	75,000.	ELECTRONIC FUND OR WIRE	0.		
		RUSSIA	NIGHT TO SHINE	8,700.	CHECK	0.		
		RUSSIA	ADOPTION AID, SAFE HOME / SURVIVOR CARE	84,500.	ELECTRONIC FUND OR WIRE	0.		
		RUSSIA	NIGHT TO SHINE	5,350.	CHECK	0.		
		SOUTH AMERICA	NIGHT TO SHINE	6,850.	CHECK	0.		
		SOUTH AMERICA	ORPHAN CARE & PREVENTION	375,500.	ELECTRONIC FUND OR WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ANTI HUMAN TRAFFICKING	274,150.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	VICTIM IDENTIFICATION	160,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	NIGHT TO SHINE	6,850.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	VICTIM IDENTIFICATION	500,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	PROFOUND MEDICAL NEEDS	550,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	VICTIM IDENTIFICATION	40,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	VICTIM IDENTIFICATION	75,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	SPECIAL NEEDS MINISTRIES	10,000.	CHECK	0.		
		SOUTH AMERICA	NIGHT TO SHINE	5,350.	ELECTRONIC FUND OR WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SAFE HOME / SURVIVOR CARE	21,378.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	NIGHT TO SHINE	6,850.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	NIGHT TO SHINE	5,700.	CHECK	0.		
		SOUTH ASIA	NIGHT TO SHINE	6,850.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	NIGHT TO SHINE	5,350.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	RELIEF AID	87,041.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	VICTIM IDENTIFICATION	230,000.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,350.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	SAFE HOME / SURVIVOR CARE	209,868.	CHECK & ELECTRONIC FUND OR WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,350.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	22,275.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	420,000.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	26,100.	CHECK	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	16,050.	CHECK	0.		
		SUB-SAHARAN AFRICA	ORPHAN CARE & PREVENTION	623,200.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	8,700.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,350.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	11,700.	ELECTRONIC FUND OR WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	13,050.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	15,400.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE, PROFOUND MEDICAL NEEDS	1516750.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE, SAFE HOME / SURVIVOR CARE, SPECIAL NEEDS MINISTRIES	701,700.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE, SPECIAL NEEDS MINISTRIES	1249400.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,350.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	12,500.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	VICTIM IDENTIFICATION	125,000.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN CARE & PREVENTION	329,000.	ELECTRONIC FUND OR WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,350.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	1546713.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	15,400.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,350.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	13,050.	CHECK & ELECTRONIC FUND OR WIRE	0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*	[ ] Yes	[X] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	[ ] Yes	[X] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
TIM TEBOW FOUNDATION IMPLEMENTS ITS INTERNATIONAL ACTIVITIES THROUGH ESTABLISHED AND VETTED PARTNERS AND CHURCHES. OUR GRANTEE REPORTING REQUIREMENTS PROMOTE COMPLETE TRANSPARENCY, ACCOUNTABILITY METRICS, AND POLICIES TO ENSURE EFFECTIVE AND EFFICIENT FINANCIAL MANAGEMENT AND PERFORMANCE OUTCOMES. THESE EFFORTS INCLUDE, BUT ARE NOT LIMITED TO, REGULAR COMMUNICATION, DETAILED REPORTING, AND SITE VISITS.

PART I, LINE 3:
EXPENDITURES ARE ACCOUNTED FOR USING THE ACCRUAL METHOD OF ACCOUNTING.

PART II, LINES 2 AND 3:
WHILE 94 SEPERATE GRANTS ARE LISTED IN SCHEDULE F, PART II, MULTIPLE ORGANIZATIONS ARE LISTED MORE THAN ONCE FOR GRANTS TO DIFFERENT REGIONS. EACH ORGANIZATION WILL ONLY BE INCLLUDED IN THE LINE 2 OR LINE 3 COUNTS ONCE PER INSTRUCTIONS.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [ ] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] Solicitation of government grants
- **g** [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
JANA OLSLUND - 10193 SILVERBROOK TRAIL,	CULTIVATES RELATIONSHIPS WITH HIGH NET WORTH DONORS		X	0.	50,000.	-50,000.
Total					50,000.	-50,000.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CT,PA,FL,MI,MN,AR,CO,IL,NC,NJ,NM,OR,SC,VA,KS,MD,TN,CA,HI,KY,MA,MS,NY,OH,NV
AL,OK,RI,WV,ME,WI,AK,ND,WA

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

		(a) Event #1 GALA & GOLF TOURNAMENT (event type)	(b) Event #2 NIGHT TO SHINE TRAVEL (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	6,660,265.	1,199,350.	297,900.	8,157,515.
	2 Less: Contributions	6,181,411.	971,350.	297,900.	7,450,661.
	3 Gross income (line 1 minus line 2)	478,854.	228,000.		706,854.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	57,533.	3,661.		61,194.
	6 Rent/facility costs	208,464.	7,617.	12,546.	228,627.
	7 Food and beverages	157,416.	24,332.	6,375.	188,123.
	8 Entertainment	107,679.	11,462.		119,141.
	9 Other direct expenses	756,139.	421,523.		1,177,662.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,774,747.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-1,067,893.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: JANA OLSLUND
(I) ADDRESS OF FUNDRAISER: 10193 SILVERBROOK TRAIL, JACKSONVILLE, FL 32256

SCHEDULE G, PART I, LINE 2B, COLUMN (IV):
THE PROFESSIONAL FUNDRAISING SERVICES WERE CONSULTING IN NATURE. NO GROSS RECEIPTS WERE DIRECTLY GENERATED FROM THE SERVICES PROVIDED.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
TIM TEBOW FOUNDATION, INC.

Employer identification number
27-4345913

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OPERATION LIGHT SHINE 3728 KEYSTONE AVE NASHVILLE, TN 37211	85-2555554	501(C)(3)	3,154,500.	0.			ANTI HUMAN TRAFFICKING, VICTIM IDENTIFICATION
HER SONG JACKSONVILLE 10700 BEACH BLVD, UNIT 17807 JACKSONVILLE, FL 32245	81-0735073	501(C)(3)	3,000,100.	0.			ANTI HUMAN TRAFFICKING, SAFE HOME / SURVIVOR CARE
NATIONAL CHILD PROTECTION TASK FORCE - 1722 N. COLLEGE, #103 - FAYETTEVILLE, AR 72703	83-3384898	501(C)(3)	1,372,892.	0.			ANTI HUMAN TRAFFICKING, VICTIM IDENTIFICATION
GLOBAL EMANCIPATION NETWORK LTD 8 THE GREEN STE B DOVER, DE 19901	88-4013964		890,000.	0.			VICTIM IDENTIFICATION
CHILD RESCUE COALITION 4530 CONFERENCE WAY S. BOCA RATON, FL 33431	45-5358378	501(C)(3)	850,000.	0.			VICTIM IDENTIFICATION
CANARY NGO LTD 8 THE GREEN DOVER, DE 19901	33-4174661	501(C)(3)	530,000.	0.			ANTI HUMAN TRAFFICKING, VICTIM IDENTIFICATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 84.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOW HOPE PO BOX 681748 FRANKLIN, TN 37068	32-0011220	501(C)(3)	396,000.	0.			ADOPTION AID
LIFESONG FOR ORPHANS PO BOX 9 GRDILEY, IL 61744	35-1902841	501(C)(3)	252,000.	0.			ADOPTION AID
LANTERN FOUNDATION 5399 BROOKHAVEN RD RAMSEUR, NC 27316	85-0713747	501(C)(3)	54,754.	0.			ANTI HUMAN TRAFFICKING
KEY MINISTRY FOUNDATION 25935 DETROIT ROAD WESTLAKE, OH 44145	16-1644916	501(C)(3)	30,000.	0.			SHINE ON
THE FIRST TEE OF NORTH FLORIDA 101 E TOWN PL, SUITE 100 ST. AUGUSTINE, FL 32092	59-2998925	501(C)(3)	20,000.	0.			GENERAL MINISTRY
99 BALLOONS INC PO BOX 10934 FAYETTEVILLE, AR 72703	26-1298485	501(C)(3)	15,000.	0.			SHINE ON
GUIDELIGHT 61535 S. HWY. 97 BEND, OR 97702	20-5458291	501(C)(3)	15,000.	0.			SHINE ON
NIGHT TO SHINE JACKSONVILLE, INC. 14286 BEACH BOULEVARD, SUITE 2 JACKSONVILLE, FL 32250	82-2071663	501(C)(3)	15,000.	0.			NIGHT TO SHINE
RISING ABOVE MINISTRIES PO BOX 222 COOKEVILLE, TN 38503	20-3599078	501(C)(3)	14,500.	0.			SHINE ON

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2|42 COMMUNITY CHURCH 7526 GRAND RIVER AVE BRIGHTON, MI 48114	26-0567414	501(C)(3)	14,000.	0.			NIGHT TO SHINE
REACH HURTING KIDS INSTITUTE 7373 SPRINGMILL PLACE RANCHO CUCAMONGA, CA 91730	25-3376459		10,500.	0.			SHINE ON
BEDROCK CHURCH LYNCHBURG 3410 OLD FOREST ROAD LYNCHBURG, VA 24501	83-1821173	501(C)(3)	6,500.	0.			NIGHT TO SHINE
BRIDGEWAY CHURCH 1401 E HOFFER STREET KOKOMO, IN 46902	84-2834339	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CHURCH OF THE OPEN DOOR OF SHILOH 8 CARLISLE COURT YORK, PA 17408	23-1680353	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CITY CHURCH FOR ALL NATIONS 1200 N RUSSELL RD BLOOMINGTON, IN 47408	01-0830345	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CLAY STREET BAPTIST CHURCH 1940 MIDLAND TRAIL SHELBYVILLE, KY 40065	61-1176265	501(C)(3)	6,500.	0.			NIGHT TO SHINE
COMPASS CHURCH OF MONTEREY COUNTY 830 PADRE DR SALINAS, CA 93901	94-1366613	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CONNECTION POINT CHURCH 2270 S MILL IRON RD MUSKEGON, MI 49442	23-7370125	501(C)(3)	6,500.	0.			NIGHT TO SHINE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORINTH CHRISTIAN CHURCH 1635 HIGHWAY 81 LOGANVILLE, GA 30052	58-1473520	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CROSSWINDS CHURCH 2805 ERIE AVE. SPIRIT LAKE, IA 51360	51-0164345	501(C)(3)	6,500.	0.			NIGHT TO SHINE
F3 MINISTRIES PO BOX 1029 VACAVILLE, CA 95696	47-3426476	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FAIRFAX CHURCH OF CHRIST 3901 RUGBY ROAD FAIRFAX, VA 22033	54-0899749	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FAIRVIEW BAPTIST TABERNACLE CHURCH 112 KEY KILE ROAD SWEETWATER, TN 37874	62-1183687	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH 213 NORTH BROADWAY ST MARLOW, OK 73055	73-1197321	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF EUGENE 3850 COUNTY FARM RD EUGENE, OR 97408	93-0398623	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH PAMPA 203 N. WEST ST, PAMPA, TX 79065 PAMPA, TX 79065	75-0983831	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST CHRISTIAN CHURCH OF SCOTTSBURG - 255 W. MCCLAIN AVE. - SCOTTSBURG, IN 47170	35-0933544	501(C)(3)	6,500.	0.			NIGHT TO SHINE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST EVANGELICAL FREE CHURCH OF FULLERTON - 2801 BREA BLVD - FULLERTON, CA 92835	95-6006133	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST UNITED METHODIST CHURCH PENSACOLA - 6 E WRIGHT STREET - PENSACOLA, FL 32501	59-0637843	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST UNITED METHODIST CHURCH, SALINA - 122 8TH STREET - SALINA, KS 67401	48-0554344	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FUSION BIBLE CHURCH 1097 GERLACH DR DURANT, OK 74701	81-0743313	501(C)(3)	6,500.	0.			NIGHT TO SHINE
GATEWAY CHURCH 200 BOSCOMBE AVE. STATEN ISLAND, NY 10309	13-2788857	501(C)(3)	6,500.	0.			NIGHT TO SHINE
GRAYS HARBOR FOURSQUARE 4800 CENTRAL PARK DR ABERDEEN, WA 98520	90-0504967	501(C)(3)	6,500.	0.			NIGHT TO SHINE
HERITAGE CHURCH - IL 4801 44TH STREET ROCK ISLAND, IL 61201	36-3309659	501(C)(3)	6,500.	0.			NIGHT TO SHINE
HILLSIDE BIBLE CHURCH 173 N CHURCH ST ORTONVILLE, MI 48462	38-2092635	501(C)(3)	6,500.	0.			NIGHT TO SHINE
IMMANUEL BAPTIST CHURCH - FL 2351 MAHAN DR TALLAHASSEE, FL 32308	59-6018715	501(C)(3)	6,500.	0.			NIGHT TO SHINE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT COMMUNITY CHURCH PO BOX 37028 ROCK HILL, SC 29732	26-3255371	501(C)(3)	6,500.	0.			NIGHT TO SHINE
JACKSON STREET CHURCH OF CHRIST 1103 JACKSON STREET MONROE, LA 71202	72-0940761	501(C)(3)	6,500.	0.			NIGHT TO SHINE
JOURNEY MENNONITE CHURCH 808 S POPLAR ST HUTCHINSON, KS 67505	48-0869337	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LAKEVIEW BAPTIST CHURCH 202 LAKEVIEW BLVD HARTSVILLE, SC 29550	57-0511137	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LIBERTY CHURCH JERSEY CITY 140 WOODWARD ST JERSEY CITY, NJ 07304	84-2246425	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LIFE CHURCH - MS 5021 US-84 W LAUREL, MS 39443	64-0702589	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LIMESTONE PRESBYTERIAN CHURCH 5704 WAYNESBURG PIKE MOUNDSVILLE, WV 26041	55-0485769	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LIVINGSTON CHRISTIAN CENTER 1400 MOUNT BALDY DRIVE LIVINGSTON, MT 59047	81-0400487	501(C)(3)	6,500.	0.			NIGHT TO SHINE
MOSAIC CHURCH 9220 MANHATTAN RD HENDERSON, NV 89074	88-0478589	501(C)(3)	6,500.	0.			NIGHT TO SHINE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT PISGAH CHURCH 2600 PISGAH CHURCH RD GREENSBORO, NC 27455	93-3198475	501(C)(3)	6,500.	0.			NIGHT TO SHINE
MOUNTAIN HOUSE MINISTRIES 3580 BLACKWOOD RD SOUTH LAKE TAHOE, CA 96150	94-2381310	501(C)(3)	6,500.	0.			NIGHT TO SHINE
NEW HOPE BAPTIST CHURCH - VA 255 UNION MILL RD. LACROSSE, VA 23950	54-2008824	501(C)(3)	6,500.	0.			NIGHT TO SHINE
NEW HOPE COMMUNITY CHURCH 5100 BETHESDA COURT WILLIAMSBURG, MI 49690	38-2951124	501(C)(3)	6,500.	0.			NIGHT TO SHINE
NEW LIFE CHURCH - OH 14224 DETROIT AVE LAKEWOOD, OH 44107	20-4881686	501(C)(3)	6,500.	0.			NIGHT TO SHINE
NORTH HENDERSON BAPTIST CHURCH 1211 N. GARNETT STREET HENDERSON, NC 27536	56-0904793	501(C)(3)	6,500.	0.			NIGHT TO SHINE
NORTHSIDE BAPTIST CHURCH - GA 4605 MURRAY AVE TIFTON, GA 31794	58-0971987	501(C)(3)	6,500.	0.			NIGHT TO SHINE
ONE CHURCH 1308 WELLINGTON ROAD MANCHESTER, NH 03104	23-7059707	501(C)(3)	6,500.	0.			NIGHT TO SHINE
PEOPLES CHURCH 14089 US HIGHWAY 79 E JACKSONVILLE, TX 75766	02-0565624	501(C)(3)	6,500.	0.			NIGHT TO SHINE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLES CHURCH - CA 7172 NORTH CEDAR AVENUE FRESNO, CA 93720	94-6023166	501(C)(3)	6,500.	0.			NIGHT TO SHINE
POCONO COMMUNITY CHURCH 1050 MEMORIAL BLVD TOBYHANNA, PA 18466	45-0497822	501(C)(3)	6,500.	0.			NIGHT TO SHINE
PORT CHARLOTTE GLOBAL METHODIST CHURCH - 21075 QUESADA AVENUE - PORT CHARLOTTE, FL 33952	59-1022083	501(C)(3)	6,500.	0.			NIGHT TO SHINE
PRESTON TRAIL MINISTRIES 8055 INDEPENDENCE PKWY FRISCO, TX 75035	06-1655406	501(C)(3)	6,500.	0.			NIGHT TO SHINE
RADIANT LIGHTHOUSE PO BOX 815 GREENVILLE, OH 45331	83-4373171	501(C)(3)	6,500.	0.			NIGHT TO SHINE
RED ROCKS AUSTIN 7625 N INTERSTATE HWY 35 AUSTIN, TX 78752	90-0141346	501(C)(3)	6,500.	0.			NIGHT TO SHINE
REVIVE CITY CHURCH 5541 CLEVES WARSAW PIKE CINCINNATI, OH 45238	46-1466655	501(C)(3)	6,500.	0.			NIGHT TO SHINE
SAINT MARY'S CHURCH 512 W THOMAS AVE SHENANDOAH, IA 51601	42-0750102	501(C)(3)	6,500.	0.			NIGHT TO SHINE
SECOND BAPTIST CHURCH OF WARNER ROBINS - 2504 MOODY RD. - WARNER ROBINS, GA 31088	58-0825834	501(C)(3)	6,500.	0.			NIGHT TO SHINE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHORELINE CHURCH 140 PALMETTO ST DESTIN, FL 32541	51-0529344	501(C)(3)	6,500.	0.			NIGHT TO SHINE
SOUTHCREST BAPTIST CHURCH 3801 SOUTH LOOP 289 LUBBOCK, TX 79423	75-0964543	501(C)(3)	6,500.	0.			NIGHT TO SHINE
ST JOHN VIANNEY CATHOLIC CHURCH 4097 18TH ST BETTENDORF, IA 52722	23-7287959	501(C)(3)	6,500.	0.			NIGHT TO SHINE
ST. EDWARD THE CONFESSOR PARISH 33926 CALLE PRIMAVERA DANA POINT, CA 92629	94-1715279	501(C)(3)	6,500.	0.			NIGHT TO SHINE
SUNSET PRESBYTERIAN CHURCH 14986 NW CORNELL RD PORTLAND, OR 97202	93-6014978	501(C)(3)	6,500.	0.			NIGHT TO SHINE
TEMPLE BAPTIST CHURCH 3159 SANDEROSA ROAD FAYETTEVILLE, NC 28312	56-0675407	501(C)(3)	6,500.	0.			NIGHT TO SHINE
THE ASSEMBLY HOT SPRINGS 2375B E. GRAND AVE HOT SPRINGS, AR 71901	71-0317848	501(C)(3)	6,500.	0.			NIGHT TO SHINE
UPPER ARLINGTON LUTHERAN CHURCH 3500 MILL RUN DRIVE HILLIARD, OH 43026	31-0670665	501(C)(3)	6,500.	0.			NIGHT TO SHINE
UPPER ROOM CHURCH 301 NIGHTINGALE LN GULF BREEZE, FL 32561	82-0920614	501(C)(3)	6,500.	0.			NIGHT TO SHINE

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALE CHRISTIAN CHURCH 450 A STREET W VALE, OR 97918	23-7076190	501(C)(3)	6,500.	0.			NIGHT TO SHINE
WESTERN HEIGHTS BAPTIST CHURCH 2382 WEST POINT ROAD LAGRANGE, GA 30240	58-1249479	501(C)(3)	6,500.	0.			NIGHT TO SHINE
WILLIAMSBURG COMMUNITY CHAPEL 3899 JOHN TYLER HIGHWAY WILLIAMSBURG, VA 23185	54-1162683	501(C)(3)	6,500.	0.			NIGHT TO SHINE
WOODHAVEN REFORMED CHURCH 3959 68TH ST SW BYRON CENTER, MI 49315	38-2133408	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CONCORD COMMUNITY CHURCH 9826 CONCORD ROAD BRENTWOOD, TN 37027	62-0787346	501(C)(3)	6,000.	0.			NIGHT TO SHINE
GRACE BAPTIST CHURCH - BATAVIA 238 VINE STREET BATAVIA, NY 14020	22-2310392	501(C)(3)	6,000.	0.			NIGHT TO SHINE
GREENCASTLE CHRISTIAN CHURCH P.O. BOX 521 GREENCASTLE, IN 46135	23-7454684	501(C)(3)	6,000.	0.			NIGHT TO SHINE
OVERCOMER MINISTRIES, INC. 7078 EAST FARM ROAD 84 STAFFORD, MO 65757	93-3608034	501(C)(3)	5,320.	0.			SHINE ON

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

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

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

PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF FUNDS GRANTED THROUGH ONGOING COMMUNICATIONS AND REPORTING TO ENSURE GRANTED FUNDS ARE USED FOR CHARITABLE PURPOSES.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

Part I Questions Regarding Compensation

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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) STEVE BIONDO	(i)	218,168.	0.	1,200.	6,591.	13,084.	239,043.	0.
PRESIDENT (PART YEAR)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON MERRYMAN	(i)	153,031.	3,000.	1,200.	4,881.	11,804.	173,916.	0.
VP OF FINANCE & ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER STRICKLAND	(i)	141,750.	10,000.	1,200.	4,288.	9,646.	166,884.	0.
VP OF BRANDING, STRATEGY, & HR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRANDI COOK	(i)	141,138.	10,000.	1,200.	4,288.	8,670.	165,296.	0.
VP OF MINISTRY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAMILLE COOPER	(i)	139,017.	7,500.	1,200.	0.	8,684.	156,401.	0.
VP OF ANTI-HUMAN TRAFFICKING & CE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

DURING 2025, TIMOTHY TEBOW, CHAIRMAN, CAMILLE COOPER, VP OF ANTI-HUMAN TRAFFICKING, AND BRANDI COOK, VP OF MINISTRY WENT ON A DONOR EVENT TRIP CELEBRATING NIGHT TO SHINE THAT INCLUDED CHARTER TRAVEL. THIS WAS NOT INCLUDED IN THEIR TAXABLE COMPENSATION BECAUSE THE TRIP WAS FOR A BONA FIDE BUSINESS PURPOSE.

PART I, LINE 7:

A NON-FIXED PAYMENT IN THE FORM OF A DISCRETIONARY BONUS WAS GIVEN TO OFFICERS AND EMPLOYEES.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
TIM TEBOW FOUNDATION, INC.

Employer identification number
27-4345913

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	MISSION DRIVEN PRODUCTIO	100% OWNED BY TIMOT	573,282.	VIDEO AND D		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF INTERESTED PERSON:
MISSION DRIVEN PRODUCTIONS DBA MISSION CREATIVE AGENCY
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
100% OWNED BY TIMOTHY TEBOW
(D) DESCRIPTION OF TRANSACTION: VIDEO AND DIGITAL MEDIA SERVICES
PROVIDED AT COST.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		3,980.	COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	47	2,707,730.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	7	3,650.	COST
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X	
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):
THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF ITEMS DONATED.

SCHEDULE M, PART I, LINE 32B:
THE ORGANIZATION USES A THIRD PARTY AND ITS TECHNOLOGY TO SELL AND PROCESS AUCTION ITEMS AT THE FOUNDATION'S FUNDRAISING EVENTS.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
TIM TEBOW FOUNDATION, INC.

Employer identification number
27-4345913

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
PROFOUND MEDICAL NEEDS:

THROUGH STRATEGIC, OFFICIAL MINISTRY PARTNERSHIPS, THE TIM TEBOW FOUNDATION HAS HELPED BUILD AND OPERATE MEDICAL FACILITIES IN THE PHILIPPINES, ZIMBABWE, ETHIOPIA, MOZAMBIQUE, AND THE PERUVIAN JUNGLE. BY PARTNERING WITH PIONEERS IN DEVELOPING COUNTRIES TO PROVIDE SPIRITUAL HOPE AND MEDICAL HEALING, THE FOUNDATION IS ABLE TO MEET THE NEEDS OF THOUSANDS OF VULNERABLE PEOPLE EVERY YEAR. THE FOUNDATION IS ALSO PASSIONATE ABOUT SERVING PEOPLE WITH LIFE ALTERING MEDICAL CONDITIONS WHO WISH TO MEET TIM TEBOW THROUGH PERSONALIZED EXPERIENCES. IN ADDITION, PLAYROOMS IN CHILDREN'S HOSPITALS AROUND THE WORLD ALLOW THE FOUNDATION TO CREATE HOPE THROUGH HEALING PLAY AND COMMUNITY WITH PEERS AND OTHER FAMILIES ON SIMILAR MEDICAL JOURNEYS.
EXPENSES $ 2,681,191. INCLUDING GRANTS OF $ 2,362,166. REVENUE $ 0.

RISING LIGHT RIDGE:

THE TIM TEBOW FOUNDATION IS BUILDING RISING LIGHT RIDGE (RLR) TO CREATE A ONE-OF-A-KIND PLACE WHERE PEOPLE OF ALL ABILITIES AND BACKGROUNDS CAN EXPERIENCE BELONGING, TRANSFORMATION, AND THE UNDENIABLE LOVE OF GOD IN A DEEPLY PERSONAL AND LIFE-CHANGING WAY. THROUGH FAITH-DRIVEN PROGRAMS, RESPITE CARE, OUTDOOR ADVENTURES, RETREATS, SUMMER CAMPS, AND DISABILITY-ADAPTIVE EXPERIENCES, RLR IS BREAKING DOWN BARRIERS AND PUTTING RADICAL LOVE ON DISPLAY FOR EVERY PERSON WHO VISITS THE 100-ACRE MINISTRY CAMPUS IN THE POCONO MOUNTAINS OF PENNSYLVANIA.
EXPENSES $ 1,520,744. INCLUDING GRANTS OF $ 1,000. REVENUE $ 28,002.

PHYSICAL & SPIRITUAL AID:

THE TIM TEBOW FOUNDATION IS COMMITTED TO PROVIDING PHYSICAL AND SPIRITUAL AID IN RESPONSE TO GLOBAL HUMANITARIAN NEEDS, ESPECIALLY FOLLOWING CATASTROPHIC EVENTS. THE FOUNDATION SUPPORTS PEOPLE EXPERIENCING FOOD INSECURITY, DISPLACEMENT, AND POVERTY, AS WELL AS THOSE BRINGING THE GOOD NEWS OF THE GOSPEL TO THE UNREACHED.
EXPENSES $ 132,632. INCLUDING GRANTS OF $ 119,541. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 2:
TIMOTHY R. TEBOW, CHAIRMAN, AND ROBERT R. TEBOW II, DIRECTOR - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, THIS LINE WAS ANSWERED NO IN ACCORDANCE WITH THE INSTRUCTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX PREPARER. IT IS REVIEWED IN DETAIL BY THE VP OF FINANCE & ADMIN AND MEMBERS OF THE FINANCE TEAM. AFTER THESE REVIEWS, THE FULL RETURN IS SENT TO THE PRESIDENT AND ALL DIRECTORS FOR THEIR FINAL REVIEW PRIOR TO FILING WITH THE IRS.

Name of the organization: TIM TEBOW FOUNDATION, INC.

Employer identification number: 27-4345913

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS AND OFFICERS SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS WHICH ARE REVIEWED BY THE PRESIDENT AND VP OF FINANCE & ADMIN. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST BE DISCLOSED, THE BOARD MEMBER OR OFFICER WOULD BE ASKED TO REFRAIN FROM PARTICIPATION IN ANY DELIBERATION OR DECISION WITH REGARD TO MATTERS AFFECTED BY THE RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 15:
LINE 15A:
THE INDEPENDENT BOARD OF DIRECTORS ENGAGES IN A REVIEW, ANALYSIS, AND APPROVAL OF THE PRESIDENT'S COMPENSATION THROUGH AN INDEPENDENT SURVEY OF COMPARABLE POSITIONS AND REVIEW OF THE FORM 990 FROM COMPARABLE ORGANIZATIONS. THE DOCUMENTATION OF THIS PROCESS IS KEPT WITHIN THE BOARD OF DIRECTORS RECORDS.

LINE 15B:
THE PRESIDENT ENGAGES IN A REVIEW, ANALYSIS, AND APPROVAL OF THE VP OF FINANCE & ADMIN'S COMPENSATION THROUGH AN INDEPENDENT SURVEY OF COMPARABLE POSITIONS AND REVIEW OF THE FORM 990 FROM COMPARABLE ORGANIZATIONS. THIS PROCESS IS DOCUMENTED IN THE HR FILES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
TN,CO,NY,OH,CA,FL,AK,AL,CT,GA,HI,KS,KY,MA,MD,MI,MN,MS,NC,ND,NH,OR,RI,SC,VA WA,WI,WV,AR,IL,NJ,NM

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC DOCUMENTS REQUIRED BY LAW TO BE MADE PUBLICLY AVAILABLE IN ACCORDANCE WITH IRS PROCEDURES. TTF FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE TTF WEBSITE AND ALSO UPON REQUEST. TTF GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
TIM TEBOW FOUNDATION, INC.

Employer identification number
27-4345913

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FHL LLC - 38-3980428 12735 GRAN BAY PKWAY, SUITE 130-A JACKSONVILLE, FL 32258	HOLDING REAL PROPERTY AND DEVELOPMENT OF RISING LIGHT RIDGE	FLORIDA	14,751,195.	44,015,003.	TIM TEBOW FOUNDATION, INC.
RISING LIGHT RIDGE - 87-2743804 12735 GRAN BAY PKWAY, SUITE 130-A JACKSONVILLE, FL 32258	CAMP FACILITY AND PROGRAM SERVING PEOPLE OF ALL ABILITIES	PENNSYLVANIA	0.	0.	TIM TEBOW FOUNDATION, INC.
TEBOW DOWN LLC - 99-4855788 12735 GRAN BAY PKWAY, SUITE 130-A JACKSONVILLE, FL 32258	WHOLLY OWNED SUBSIDIARY TO ENABLE ADMIN. OPERATIONS OF FOREIGN ENTITY	FLORIDA	30.	8,933.	TIM TEBOW FOUNDATION, INC.

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
HER SONG JACKSONVILLE, INC - 81-0735073 10700 BEACH BLVD, UNIT 17807 JACKSONVILLE, FL 32245	INTERRUPTING CYCLE OF HUMAN TRAFFICKING & EXPLOITATION	FLORIDA	501(C)(3)	LINE 7	TIM TEBOW FOUNDATION, INC.	X	
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN, 10A CALLE 1169-1087, CDAD. DE GUATEMALA, GUATEMALA	EDUCATION SERVICES FOR PEOPLE WITH DISABILITIES	GUATEMALA	501(C)(3)		TIM TEBOW FOUNDATION, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) (Rev. 1-2025)**

LHA 432161 10-23-24

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a			X
b Gift, grant, or capital contribution to related organization(s)	1b		X	
c Gift, grant, or capital contribution from related organization(s)	1c			X
d Loans or loan guarantees to or for related organization(s)	1d			X
e Loans or loan guarantees by related organization(s)	1e			X
f Dividends from related organization(s)	1f			X
g Sale of assets to related organization(s)	1g			X
h Purchase of assets from related organization(s)	1h			X
i Exchange of assets with related organization(s)	1i			X
j Lease of facilities, equipment, or other assets to related organization(s)	1j			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k			X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l			X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n			X
o Sharing of paid employees with related organization(s)	1o		X	
p Reimbursement paid to related organization(s) for expenses	1p			X
q Reimbursement paid by related organization(s) for expenses	1q		X	
r Other transfer of cash or property to related organization(s)	1r		X	
s Other transfer of cash or property from related organization(s)	1s			X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HER SONG JACKSONVILLE	B	3,000,100.	BOOK VALUE
(2)	HER SONG JACKSONVILLE	O	191,700.	BOOK VALUE
(3)	HER SONG JACKSONVILLE	Q	206,330.	BOOK VALUE
(4)	ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	B	1,375,000.	BOOK VALUE
(5)	HER SONG JACKSONVILLE	R	202,255.	BOOK VALUE
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8992**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

U.S. Shareholder Calculation of Global Intangible Low-Taxed Income (GILTI)

Go to www.irs.gov/Form8992 for instructions and the latest information.

OMB No. 1545-0123

Attachment Sequence No. **992**

Name of person filing this return	**A** Identifying number
TIM TEBOW FOUNDATION, INC.	27-4345913
Name of U.S. shareholder	**B** Identifying number

Part I Net Controlled Foreign Corporation (CFC) Tested Income

1	Sum of Pro Rata Share of Net Tested Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (e). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (c), that pertains to the U.S. shareholder.		**1**	
2	Sum of Pro Rata Share of Net Tested Loss If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (f). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (f), that pertains to the U.S. shareholder.		**2**	( )
3	Net CFC Tested Income. Combine lines 1 and 2. If zero or less, stop here		**3**	

Part II Calculation of Global Intangible Low-Taxed Income (GILTI)

1	Net CFC Tested Income. Enter amount from Part I, line 3		**1**	
2	Deemed Tangible Income Return (DTIR) If the U.S. shareholder is not a member of a U.S. consolidated group, multiply the total from Schedule A (Form 8992), line 1, column (g), by 10% (0.10). If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (i), that pertains to the U.S. shareholder.		**2**	
3a	Sum of Pro Rata Share of Tested Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (j). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3a blank.	**3a**		
b	Sum of Pro Rata Share of Tested Interest Income If the U.S. shareholder is not a member of a U.S. consolidated group, enter the total from Schedule A (Form 8992), line 1, column (i). If the U.S. shareholder is a member of a U.S. consolidated group, leave line 3b blank.	**3b**		
c	Specified Interest Expense If the U.S. shareholder is not a member of a U.S. consolidated group, subtract line 3b from line 3a. If zero or less, enter -0-. If the U.S. shareholder is a member of a U.S. consolidated group, enter the amount from Schedule B (Form 8992), Part II, column (m), that pertains to the U.S. shareholder		**3c**	
4	Net DTIR. Subtract line 3c from line 2. If zero or less, enter -0-		**4**	
5	GILTI. Subtract line 4 from line 1. If zero or less, enter -0-		**5**	0.

SCHEDULE A (Form 8992)
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

Schedule of Controlled Foreign Corporation (CFC) Information To Compute Global Intangible Low-Taxed Income (GILTI)

Go to *www.irs.gov/Form 8992* **for instructions and the latest information.**

OMB No. 1545-0123

Attachment Sequence No. **992A**

Name of person filing this schedule

TIM TEBOW FOUNDATION, INC.

A Identifying number

27-4345913

Name of U.S. shareholder

B Identifying number

(a) Name of CFC	**(b)** EIN or Reference ID
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	00-0000000

	Calculations for Net Tested Income (see instructions)								**GILTI Allocated to Tested Income CFCs** (see instructions)	
	(c) Tested Income	**(d)** Tested Loss	**(e)** Pro Rata Share of Tested Income	**(f)** Pro Rata Share of Tested Loss	**(g)** Pro Rata Share of Qualified Business Asset Investment (QBAI)	**(h)** Pro Rata Share of Tested Loss QBAI Amount	**(i)** Pro Rata Share of Tested Interest Income	**(j)** Pro Rata Share of Tested Interest Expense	**(k)** GILTI Allocation Ratio (Divide Col. (e) by Col. (e), Line 1 Total)	**(l)** GILTI Allocated to Tested Income CFCs (Multiply Form 8992, Part II, Line 5, by Col. (k))
	0.	(0.)	0.	(0.)		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
		( )		( )		( )				
1. Totals (see instructions)	0.	(0.)	0.	(0.)		( )				

Totals on line 1 should include the totals from any continuation sheets.

LHA **For Paperwork Reduction Act Notice, see Instructions for Form 8992.**

Schedule A (Form 8992) (Rev. 12-2022)

408242 04-01-24

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
TIM TEBOW FOUNDATION, INC.	27-4345913
Number, street, and room or suite no. If a P.O. box, see instructions. 12735 GRAN BAY PKWAY, 130A	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32258	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of JASON MERRYMAN
12735 GRAN BAY PKWAY, 130A - JACKSONVILLE, FL 32258

Telephone No. 904-380-8499 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning OCT 1, 20 24, and ending SEP 30, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25