COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with COPIES of:

- **Its approved exemption applications, all required attachments and any related correspondence with the IRS, and**
- **Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).**

In-person requests: *A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).*

Written requests: *Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.*

Website alternative: *Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.*

***Permissible charges*:** *Tax-exempt organizations may charge a reasonable copying fee, up to $1 for the first page and 15 cents for each additional page, plus actual postage costs.*

***Penalties*:** *An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:*

- *Annual Information Return – Form 990 - $20 per day for as long as the failure continues, up to a maximum of $10,000 for each failure to provide an annual return.*
- *Exemption Application - $20 per day with no maximum.*
- *An organization that willfully fails to comply with these public inspection rules can be subject to an additional $5,000 penalty.*

Private foundation exempt: *The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.*

Donor Information: *Please note that donor information is not open to public inspection and has been excluded from this copy.*

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 **and ending** SEP 30, 2024

B Check if applicable: 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) 2220 COUNTY RD. 210 W., PMB317
Room/suite 108

City or town, state or province, country, and ZIP or foreign postal code
JACKSONVILLE, FL 32259

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

D Employer identification number
27-4345913

E Telephone number
904-380-8499

G Gross receipts $ 91,026,851.

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 2023 (Part V, line 2a)	5	68
6	Total number of volunteers (estimate if necessary)	6	200
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)	25,512,075.	42,109,619.
9	Program service revenue (Part VIII, line 2g)	9,775.	12,461.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,007,245.	1,720,877.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-709,970.	-784,283.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,819,125.	43,058,674.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,655,985.	28,750,302.
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)	3,210,497.	4,460,378.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	60,000.
b	Total fundraising expenses (Part IX, column (D), line 25) 4,508,142.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,900,406.	6,335,226.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,766,888.	39,605,906.
19	Revenue less expenses. Subtract line 18 from line 12	-1,947,763.	3,452,768.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	43,452,880.	54,929,497.
21	Total liabilities (Part X, line 26)	96,954.	6,511,751.
22	Net assets or fund balances. Subtract line 21 from line 20	43,355,926.	48,417,746.

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, VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DAREN DAIGA	DAREN DAIGA	08/13/25		P01074795

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

Firm's address 345 MASSACHUSETTS AVENUE, SUITE 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 $ 21,774,732. including grants of $ 20,407,453.) (Revenue $ 0.)
ANTI-HUMAN TRAFFICKING & CHILD EXPLOITATION
THE TIM TEBOW FOUNDATION IS COMMITTED TO ENGAGING IN THE GLOBAL FIGHT AGAINST HUMAN TRAFFICKING AND CHILD EXPLOITATION.FROM AWARENESS AND PREVENTION, TO STRATEGIZING AND SUPPORTING RESCUE OPERATIONS, TO PROVIDING CARE FOR SURVIVORS, THE FOUNDATION WAS ACTIVE ACROSS MULTIPLE EFFORTS.

SPECIFIC PROGRAMMING INCLUDE:
- DOMESTIC AND INTERNATIONAL POLICY WORK TO INCREASE DEDICATED RESOURCES FOR IDENTIFYING VICTIMS AND STRENGTHENING LEGISLATION TO ELIMINATE BARRIERS TO PROSECUTION
- TRAINING AND EXECUTING VICTIM IDENTIFICATION OPERATIONS

4b (Code:) (Expenses $ 5,528,311. including grants of $ 4,273,210.) (Revenue $ 0.)
SPECIAL NEEDS MINISTRY
THE FOUNDATION IS COMMITTED TO SERVING AND CELEBRATING PEOPLE WITH DISABILITIES. THROUGH DIRECT SERVICES AND PARTNERSHIPS IN PROGRAMMING AND OPERATIONS CENTERED ON THE WORTH AND VALUE OF EVERY INDIVIDUAL, TTF IS WORKING TO CHANGE THE NARRATIVE ON HOW THE WORLD SEES PEOPLE WITH SPECIAL NEEDS.

PROGRAMS AND SERVICES INCLUDE:
- NIGHT TO SHINE, AN UNFORGETTABLE WORLDWIDE CELEBRATION EVENT, CENTERED ON GOD'S LOVE, HONORING AND VALUING PEOPLE WITH SPECIAL NEEDS
- SHINE ON, A FAITH-BASED COMMUNITYA SOURCE OF INSPIRATION, BELONGING, AND EDUCATION FOR EVERYONE IMPACTED BY DISABILITY

4c (Code:) (Expenses $ 2,742,302. including grants of $ 2,650,791.) (Revenue $ 0.)
ORPHAN CARE + PREVENTION
THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND SUPPORT TO SERVE HUNDREDS OF CHILDREN WHO HAVE BEEN LEFT HOMELESS OR ABANDONED. ORPHANS AND AT-RISK FAMILIES RECEIVED SUPPORT THROUGH GRANTS WHICH COVER THINGS LIKE FOOD, CLOTHING, SHELTER, MEDICAL CARE, EDUCATION, TRANSITION SUPPORT, FAMILY SUPPORT PROGRAMMING INCLUDING LIFE-SAVING ALTERNATIVES TO CHILD ABANDONMENT, AND SHARING THE GOSPEL.

THE TIM TEBOW FOUNDATION PROVIDED ADOPTION AID GRANTS FOR FAMILIES ADOPTING CHILDREN FROM AROUND THE WORLD, MOST OF WHOM HAVE SPECIAL NEEDS.

4d Other program services (Describe on Schedule O.)
(Expenses $ 3,079,542. including grants of $ 1,418,847.) (Revenue $ 12,461.)

4e Total program service expenses 33,124,887.

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	43		
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** 68			
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

2220 COUNTY RD. 210 W., PMB317, 108, JACKSONVILLE, FL 32259

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	5.00			X				226,695.	0.	25,435.
(2) CAMILLE COOPER	44.00									
VP OF ANTI-HUMAN TRAFFICKING & CHILD	1.00					X		142,344.	0.	8,923.
(3) BRANDI COOK	40.00									
VP OF MINISTRIES	5.00					X		132,385.	0.	15,230.
(4) JENNIFER STRICKLAND	40.00									
VP OF BRANDING & STRATEGY	5.00					X		133,340.	0.	12,719.
(5) JASON MERRYMAN	40.00									
VP OF FINANCE	5.00			X				97,150.	0.	19,381.
(6) TIMOTHY R TEBOW	10.00									
CHAIRMAN	2.00	X		X				0.	0.	0.
(7) BRYAN CRAUN	1.00									
SECRETARY/TREASURER		X		X				0.	0.	0.
(8) ROBERT R TEBOW II	1.00									
DIRECTOR		X						0.	0.	0.
(9) WILLIAM HEAVENER	1.00									
DIRECTOR		X						0.	0.	0.
(10) URBAN MEYER	1.00									
DIRECTOR		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								731,914.	0.	81,688.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								731,914.	0.	81,688.

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 4

		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	3,286,530.
MISSION DRIVEN PRODUCTIONS DBA MISSIO CREAT 2220 COUNTRY ROAD 210 W. STE. 108, JACKSONV	PRODUCTION SERVICES	260,956.
TPC SAWGRASS 110 CHAMPIONSHIP WAY, PONTE VEDRA, FL 32082	GOLF & RENTALS FOR DONOR EVENT	222,087.
PRI PRODUCTIONS 1819 KINGS AVENUE, JACKSONVILLE, FL 32207	EVENT RENTALS & PLAYROOM BUILDOUT	219,589.
ROBERT BOGAN MARTIN, V DBA FREESPEED AVIATI 19531 CAMPUS DR, STE 15C, SANTA ANA, CA 927	FLIGHT SERVICES	165,200.

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 6

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	9,440,285.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,669,334.				
	g Noncash contributions included in lines 1a-1f	1g	$ 1,871,804.				
	h **Total.** Add lines 1a-1f			42,109,619.			
Program Service Revenue		**Business Code**					
	2a REGISTRATION FEES	900099		12,461.	12,461.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			12,461.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,127,602.			1,127,602.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	81,937.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	81,937.				
	d Net rental income or (loss)			81,937.			81,937.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	47,022,388. / 4,147.				
	b Less: cost or other basis and sales expenses	7b	46,417,678. / 15,582.				
	c Gain or (loss)	7c	604,710. / -11,435.				
	d Net gain or (loss)			593,275.			593,275.
	8a Gross income from fundraising events (not including $ 9,440,285. of contributions reported on line 1c). See Part IV, line 18	8a	658,124.				
	b Less: direct expenses	8b	1,527,929.				
	c Net income or (loss) from fundraising events			-869,805.			-869,805.
	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	8,963.				
	b Less: cost of goods sold	10b	6,988.				
	c Net income or (loss) from sales of inventory			1,975.			1,975.
Miscellaneous Revenue		**Business Code**					
	11a OTHER REVENUE	900099		1,610.			1,610.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			1,610.			
	12 **Total revenue.** See instructions			43,058,674.	12,461.	0.	936,594.

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	10,180,056.	10,180,056.		
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	18,570,246.	18,570,246.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	429,329.	280,522.	80,353.	68,454.
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	3,160,296.	1,516,703.	466,821.	1,176,772.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,734.	45,873.	20,103.	30,758.
9 Other employee benefits	494,451.	199,726.	150,891.	143,834.
10 Payroll taxes	279,568.	134,663.	50,394.	94,511.
11 Fees for services (nonemployees):				
a Management				
b Legal	143,658.	134,820.	8,838.	
c Accounting	18,895.		18,895.	
d Lobbying	1,150.	1,150.		
e Professional fundraising services. See Part IV, line 17	60,000.			60,000.
f Investment management fees	128,772.		128,772.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	137,384.	95,050.	27,110.	15,224.
12 Advertising and promotion	2,411,839.	235,751.	26,816.	2,149,272.
13 Office expenses	837,456.	45,713.	545,010.	246,733.
14 Information technology	641,733.	198,866.	128,541.	314,326.
15 Royalties				
16 Occupancy	473,597.	231,370.	155,370.	86,857.
17 Travel	506,585.	418,741.	28,560.	59,284.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	128,387.	99,629.	2,507.	26,251.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,091.	129,185.	20,099.	26,807.
23 Insurance	100,595.	65,123.	32,544.	2,928.
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 DIRECT CARE & CLIENT EV	202,915.	202,915.		
b REPAIR & MAINTENANCE	165,787.	78,403.	81,253.	6,131.
c PLAYROOM BUILDOUT & PRO	165,018.	165,018.		
d EQUINE & DIRECT CAMP EX	95,364.	95,364.		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	39,605,906.	33,124,887.	1,972,877.	4,508,142.
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		1,144,509.	1	3,525,992.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,970,908.	3	1,000,000.
	4	Accounts receivable, net		19,140.	4	13,486.
	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		37,573.	8	44,859.
	9	Prepaid expenses and deferred charges		277,468.	9	616,487.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,294,671.			
	b	Less: accumulated depreciation	10b 537,731.	10,264,277.	10c	30,756,940.
	11	Investments - publicly traded securities		28,840,834.	11	17,004,201.
	12	Investments - other securities. See Part IV, line 11		815,606.	12	257,000.
	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		0.	15	1,627,967.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		43,452,880.	16	54,929,497.
Liabilities	17	Accounts payable and accrued expenses		88,611.	17	285,950.
	18	Grants payable		8,343.	18	191,220.
	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		0.	25	6,034,581.
	26	**Total liabilities.** Add lines 17 through 25		96,954.	26	6,511,751.
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		17,919,694.	27	19,906,984.
	28	Net assets with donor restrictions		25,436,232.	28	28,510,762.
		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		43,355,926.	32	48,417,746.
	33	Total liabilities and net assets/fund balances		43,452,880.	33	54,929,497.

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	43,058,674.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,605,906.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,452,768.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,355,926.
5	Net unrealized gains (losses) on investments	5	934,053.
6	Donated services and use of facilities	6	675,000.
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	48,417,747.

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

2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,233,703.	40,111,716.	21,696,441.	25,512,075.	42,109,619.	139,663,554.
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	10,233,703.	40,111,716.	21,696,441.	25,512,075.	42,109,619.	139,663,554.
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)						20,410,064.
6 **Public support.** Subtract line 5 from line 4.						119,253,490.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	10,233,703.	40,111,716.	21,696,441.	25,512,075.	42,109,619.	139,663,554.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	197,008.	418,950.	449,296.	1,142,984.	1,209,539.	3,417,777.
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.	3,774.
11 **Total support.** Add lines 7 through 10						143,085,105.

12 Gross receipts from related activities, etc. (see instructions) **12** 319,143.

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 2023 (line 6, column (f), divided by line 11, column (f)) **14** 83.34 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 **15** 77.34 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 2023 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-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.

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 12/31/20

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

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

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

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

Schedule B
(Form 990)

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

2023

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

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		$ 1,448,425.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,528,125.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 1,271,725.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 879,595.	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.)

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
2	STOCK	$ 1,528,125.	05/07/24
		$	
		$	
		$	
		$	
		$	

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

2023

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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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
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 employer identification number (EIN) 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)	1,150.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	
c Total lobbying expenditures (add lines 1a and 1b)	1,150.	
d Other exempt purpose expenditures	39,544,756.	
e Total exempt purpose expenditures (add lines 1c and 1d)	39,545,906.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.	

If the amount on line 1e, column (a) or (b) is:	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.

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				1,150.	1,150.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures				1,150.	1,150.

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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2023

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		1,516,149.	94,597.	1,421,552.
c Leasehold improvements		30,183.	1,429.	28,754.
d Equipment		433,274.	140,601.	292,673.
e Other		23,587,256.	301,104.	23,286,152.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				30,756,940.

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) CONSTRUCTION PAYABLE	4,434,260.
(3) OPERATING LEASES RIGHT-OF-USE OBLIGATIONS	1,600,321.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	6,034,581.

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)

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

2023

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		2,701,118.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		5,978,693.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		718,657.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		221,300.
NORTH AMERICA	0	0	GRANTMAKING		1,393,000.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		480,200.
SOUTH AMERICA	0	0	GRANTMAKING		512,525.
SOUTH ASIA	0	0	GRANTMAKING		743,475.
3 a Subtotal	0	0			12,748,968.
b Total from continuation sheets to Part I	0	0			5,821,278.
c **Totals** (add lines 3a and 3b)	0	0			18,570,246.

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		5,821,278.
Totals ▶					5,821,278.

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	ORPHAN CARE & PREVENTION; RELIEF AID	169,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	8,400.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION; ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	572,491.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	6,500.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	50,267.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	323,000.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	164,400.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	INTERNATIONAL SPECIAL NEEDS RESOURCE CENTER; ORPHAN CARE & PREVENTION	235,150.	CHECK	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	INTERNATIONAL SPECIAL NEEDS RESOURCE CENTER; NIGHT TO SHINE	993,710.	ELECTRONIC FUND OR WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	45,000.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & PREVENTION	103,200.	CHECK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	9,500.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	200,000.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	632,590.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	1,296,000.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	1,923,424.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	6,200.	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)
		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE; PROFOUND MEDICAL NEEDS	185,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	1,350,862.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	6,500.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	131,250.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	60,167.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		EAST ASIA AND THE PACIFIC	ORPHAN CARE & PREVENTION	168,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	220,000.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	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 (INCLUDING ICELAND & GREENLAND)	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION; RELIEF AID	36,000.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	16,302.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,500.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,500.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	14,667.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	INTERNATIONAL SPECIAL NEEDS RESOURCE CENTER	181,875.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,000.	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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	33,813.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,700.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	5,200.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	125,000.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,200.	ELECTRONIC FUND OR WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	NIGHT TO SHINE	5,200.	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	NIGHT TO SHINE	13,400.	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)
		MIDDLE EAST AND NORTH AFRICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION; RELIEF AID	198,000.	ELECTRONIC FUND OR WIRE	0.		
		NORTH AMERICA	NIGHT TO SHINE	6,500.	CHECK	0.		
		NORTH AMERICA	INTERNATIONAL SPECIAL NEEDS RESOURCE CENTER	211,000.	CHECK	0.		
		NORTH AMERICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	1,016,000.	ELECTRONIC FUND OR WIRE	0.		
		NORTH AMERICA	NIGHT TO SHINE	6,500.	CHECK	0.		
		NORTH AMERICA	NIGHT TO SHINE	6,500.	CHECK	0.		
		NORTH AMERICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	125,000.	ELECTRONIC FUND OR WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	72,000.	ELECTRONIC FUND OR WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	NIGHT TO SHINE; RELIEF AID	15,200.	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)
		RUSSIA AND NEIGHBORING STATES	NIGHT TO SHINE; RELIEF AID	15,000.	ELECTRONIC FUND OR WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION; NIGHT TO SHINE; RELIEF AID	362,000.	ELECTRONIC FUND OR WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	NIGHT TO SHINE; RELIEF AID	16,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	PROFOUND MEDICAL NEEDS	60,000.	CHECK	0.		
		SOUTH AMERICA	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	131,250.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	NIGHT TO SHINE	12,350.	CHECK	0.		
		SOUTH AMERICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	126,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	ORPHAN CARE & PREVENTION	120,000.	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)
		SOUTH AMERICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	21,300.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	16,725.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH AMERICA	NIGHT TO SHINE	16,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	RELIEF AID	54,740.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	NIGHT TO SHINE	5,200.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION; RELIEF AID	170,000.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	18,010.	ELECTRONIC FUND OR WIRE	0.		
		SOUTH ASIA	NIGHT TO SHINE	6,400.	CHECK	0.		
		SOUTH ASIA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	486,125.	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	6,200.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,200.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	8,200.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ORPHAN CARE & PREVENTION	392,100.	CHECK	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	21,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	15,400.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	14,600.	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	6,700.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	420,333.	CHECK	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,200.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	231,250.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION; NIGHT TO SHINE	597,126.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,700.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE; PROFOUND MEDICAL NEEDS; TIMMY'S PLAYROOM	654,350.	CHECK	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL SPECIAL NEEDS RESOURCE CENTER; NIGHT TO SHINE	825,050.	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	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	432,148.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,400.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROFOUND MEDICAL NEEDS	243,000.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	125,000.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	INTERNATIONAL SPECIAL NEEDS RESOURCE CENTER; ORPHAN CARE & PREVENTION	427,000.	CHECK	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	186,621.	CHECK & ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION	1,079,000.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	8,400.	ELECTRONIC FUND OR WIRE	0.		
		SUB-SAHARAN AFRICA	NIGHT TO SHINE	10,400.	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.

SCHEDULE F, PART II, LINES 2 & 3

WHILE 98 SEPARATE GRANTS ARE LISTED IN SCHEDULE F, PART II, MUTLIPLE ORGANIZATIONS ARE LISTED MORE THAN ONCE FOR GRANTS TO DIFFERENT REGIONS. EACH ORGANIZATION WILL ONLY BE INCLUDED IN THE LINE 2 OR LINE 3 COUNTS ONCE PER INSTRUCTIONS.

SCHEDULE G (Form 990)

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

2023

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 non-government 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.	60,000.	0.
Total					60,000.	

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.

FL,TN,OH,NY,CO

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 WELLSPRING (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	5,165,259.	2,142,232.	2,790,917.	10,098,408.
	2 Less: Contributions	4,812,760.	2,142,232.	2,485,292.	9,440,284.
	3 Gross income (line 1 minus line 2)	352,499.		305,625.	658,124.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	59,828.	3,836.	6,399.	70,063.
	6 Rent/facility costs	233,240.	31,884.	36,087.	301,211.
	7 Food and beverages	102,756.	63,687.	24,770.	191,213.
	8 Entertainment	115,683.	4,456.	43,053.	163,192.
	9 Other direct expenses	346,001.	6,649.	449,601.	802,251.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,527,930.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-869,806.

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 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

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

SCHEDULE I (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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
FAITH BAPTIST CHURCH - RI 765 COMMONWEALTH AVENUE WEST WARWICK, RI 02886	05-0374663	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
EMMANUEL CHURCH - NH 75 EASTERN AVENUE ROCHESTER, NH 03867	02-6009852	501(C)(3)	6,500.	0.			NIGHT TO SHINE
ROCK CHURCH MINISTRIES 328 MAIN STREET, PO BOX 435 SANDOWN, NH 03873	02-0503442	501(C)(3)	6,500.	0.			NIGHT TO SHINE
MISSION CITY CHURCH - VT PO BOX 6077 RUTLAND, VT 05702	47-1292103	501(C)(3)	13,000.	0.			NIGHT TO SHINE
ST. FRANCIS DE SALES CHURCH PO BOX 785 MCAFEE, NJ 07428	22-2331478	501(C)(3)	6,500.	0.			NIGHT TO SHINE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 133.

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
ST. CROIX CHRISTIAN CHURCH 3013 ESTATE ORANGE GROVE CHRISTIANSTED, VI 00820	98-0120810	501(C)(3)	6,500.	0.			NIGHT TO SHINE
PRESBYTERIAN CHURCH OF TOMS RIVER 1070 HOOPER AVENUE TOMS RIVER, NJ 08753	21-0672768	501(C)(3)	10,500.	0.			NIGHT TO SHINE
THE ARCHANGEL MICHAEL CHURCH 100 FAIRWAY DRIVE PORT WASHINGTON, NY 11050	11-2553510	501(C)(3)	6,000.	0.			NIGHT TO SHINE
DEVONSHIRE CHURCH 5630 DEVONSHIRE ROAD HARRISBURG, PA 17112	23-1903412	501(C)(3)	6,500.	0.			NIGHT TO SHINE
GRAND POINT CHURCH 2230 GRAND POINT ROAD CHAMBERSBURG, PA 17202	23-1984844	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FREEDOM COMMUNITY CHURCH 161 S. MAIN STREET SHREWSBURY, PA 17361	23-3089358	501(C)(3)	6,500.	0.			NIGHT TO SHINE
VERTICAL MINISTRIES 521 EAST LOCUST STREET BETHLEHEM, PA 18018	81-4033940	501(C)(3)	6,500.	0.			NIGHT TO SHINE
COMMUNITY EVANGELICAL CHURCH 51 GREEN VALLEY RD SINKING SPRING, PA 19608	23-2852515	501(C)(3)	6,500.	0.			NIGHT TO SHINE
WYOMING UMC 216 WYOMING MILL RD DOVER, DE 19903	51-0260697	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
TRINITY EVANGELICAL LUTHERAN CHURCH - 1100 PHILADELPHIA ROAD - JOPPA, MD 21085	52-0799211	501(C)(3)	10,500.	0.			NIGHT TO SHINE
CROSSROADS CHURCH 17781 GARRETT HWY OAKLAND, MD 21550	20-4621104	501(C)(3)	6,500.	0.			NIGHT TO SHINE
HUB CITY VINEYARD 17805 OAK RIDGE DR HAGERSTOWN, MD 21740	20-4045468	501(C)(3)	9,000.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF NORTH EAST 206 MECHANICS VALLEY RD NORTH EAST, MD 21901	52-1204729	501(C)(3)	6,500.	0.			NIGHT TO SHINE
INTERNATIONAL CENTRE FOR MISSING AND EXPLOITED CHILDREN - 2318 MILL ROAD, SUITE 1010 - ALEXANDRIA, VA 22314	22-3630133	501(C)(3)	448,887.	0.			ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION
VIRGINIA HILLS CHURCH 737 ROCKLAND RD FRONT ROYAL, VA 22630	81-0772530	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CROSSWAY CHURCH 1861 KEMPSVILLE ROAD VIRGINIA BEACH, VA 23464	54-1241018	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
LANTERN FOUNDATION 1001 SUNSET AVENUE ASHEBORO, NC 27203	85-0713747	501(C)(3)	568,575.	0.			ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION

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NORTH HENDERSON BAPTIST CHURCH 1211 N. GARNETT STREET HENDERSON, NC 27536	56-0904793	501(C)(3)	13,000.	0.			NIGHT TO SHINE
ST. CATHERINE OF SIENA CATHOLIC CHURCH - 520 W. HOLDING AVE - WAKE FOREST, NC 27687	56-0764942	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CORTNEY JENKINS DBA AWE & WONDER 140 OAK GROVE CHURCH RD BOSTIC, NC 28018	23-7613392		10,000.	0.			SHINE ON
FOREST HILL CHURCH 7224 PARK ROAD CHARLOTTE, NC 28277	56-0754698	501(C)(3)	10,500.	0.			NIGHT TO SHINE
FIRST METHODIST CHURCH OF CLINTON 208 SAMPSON STREET CLINTON, NC 28328	88-4243359	501(C)(3)	6,500.	0.			NIGHT TO SHINE
POSTON BAPTIST CHURCH 4121 S NC HWY 11 WALLACE, NC 28466	56-1391567	501(C)(3)	6,500.	0.			NIGHT TO SHINE
GLAD TIDINGS CHURCH - NC 4621 COUNTRY CLUB ROAD MOREHEAD CITY, NC 28557	56-1281590	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF SWANSBORO 614 WEST CORBETT AVENUE SWANSBORO, NC 28584	56-0556746	501(C)(3)	6,500.	0.			NIGHT TO SHINE
BILTMORE CHURCH 35 CLAYTON RD. ARDEN, NC 28704	56-6090142	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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CORINTH BAPTIST CHURCH 190 CORINTH RD GAFFNEY, SC 29340	57-0815721	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CONCORD BAPTIST CHURCH 1012 CONCORD ROAD ANDERSON, SC 29621	57-0698216	501(C)(3)	6,000.	0.			NIGHT TO SHINE
CHURCH ON MAIN PO BOX 647 SNELLVILLE, GA 30078	58-1029206	501(C)(3)	6,500.	0.			NIGHT TO SHINE
TABERNACLE BAPTIST CHURCH 31 DOUGLAS STREET CARTERVILLE, GA 30120	58-0866127	501(C)(3)	6,500.	0.			NIGHT TO SHINE
JACKSON FBC 1227 W THIRD STREET JACKSON, GA 30233	58-0694676	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LEVEL GROVE BAPTIST CHURCH 157 OLD LEVEL GROVE RD. CORNELIA, GA 30531	58-2216693	501(C)(3)	6,500.	0.			NIGHT TO SHINE
UNITY BAPTIST CHURCH 101 EAST BRYANT DR SYLVESTER, GA 31791	58-1646947	501(C)(3)	7,000.	0.			NIGHT TO SHINE
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
FIRST BAPTIST CHURCH OF PALATKA 501 OAK ST PALATKA, FL 32177	59-0714834	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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DREAMS COME TRUE 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	59-2967803	501(C)(3)	5,100.	0.			GENERAL MINISTRY, PROFOUND MEDICAL NEEDS
HER SONG JACKSONVILLE 10700 BEACH BLVD, UNIT 17807 JACKSONVILLE, FL 32245	81-0735073	501(C)(3)	3,500,000.	0.			ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION
NIGHT TO SHINE JACKSONVILLE, INC. 14286 BEACH BOULEVARD, SUITE 2 JACKSONVILLE, FL 32250	82-2071663	501(C)(3)	15,000.	0.			NIGHT TO SHINE
WOODBINE CHURCH 5200 WOODBINE ROAD PACE, FL 32571	59-3134933	501(C)(3)	7,000.	0.			NIGHT TO SHINE
CHURCH ON BAYSHORE 622 BAYSHORE DRIVE NICEVILLE, FL 32578	59-1004595	501(C)(3)	10,500.	0.			NIGHT TO SHINE
CITY CHURCH SPACE COAST 344 EMERSON DR. NW PALM BAY, FL 32904	92-1476614	501(C)(3)	6,500.	0.			NIGHT TO SHINE
THE POINTE CHURCH 82 N ATLANTIC AVENUE COCOA BEACH, FL 32931	81-3960229	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LAKESIDE FELLOWSHIP CHURCH 8000 66TH AVENUE VERO BEACH, FL 32967	65-0850754	501(C)(3)	6,500.	0.			NIGHT TO SHINE
COMMUNITY CHRISTIAN CHURCH 10001 WEST COMMERCIAL BLVD. TAMARAC, FL 33351	59-1629256	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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CHILD RESCUE COALITION 4530 CONFERENCE WAY S. BOCA RATON, FL 33431	45-5358378	501(C)(3)	475,000.	0.			ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION
CYPRESS POINT CHURCH 15820 MORRIS BRIDGE ROAD THONOTOSASSA, FL 33592	65-0724596	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CORNERSTONE BAPTIST CHURCH - FL 1100 W HIGHLAND BLVD INVERNESS, FL 34452	50-0012987	501(C)(3)	6,500.	0.			NIGHT TO SHINE
NEW LIFE CHRISTIAN CHURCH - FL 275 DELLA CT SPRINGHILL, FL 34606	83-3508316	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF OKEECHOBEE 401 SW 4TH STREET OKEECHOBEE, FL 34972	59-0948707	501(C)(3)	6,500.	0.			NIGHT TO SHINE
SHADES MOUNTAIN BAPTIST CHURCH 2017 COLUMBIANA RD VESTAVIA HILLS, AL 35216	63-0348133	501(C)(3)	6,500.	0.			NIGHT TO SHINE
THE CHURCH AT TUSCALOOSA 6120 WATERMELON ROAD TUSCALOOSA, AL 35406	63-1185752	501(C)(3)	6,500.	0.			NIGHT TO SHINE
WE ARE CHAPEL 3051 CLOVERDALE RD FLORENCE, AL 35633	63-0772356	501(C)(3)	6,500.	0.			NIGHT TO SHINE
REDLAND HILLS CHURCH 3105 RIFLE RANGE RD. WETUMPKA, AL 36093	46-3588179	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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FIRST BAPTIST CHURCH OXFORD ALABAMA - 95 EAST OAK STREET - OXFORD, AL 36203	63-6002355	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CONCORD COMMUNITY CHURCH 9826 CONCORD ROAD BRENTWOOD, TN 37027	62-0787346	501(C)(3)	12,500.	0.			NIGHT TO SHINE
SHOW HOPE PO BOX 681748 FRANKLIN, TN 37068	32-0011220	501(C)(3)	360,000.	0.			ADOPTION AID
OPERATION LIGHT SHINE 3728 KEYSTONE AVE NASHVILLE, TN 37211	85-2555554	501(C)(3)	2,227,837.	0.			ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION
BROAD STREET UNITED METHODIST CHURCH - 155 CENTRAL AVE - CLEVELAND, TN 37311	62-0628879	501(C)(3)	6,000.	0.			NIGHT TO SHINE
ABILITY MINISTRY PO BOX 310 LOUISVILLE, TN 37777	62-1199711	501(C)(3)	13,000.	0.			SHINE ON
FELLOWSHIP BIBLE CHURCH - TN 141 PLEASANT PLAINS ROAD JACKSON, TN 38305	62-1855172	501(C)(3)	10,500.	0.			NIGHT TO SHINE
RISING ABOVE MINISTRIES PO BOX 222 COOKEVILLE, TN 38503	20-3599078	501(C)(3)	20,200.	0.			SHINE ON
EASTHAVEN BAPTIST CHURCH P.O. BOX 882 BROOKHAVEN, MS 39602	64-0384469	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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MOUNT OLIVET CHRISTIAN CHURCH 400 EIBECK LANE WILLIAMSTOWN, KY 41097	61-1070558	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CLARKSBURG CHRISTIAN CHURCH 3218 CLARKSBURG RD. VANCEBURG, KY 41179	61-1190991	501(C)(3)	6,000.	0.			NIGHT TO SHINE
SUMMIT COMMUNITY CHURCH 400 SUN VALLEY TERRACE HAZARD, KY 41701	47-1765961	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
LONDON FIRST UNITED METHODIST CHURCH - 52 NORTH MAIN STREET - LONDON, OH 43140	31-1001623	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CROSSROADS NORTH RIVER 207 NORTH RIVER AVENUE TORONTO, OH 43964	92-2001913	501(C)(3)	6,500.	0.			NIGHT TO SHINE
ANCHOR CHURCH 32607 ELECTRIC BLVD. AVON LAKE, OH 44012	34-0652272	501(C)(3)	10,500.	0.			NIGHT TO SHINE
CHURCH OF THE OPEN DOOR 43275 TELEGRAPH RD ELYRIA, OH 44035	34-0768859	501(C)(3)	9,000.	0.			NIGHT TO SHINE
JEFFERSON NAZARENE CHURCH 55 EAST SATIN STREET JEFFERSON, OH 44047	34-1194803	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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CHURCH OF THE RESURRECTION 32001 CANNON ROAD SOLON, OH 44139	34-1097087	501(C)(3)	10,500.	0.			NIGHT TO SHINE
KEY MINISTRY FOUNDATION 25935 DETROIT ROAD, #125 WESTLAKE, OH 44145	16-1644916	501(C)(3)	20,000.	0.			SHINE ON
CHRISTCHURCH 23080 ROYALTON RD COLUMBIA STATION, OH 44149	23-7009345	501(C)(3)	6,000.	0.			NIGHT TO SHINE
WESTBROOK PARK UNITED METHODIST CHURCH - 2521 12TH STREET NW - CANTON, OH 44708	34-0714405	501(C)(3)	6,000.	0.			NIGHT TO SHINE
ASHLAND GRACE CHURCH 1144 WEST MAIN ASHLAND, OH 44805	34-1123612	501(C)(3)	5,500.	0.			NIGHT TO SHINE
PITTSBORO UNITED METHODIST CHURCH PO BOX 276 PITTSBORO, IN 46167	23-7420400	501(C)(3)	6,500.	0.			NIGHT TO SHINE
HEARTLAND CHRISTIAN CENTER 805 COUNTRY ROAD HEBRON, IN 46341	35-1425981	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CROSSROADS COMMUNITY CHURCH 57415 ALPHA DR. GOSHEN, IN 46528	35-0992108	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

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IMMANUEL LUTHERAN CHURCH AND SCHOOL - 47120 ROMEO PLANK ROAD - MACOMB, MI 48044	38-1547022	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LIFE IN CHRIST FELLOWSHIP 950 WADHAMS RD. ST. CLAIR, MI 48079	38-2438763	501(C)(3)	9,500.	0.			NIGHT TO SHINE
2|42 COMMUNITY CHURCH 7526 GRAND RIVER AVE BRIGHTON, MI 48114	26-0567414	501(C)(3)	14,000.	0.			NIGHT TO SHINE
THE APOSTOLIC CHURCH OF AUBURN HILLS - P.O. BOX 4385 - AUBURN HILLS, MI 48321	23-7236175	501(C)(3)	6,500.	0.			NIGHT TO SHINE
NEWLIFE CHURCH MI 2329 WOOD RIDGE DR ADRIAN, MI 49221	81-1255730	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CITY HOPE GR 1020 MONROE AVENUE NW GRAND RAPIDS, MI 49503	82-1854472	501(C)(3)	10,500.	0.			NIGHT TO SHINE
SACRED HEART PARISH 1627 GRAND AVENUE WEST DES MOINES, IA 50265	42-0736180	501(C)(3)	6,500.	0.			NIGHT TO SHINE
IMMANUEL LUTHERAN CHURCH 916 PINE ST. MANITOWOC, WI 54220	39-6000192	501(C)(3)	6,500.	0.			NIGHT TO SHINE
CREATIVE CHURCH 13000 63RD AVENUE NORTH MAPLE GROVE, MN 55369	46-3071718	501(C)(3)	6,000.	0.			NIGHT TO SHINE

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CORNERSTONE CHURCH 1350 11TH ST. NE WATERTOWN, SD 57201	92-1098510	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST LUTHERAN CHURCH OF MISSOULA 2808 SOUTH AVENUE WEST MISSOULA, MT 59804	81-0285499	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LIFESONG FOR ORPHANS PO BOX 9 GRDILEY, IL 61744	35-1902841	501(C)(3)	195,000.	0.			ADOPTION AID, ORPHAN CARE & PREVENTION
GRACEWAY 5460 BLUE RIDGE CUTOFF RAYTOWN, MO 64133	44-0499711	501(C)(3)	6,500.	0.			NIGHT TO SHINE
GREENTREE CHRISTIAN CHURCH 800 GREENTREE ROAD ROLLA, MO 65401	43-1131050	501(C)(3)	6,500.	0.			NIGHT TO SHINE
OVERCOMER MINISTRIES, INC. 7078 EAST FARM ROAD 84 STAFFORD, MO 65757	93-3608034	501(C)(3)	20,000.	0.			SHINE ON
ABUNDANT LIFE WORSHIP CENTER P.O. BOX 267 DUMAS, AR 71639	26-4299979	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FELLOWSHIP BIBLE CHURCH - AR 1401 KIRK ROAD LITTLE ROCKLITTLE ROCK, AR 72223	71-0502452	501(C)(3)	6,500.	0.			NIGHT TO SHINE
REFUGE CHURCH 1404 STONE ST., PO BOX 19187 JONESBORO, AR 72404	71-0647743	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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99 BALLOONS INC PO BOX 10934 FAYETTEVILLE, AR 72703	26-1298485	501(C)(3)	15,000.	0.			SHINE ON
NATIONAL CHILD PROTECTION TASK FORCE - 1722 N. COLLEGE, #103 - FAYETTEVILLE, AR 72703	83-3384898	501(C)(3)	750,000.	0.			ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION
FIRST BAPTIST CHURCH OF MOORE 301 NE 27TH STREET MOORE, OK 73160	73-6068803	501(C)(3)	10,500.	0.			NIGHT TO SHINE
KAUFMAN CHURCH OF CHRIST 27 OAK CREEK DRIVE KAUFMAN, TX 75142	75-1923428	501(C)(3)	6,500.	0.			NIGHT TO SHINE
TRINITY BAPTIST CHURCH - TX 2830 W. FERGUSON RD. MT. PLEASANT, TX 75455	75-1863919	501(C)(3)	6,500.	0.			NIGHT TO SHINE
ROCK HILL BAPTIST CHURCH 20022 TX-31 S BROWNBORO, TX 75756	75-1627391	501(C)(3)	6,500.	0.			NIGHT TO SHINE
HOLLY BROOK BAPTIST CHURCH 3219 S FM 2869 HAWKINS, TX 75765	75-2197306	501(C)(3)	6,500.	0.			NIGHT TO SHINE
LIFESOURCE COMMUNITY CHURCH 1601 S. MAIN LINDALE, TX 75771	47-2510285	501(C)(3)	6,500.	0.			NIGHT TO SHINE
TEMPLE BIBLE CHURCH 3205 OAKVIEW DRIVE TEMPLE, TX 76502	74-1725934	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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OUTER WEST COMMUNITY CHURCH 12280 ALAMO RANCH PARKWAY SAN ANTONIO, TX 78253	85-0744441	501(C)(3)	6,500.	0.			NIGHT TO SHINE
DEAF MILLENNIAL PROJECT 2028 E. BEN WHITE BLVD. #240-7767 AUSTIN, TX 78741	84-2860149	501(C)(3)	21,000.	0.			SHINE ON
WOODLAWN BAPTIST CHURCH 4600 MANCHACA ROAD AUSTIN, TX 78745	74-1444384	501(C)(3)	8,000.	0.			NIGHT TO SHINE
NORTHSIDE BILINGUAL CHURCH OF CHRIST - 4886 HERCULES AVE SUITE D-H - EL PASO, TX 79904	47-4348272	501(C)(3)	6,500.	0.			NIGHT TO SHINE
PURSUIT HOME CHURCH 18065 SADDLEWOOD RD MONUMENT, CO 80132	84-2330921	501(C)(3)	6,500.	0.			NIGHT TO SHINE
DELTA CHRISTIAN CHURCH OF CHRIST 795 1600 ROAD DELTA, CO 81416	23-7041924	501(C)(3)	6,500.	0.			NIGHT TO SHINE
MEADOWBROOKE CHURCH 3161 OMAHA RD CHEYENNE, WY 82001	83-0284431	501(C)(3)	6,500.	0.			NIGHT TO SHINE
ROCK POINT CHURCH 24759 S POWER ROAD QUEEN CREEK, AZ 85142	86-1028861	501(C)(3)	6,500.	0.			NIGHT TO SHINE
29:11 CHURCH 1137 EAST WARNER ROAD TEMPE, AZ 85284	88-1597237	501(C)(3)	8,000.	0.			NIGHT TO SHINE

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MOSAIC CHURCH 9220 MANHATTAN RD HENDERSON, NV 89074	88-0478589	501(C)(3)	6,500.	0.			NIGHT TO SHINE
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263	95-1644037	501(C)(3)	109,000.	0.			ANTI HUMAN TRAFFICKING AND CHILD EXPLOITATION
SOUTH HILLS CHURCH BURBANK 222 S VICTORY BLVD BURBANK, CA 91502	33-0903521	501(C)(3)	6,500.	0.			NIGHT TO SHINE
REACH HURTING KIDS INSTITUTE 7373 SPRINGMILL PLACE RANCHO CUCAMONGA, CA 91730	25-3376459		25,000.	0.			SHINE ON
RESONATE CHURCH - CALIFORNIA 40650 ENCLYCLOPEDIA CIRCLE FREMONT, CA 94538	27-2178893	501(C)(3)	6,500.	0.			NIGHT TO SHINE
SHELTER COVE COMMUNITY CHURCH 4242 COFFEE ROAD MODESTO, CA 95357	77-0573209	501(C)(3)	6,500.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH - CA 1295 G STREET CRESCENT CITY, CA 95531-3468	99-1599705	501(C)(3)	6,500.	0.			NIGHT TO SHINE
HORIZON COMMUNITY CHURCH 446 FAIRWAY DRIVE GALT, CA 95632	68-0384808	501(C)(3)	8,000.	0.			NIGHT TO SHINE
THE CROSSING CHURCH OF NATOMAS 1227 N MARKET BLVD SACRAMENTO, CA 95834	03-0481723	501(C)(3)	6,000.	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
GUIDELIGHT 61535 S. HWY. 97, SUITE 5-603 BEND, OR 97702	20-5458291	501(C)(3)	30,000.	0.			SHINE ON
GRAYS HARBOR FOURSQUARE 4800 CENTRAL PARK DR ABERDEEN, WA 98520	90-0504967	501(C)(3)	6,500.	0.			NIGHT TO SHINE
HEIGHTS CHURCH 101 BUTTERFIELD ROAD SUITE C YAKIMA, WA 98901	86-2039357	501(C)(3)	6,500.	0.			NIGHT TO SHINE

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)

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

2023

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		
	[X] 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)	217,979.	7,500.	1,216.	6,816.	18,619.	252,130.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAMILLE COOPER	(i)	133,678.	7,500.	1,166.	0.	8,923.	151,267.	0.
VP OF ANTI-HUMAN TRAFFICKING & CHILD	(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)							
	(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 2024, TIMOTHY TEBOW, CHAIRMAN, STEVE BIONDO, PRESIDENT, 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.

DURING 2024, TIMOTHY TEBOW WENT ON A DONOR EVENT TRIP CELEBRATING NIGHT TO SHINE THAT INCLUDED TRAVEL FOR HIS WIFE. 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 BONUS WAS GIVEN TO OFFICERS AND EMPLOYEES.

SCHEDULE L
(Form 990)

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

2023

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	368,808.	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, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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		14,596.	COST
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	24	1,818,008.	MARKET VALUE
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	2	700.	COST
19	Food inventory	X	1	300.	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (TICKETS/PACKAGE)	X	8	38,200.	COST
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in 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, 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)

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 the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
TIM TEBOW FOUNDATION, INC.

Employer identification number
27-4345913

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- TRAINING AND RESOURCING COUNTER HUMAN TRAFFICKING TASK FORCES

- BUILDING AND OPERATING SAFE HOMES

- PROVIDING VICTIM SERVICES

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- TEBOW DOWN GUATEMALA, PROVIDING SPECIALIZED SERVICES FOR PEOPLE WITH DISABILITIES, PROMOTING THEIR INCLUSION IN ALL AREAS OF SOCIETY, AND OFFERING SUPPORT AND TRAINING FOR THEIR FAMILIES THROUGH FOUR CAMPUSES ACROSS GUATEMALA

- SPECIAL NEEDS RESOURCE CENTERS, PROVIDING ACCESS TO MEDICAL CARE, EDUCATION, THERAPY, AND DEVELOPMENT FOR FAMILIES LIVING WITH DISABILITIES IN FOUR DEVELOPING COUNTRIES

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE TIM TEBOW FOUNDATION SUPPORTED THE DEVELOPMENT OF A FOSTER CARE SYSTEM TO MEET THE CRITICAL NEEDS OF VULNERABLE CHILDREN IN HONDURAS.

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

PROFOUND MEDICAL NEEDS

THE FOUNDATION IS COMMITTED TO PROVIDING PHYSICAL AND SPIRITUAL CARE TO PEOPLE MADE VULNERABLE BY PROFOUND MEDICAL NEEDS. THIS IS DONE THROUGH DIRECT MEDICAL SERVICES, AS WELL AS SUPPORTIVE PROGRAMS TO ENCOURAGE THOSE AFFECTED BY SEVERE MEDICAL CHALLENGES.

THE FOUNDATION PARTNERS STRATEGICALLY AND FISCALLY TO PROVIDE

Name of the organization: TIM TEBOW FOUNDATION, INC.

Employer identification number: 27-4345913

RECONSTRUCTIVE, ORTHOPEDIC, AND REHABILITATIVE CARE TO CHILDREN AND MARGINALIZED INDIVIDUALS WHO WOULD NOT OTHERWISE BE ABLE TO AFFORD OR HAVE ACCESS TO LIFE-CHANGING TREATMENT. EACH PROGRAM NOT ONLY SUPPORTS THE MEDICAL HEALING OF PATIENTS, BUT SUPPORTS THEIR SPIRITUAL HEALING, AS WELL.

THROUGH THE W15H PROGRAM, TTF FULFILLS THE DREAMS OF CHILDREN WITH LIFE-THREATENING ILLNESSES WHOSE WISH IS TO MEET TIM TEBOW. THE PROGRAM PROVIDES TRAVEL, LODGING, AND PERSONALLY CURATED EXPERIENCES FOR CHILDREN AND THEIR FAMILIES.

TIMMY'S PLAYROOMS ARE BUILT IN CHILDREN'S HOSPITALS AROUND THE WORLD TO PROVIDE A PLACE FOR HOSPITALIZED CHILDREN TO BE STRENGTHENED AND ENCOURAGED THROUGH HEALING PLAY WHERE THEY CAN TAKE THEIR MINDS OFF MEDICAL TREATMENT AND JUST BE KIDS.

EXPENSES $ 1,468,137. INCLUDING GRANTS OF $ 1,129,107. REVENUE $ 0.

RISING LIGHT RIDGE

THE TIM TEBOW FOUNDATION IS CURRENTLY DEVELOPING A 100-ACRE MINISTRY CAMPUS AMONG 3,000 ACRES OF CONSERVATION LAND IN THE POCONO MOUNTAINS OF PENNSYLVANIA. RISING LIGHT RIDGE WILL BE A ONE-OF-ONE 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. WHILE A CAPITAL CAMPAIGN AND CONSTRUCTION CONTINUE, IN 2024, THE PROGRAM WELCOMED PARTICIPANTS FOR WEEK-LONG DAY CAMPING SESSIONS DURING THE SUMMER, AS WELL AS PROVIDED SEASONAL ADAPTIVE ADVENTURE EVENTS.

EXPENSES $ 1,301,602. INCLUDING GRANTS OF $ 2,500. REVENUE $ 12,461.

Name of the organization: TIM TEBOW FOUNDATION, INC.

Employer identification number: 27-4345913

PHYSICAL & SPIRITUAL AID

THE FOUNDATION IS COMMITTED TO PROVIDING PHYSICAL AND SPIRITUAL AID IN RESPONSE TO GLOBAL HUMANITARIAN NEEDS, ESPECIALLY FOLLOWING CATASTROPHIC EVENTS. THE FOUNDATION SUPPORTS VULNERABLE PEOPLE EXPERIENCING FOOD INSECURITY, HOMELESSNESS, AND POVERTY, AS WELL AS THOSE BRINGING THE GOOD NEWS OF THE GOSPEL TO THE UNREACHED.

EXPENSES $ 309,803. INCLUDING GRANTS OF $ 287,240. 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 CPA FIRM. IT IS REVIEWED IN DETAIL BY THE VP OF FINANCE 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.

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. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST BE DISCLOSED , THE BOARD MEMBER OR OFFICER WOULD BE

Name of the organization: TIM TEBOW FOUNDATION, INC.

Employer identification number: 27-4345913

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:

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.

THE PRESIDENT ENGAGES IN A REVIEW, ANALYSIS, AND APPROVAL OF THE VP OF FINANCE'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

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)

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

2023

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 2220 COUNTY RD 210 W, STE 108, PMB 317 JACKSONVILLE, FL 32259	HOLDING REAL PROPERTY AND DEVELOPMENT OF RISING LIGHT RIDGE	FLORIDA	3,366,234.	29,412,783.	TIM TEBOW FOUNDATION, INC.
RISING LIGHT RIDGE - 87-2743804 2220 COUNTY RD 210 W, STE 108, PMB 317 JACKSONVILLE, FL 32259	CAMP FACILITY AND PROGRAM SERVING PEOPLE OF ALL ABILITIES.	PENNSYLVANIA	0.	0.	TIM TEBOW FOUNDATION, INC.
TEBOW DOWN LLC - 99-4855788 2220 COUNTY RD 210 W, STE 108, PMB 317 JACKSONVILLE, FL 32259	WHOLLY OWNED SUBSIDIARY TO ENABLE ADMIN. OPERATIONS OF FOREIGN ENTITY	FLORIDA	0.	0.	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 & LEADING EXPLOITED TO	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			TIM TEBOW FOUNDATION, INC.	X	

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	3,500,000.	BOOK VALUE
(2)	HER SONG JACKSONVILLE	O	166,679.	BOOK VALUE
(3)	HER SONG JACKSONVILLE	Q	132,610.	BOOK VALUE
(4)	ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	B	993,710.	BOOK VALUE
(5)				
(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.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

HER SONG JACKSONVILLE, INC

PRIMARY ACTIVITY: INTERRUPTING CYCLE OF HUMAN TRAFFICKING & LEADING

EXPLOITED TO FREEDOM

SCHEDULE E (Form 5471)
(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

Income, War Profits, and Excess Profits Taxes Paid or Accrued

▶ **Attach to Form 5471.**
▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471	**Identifying number**
TIM TEBOW FOUNDATION, INC.	27-4345913

Name of foreign corporation	EIN (if any)	**Reference ID number** (see instructions)
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	00-0000000	CFC001

a Separate Category (Enter code - see instructions.) ▶ GEN
b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶
c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed

Section 1 - Taxes Paid or Accrued Directly by Foreign Corporation

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspended Taxes	(d) Country or U.S. Possession to Which Tax Is Paid (Enter code - see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1			☐			
2			☐			
3			☐			
4			☐			

	(g) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(h) If taxes are paid on U.S. source income, check box	(i) Local Currency in Which Tax Is Payable (enter code - see instructions)	(j) Tax Paid or Accrued (in local currency in which the tax is payable)	(k) Conversion Rate to U.S. Dollars	(l) In U.S. Dollars (divide column (j) by column (k))	(m) In Functional Currency of Foreign Corporation
1		☐					
2		☐					
3		☐					
4		☐					
5	Total (combine lines 1 through 4 of column (l)). Also report amount on Schedule E-1, line 4 ▶						
6	Total (combine lines 1 through 4 of column (m)) ▶						

Section 2 - Taxes Deemed Paid by Foreign Corporation

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					

	(f) PTEP Distributed (enter amount in functional currency)	(g) Total Amount of PTEP in the PTEP Group (in functional currency)	(h) Total Amount of the PTEP Group Taxes With Respect to PTEP Group (USD)	(i) Foreign Income Taxes Properly Attributable to PTEP and not Previously Deemed Paid ((column (f)/column (g)) x column (h)) (USD)
1				
2				
3				
4				
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6 ▶			

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	00-0000000	CFC001

a Separate Category (Enter code - see instructions.) ▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☒ No If "Yes," state date of election ▶

Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID No. of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2) ▶								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) ▶								

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: *Enter amounts in U.S. dollars.*

		Taxes related to: (a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)				
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for foreign tax redetermination				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)				
5	Taxes carried over in nonrecognition transactions				
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (i)				
7	Other adjustments (attach statement)				
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)				
9	Taxes deemed paid with respect to inclusions (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement)				
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))				
14	Reserved for future use				
15	Reduction for other taxes not deemed paid				
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12				

Name of foreign corporation	EIN (if any)	**Reference ID number** (see instructions)
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	00-0000000	CFC001

a Separate Category (Enter code - see instructions.) ▶ GEN

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions) ▶

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation *(continued)*

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	**(ii)** Reclassified section 965(b) PTEP	**(iii)** General section 959(c)(1) PTEP	**(iv)** Reclassified section 951A PTEP	**(v)** Reclassified section 245A(d) PTEP	**(vi)** Section 965(a) PTEP	**(vii)** Section 965(b) PTEP	**(viii)** Section 951A PTEP	**(ix)** Section 245A(d) PTEP	**(x)** Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

SCHEDULE G-1 (Form 5471)

(Rev. December 2023)

Department of the Treasury
Internal Revenue Service

Cost Sharing Arrangement

Attach to Form 5471.
Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471		**Identifying number**
TIM TEBOW FOUNDATION, INC.		27-4345913
Name of foreign corporation	EIN (if any)	**Reference ID number** (see instructions)
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	00-0000000	CFC001

Important. Complete a separate Schedule G-1 for each cost sharing arrangement (CSA) in which the foreign corporation was a participant during the tax year. Report all amounts in U.S. dollars. See instructions.

1 Provide a brief description of the CSA with respect to which this Schedule G-1 is being completed.
NO COST SHARING ARRANGEMENTS OCCURRED DURING THE YEAR.

		Yes	No
2	During the course of the tax year, did the foreign corporation become a participant in the CSA?		X
3	Was the CSA in effect before January 5, 2009?		X
4	What was the foreign corporation's share of reasonably anticipated benefits for the CSA during the tax year? ____ %		
5a	Did a U.S. taxpayer make any platform contributions (as defined in Regulations section 1.482-7(c)) to the CSA during the tax year?		X
b	If the answer to question 5a is "Yes," enter the present value of the platform contributions in U.S. dollars $		
c	If the answer to question 5a is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s). ☐ Comparable uncontrolled transaction method ☐ Income method ☐ Acquisition price method ☐ Market capitalization method ☐ Residual profit split method ☐ Unspecified method		
6a	Enter the total amount of stock-based compensation deductions claimed by the filer for the tax year $		
b	Enter the total amount of deductions for the tax year for stock-based compensation that was granted during the term of the CSA and is directly identified with, or reasonably allocable to, the intangible development activity under the CSA $		
c	Was there any stock-based compensation granted during the term of the CSA to individuals who performed functions in business activities that generate cost shared intangibles that was not treated as directly identified with, or reasonably allocable to, the intangible development activity?		X
7a	For the tax year, enter the total amount of intangible development costs for the CSA $		
b	For the tax year, enter the amount of intangible development costs allocable to the foreign corporation based on the foreign corporation's reasonably anticipated benefits share $		

For Paperwork Reduction Act Notice, see the Instructions for Form 5471. **Schedule G-1 (Form 5471)** (Rev. 12-2023)

SCHEDULE Q (Form 5471)
(Rev. December 2023)
Department of the Treasury
Internal Revenue Service

CFC Income by CFC Income Groups

Attach to Form 5471.
Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471		**Identifying number**
TIM TEBOW FOUNDATION, INC.		27-4345913
Name of foreign corporation	EIN (if any)	**Reference ID number** (see instructions)
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	00-0000000	CFC001

Complete a separate Schedule Q with respect to each applicable category of income (see instructions).

A Enter separate category code with respect to which this Schedule Q is being completed (see instructions for codes) ..... GEN

B If category code "PAS" is entered on line A, enter the applicable grouping code (see instructions) .....

C If code "901j" is entered on line A, enter the country code for the sanctioned country (see instructions) .....

Complete a separate Schedule Q for U.S. source income and foreign source income (see instructions for an exception).

D Indicate whether this Schedule Q is being completed for: ☐ U.S. source income or ☒ Foreign source income

Complete a separate Schedule Q for FOGEI or FORI income.

E If this Schedule Q is being completed for FOGEI or FORI income, check this box ..... ☐

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
1 Subpart F Income Groups							
a Dividends, Interest, Rents, Royalties, & Annuities (Total)							
(1) Unit name:							
(2) Unit name:							
b Net Gain From Certain Property Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
c Net Gain From Commodities Transactions (Total)							
(1) Unit name:							
(2) Unit name:							
d Net Foreign Currency Gain (Total)							
(1) Unit name:							
(2) Unit name:							
e Income Equivalent to Interest (Total)							
(1) Unit name:							
(2) Unit name:							
f Other Foreign Personal Holding Company Income (Total) (attach statement - see instructions)							
(1) Unit name:							
(2) Unit name:							

Important: See **Computer-Generated Schedule Q** in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
a									
(1)									
(2)									
b									
(1)									
(2)									
c									
(1)									
(2)									
d									
(1)									
(2)									
e									
(1)									
(2)									
f									
(1)									
(2)									

Important: See **Computer-Generated Schedule Q** in instructions.

Enter amounts in functional currency of the foreign corporation (unless otherwise noted).	(i) Country Code	(ii) Gross Income	(iii) Definitely Related Expenses	(iv) Related Person Interest Expense	(v) Other Interest Expense	(vi) Research & Experimental Expenses	(vii) Other Expenses (attach statement)
1 Subpart F Income Groups							
g Foreign Base Company Sales Income (Total)							
(1) Unit name:							
(2) Unit name:							
h Foreign Base Company Services Income (Total)							
(1) Unit name:							
(2) Unit name:							
i Full Inclusion Foreign Base Company Income (Total)							
(1) Unit name:							
(2) Unit name:							
j Insurance Income (Total)							
(1) Unit name:							
(2) Unit name:							
k International Boycott Income							
l Bribes, Kickbacks, and Other Payments							
m Section 901(j) income							
2 Recaptured Subpart F Income							
3 Tested Income Group (Total)		624,569.	8,494,742.				
(1) Unit name: TIM TEBOW FOUN	GT	624,569.	8,494,742.				
(2) Unit name:							
4 Residual Income Group (Total)							
(1) Unit name:							
(2) Unit name:							
5 Total		624,569.	8,494,742.				

Important: See **Computer-Generated Schedule Q** in instructions.

	(viii) Current Year Tax on Reattributed Income From Disregarded Payments	(ix) Current Year Tax on All Other Disregarded Payments	(x) Other Current Year Taxes	(xi) Net Income (column (ii) less columns (iii) through (x))	(xii) Foreign Taxes for Which Credit Allowed (U.S. Dollars)	(xiii) Average Asset Value	(xiv) High Tax Election	(xv) Loss Allocation	(xvi) Net Income After Loss Allocation (column (xi) minus column (xv))
1									
g									
(1)									
(2)									
h									
(1)									
(2)									
i									
(1)									
(2)									
j									
(1)									
(2)									
k									
l									
m									
2									
3				-7,870,173.					-7,870,173.
(1)				-7,870,173.					-7,870,173.
(2)									
4									
(1)									
(2)									
5				-7,870,173.					-7,870,173.

Important: See **Computer-Generated Schedule Q** in instructions.

SCHEDULE R (Form 5471)
(December 2020)
Department of the Treasury
Internal Revenue Service

Distributions From a Foreign Corporation

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471		Identifying number
TIM TEBOW FOUNDATION, INC.		27-4345913
Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	00-0000000	CFC001

	(a) Description of distribution	(b) Date of distribution	(c) Amount of distribution in foreign corporation's functional currency	(d) Amount of E&P distribution in foreign corporation's functional currency
1	NO DISTRIBUTIONS OCCURRED DURING THE YEAR.	09/30/2024	0.	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

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)

308242 04-01-23