

# COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

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## **\*\*PUBLIC INSPECTION ONLY\*\***

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### 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.

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

**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) Room/suite**  
 2220 County Rd 210W, Ste 108, PMB 317  
**City or town, state or province, country, and ZIP or foreign postal code**  
 Jacksonville, FL 32259

**D Employer identification number**  
27-4345913

**E Telephone number**  
904-380-8499

**G Gross receipts \$** 13,575,495.

**H(a) Is this a group return for subordinates?**  Yes  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:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ [www.timtebowfoundation.org](http://www.timtebowfoundation.org)

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 2010 **M State of legal domicile:** GA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The Tim Tebow Foundation (TTF) exists to bring Faith, Hope and Love to those needing a brighter day		
	2 Check this box <input type="checkbox"/> 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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,790,761.	9,289,335.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,633.	66,405.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-146,666.	-172,732.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,762,728.	9,183,008.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,961,444.	2,227,368.
	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)	702,794.	916,941.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 520,518.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,095,110.	924,530.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,759,348.	4,068,839.
19 Revenue less expenses. Subtract line 18 from line 12	3,380.	5,114,169.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,931,948.	End of Year 11,116,809.
	21 Total liabilities (Part X, line 26)	175,518.	121,687.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,756,430.	10,995,122.

**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: *Bryan Craun* Date: 11-2-17  
 Bryan Craun, Treasurer  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: David C. Moja Preparer's signature: *David C. Moja* Date: 11/03/2017 Check if self-employed:  PTIN: P00747006  
 Firm's name: Capin Crouse LLP Firm's EIN: 36-3990892  
 Firm's address: 2435 Research Parkway, STE 200, Colorado Springs, CO 80920 Phone no. 719-528-6225

May the IRS discuss this return with the preparer shown above? (see instructions)  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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 2,360,494. including grants of \$ 1,794,723. ) (Revenue \$ ) Night to Shine: The Tim Tebow Foundation provided funding and support towards Night to Shine, an unforgettable prom night experience, centered on God's love, for people with special needs at host churches across the country and around the world. In February 2016, 201 churches in 48 states and 7 countries honored 32,000 guests involving more than 70,000 volunteers. In February 2017, 375 churches in 50 states and 11 countries honored 75,000 guests involving more than 150,000 volunteers.

4b (Code: ) (Expenses \$ 233,892. including grants of \$ 221,000. ) (Revenue \$ ) Orphan Care: The Tim Tebow Foundation provided funding and support to serve hundreds of children who have been left homeless or abandoned. Currently orphans in four countries receive support through grants which cover food, clothing, shelter, medical care, education, and sharing the Gospel.

4c (Code: ) (Expenses \$ 137,939. including grants of \$ 116,000. ) (Revenue \$ ) Adoption Aid: The Tim Tebow Foundation provided funding and support to award adoption aid grants to families who made the courageous choice to adopt a child internationally with special needs. These grants help cover the costs of the adoptions and continued care of these special children.

4d Other program services (Describe in Schedule O.) (Expenses \$ 475,096. including grants of \$ 95,645. ) (Revenue \$ 19,589.)

4e Total program service expenses 3,207,421.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	X	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.



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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL, GA, TN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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 in Schedule O)
19 Describe in 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: Erik Dellenback - 904-380-8499
2220 County Rd 210W, Ste 108, PMB 317, Jacksonville, FL 32259







**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	19,433.				
	<b>c</b> Fundraising events .....	<b>1c</b>	1,222,792.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	8,047,110.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,149,556.				
	<b>h Total.</b> Add lines 1a-1f .....			9,289,335.			
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			153,439.			153,439.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			<87,034.>		
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,222,792. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		307,258.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	511,368.			
		<b>c</b> Net income or (loss) from fundraising events .....			<204,110.>		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>		210,598.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>	179,220.				
	<b>c</b> Net income or (loss) from sales of inventory .....			31,378.			31,378.
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11</b>	<b>a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....				9,183,008.	0.	0.	<106,327.>

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,167,243.	2,167,243.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	20,000.	20,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	40,125.	40,125.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	245,291.	122,645.	61,323.	61,323.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	18,000.	14,400.	3,600.	
<b>7</b> Other salaries and wages	492,367.	234,497.	75,473.	182,397.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,800.	886.	330.	584.
<b>9</b> Other employee benefits	106,004.	51,938.	17,829.	36,237.
<b>10</b> Payroll taxes	53,479.	26,280.	9,821.	17,378.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	9,409.	1,007.	8,402.	
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	12,002.		12,002.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,837.	903.	337.	597.
<b>12</b> Advertising and promotion	50,869.	24.		50,845.
<b>13</b> Office expenses	87,675.	20,487.	42,747.	24,441.
<b>14</b> Information technology	48,014.	12,348.	21,970.	13,696.
<b>15</b> Royalties				
<b>16</b> Occupancy	117,383.	78,698.	27,363.	11,322.
<b>17</b> Travel	95,245.	74,486.	8,655.	12,104.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	39,256.	23,843.	5,545.	9,868.
<b>23</b> Insurance	49,927.	41,036.	3,199.	5,692.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Supplies and Materials	124,911.	94,037.	6,989.	23,885.
<b>b</b> Shipping	124,576.	121,401.	2,014.	1,161.
<b>c</b> Communications	92,302.	35,085.	32,708.	24,509.
<b>d</b> Event Facilitation	71,124.	26,052.	593.	44,479.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,068,839.	3,207,421.	340,900.	520,518.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	40,378.	12,368.	23,460.	4,550.

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	886,294.	<b>1</b>	622,209.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	205.	<b>4</b>	23,690.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	58,020.	<b>8</b>	67,714.
	<b>9</b> Prepaid expenses and deferred charges .....	54,448.	<b>9</b>	607,682.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,880,367.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 157,218.		
	<b>11</b> Investments - publicly traded securities .....	4,847,515.	<b>11</b>	4,072,365.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,931,948.	<b>16</b>	11,116,809.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	157,998.	<b>17</b>	88,646.
	<b>18</b> Grants payable .....	17,520.	<b>18</b>	33,041.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	175,518.	<b>26</b>	121,687.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,284,644.	<b>27</b>	10,978,967.
	<b>28</b> Temporarily restricted net assets .....	471,786.	<b>28</b>	16,155.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,756,430.	<b>33</b>	10,995,122.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,931,948.	<b>34</b>	11,116,809.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,183,008.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,068,839.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,114,169.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,756,430.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	117,523.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	7,000.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,995,122.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 in Schedule O and describe any steps taken to undergo such audits _____		



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4,292,138.	3,405,741.	2,731,251.	3,790,761.	9,289,335.	23,509,226.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4,292,138.	3,405,741.	2,731,251.	3,790,761.	9,289,335.	23,509,226.
<b>5</b> 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) .....						7,235,485.
<b>6 Public support.</b> Subtract line 5 from line 4.						16,273,741.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	4,292,138.	3,405,741.	2,731,251.	3,790,761.	9,289,335.	23,509,226.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....			20.	147,300.	153,439.	300,759.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		239,195.	154,985.	257,201.	307,358.	958,739.
<b>11 Total support.</b> Add lines 7 through 10						24,768,724.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	65.70	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	74.21	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</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.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2016

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

**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:

Fundraising events

2013 Amount: \$ 239,195.

2014 Amount: \$ 154,985.

2015 Amount: \$ 256,989.

2016 Amount: \$ 307,358.

Other Income

2015 Amount: \$ 212.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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

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**

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

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

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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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



Name of organization  Tim Tebow Foundation, Inc.	Employer identification number  27-4345913
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**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	<hr/> <hr/> <hr/>	\$ 3,520,770.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,039,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 750,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 229,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 207,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Tim Tebow Foundation, Inc.	Employer identification number  27-4345913
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**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
1	Property and guesthouse _____ _____ _____	\$ 328,000.	05/16/16
3	Securities _____ _____ _____	\$ 749,927.	12/21/16
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  Tim Tebow Foundation, Inc.	Employer identification number  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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (e.g., 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 1
b Total acreage restricted by conservation easements .....	2b 3,016.00
c Number of conservation easements on a certified historic structure included in (a) .....	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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 ▶ 16

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 0.

8 Does each conservation easement reported on line 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
- 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	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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 on 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 Temporarily restricted 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		5,291,010.		5,291,010.
b Buildings		356,817.	14,455.	342,362.
c Leasehold improvements				
d Equipment		85,478.	43,990.	41,488.
e Other		147,062.	98,773.	48,289.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,723,149.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	10,075,856.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	117,523.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	289,160.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	511,368.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	918,051.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,157,805.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	12,002.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	13,201.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	25,203.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,183,008.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,844,164.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	289,160.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	511,368.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	800,528.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,043,636.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	12,002.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	13,201.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	25,203.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,068,839.

**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.

Part II, line 9:

The conservation easements were included on the land and property acquired in 2016.

Part X, Line 2:

The financial statement effects of a tax position taken or expected to be taken are recognized in the consolidated financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the consolidated statement of activities. As of December 31, 2016, TTF has analyzed its tax positions and believes that all are more likely than not to be sustained upon examination.



**Part XIII** Supplemental Information *(continued)*

Part XI, Line 2d - Other Adjustments:

Fundraising event expenses 511,368.

Part XI, Line 4b - Other Adjustments:

Cost of goods sold 13,201.

Part XII, Line 2d - Other Adjustments:

Fundraising event expenses 511,368.

Part XII, Line 4b - Other Adjustments:

Cost of goods sold 13,201.

**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.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization  Tim Tebow Foundation, Inc.	Employer identification number  27-4345913
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**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? .....  **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
Europe (Including Iceland & Greenland)	0	0	Grants to Recipients		8,000.
East Asia and the Pacific	0	0	Grants to Recipients		19,125.
Sub-Saharan Africa	0	0	Grants to Recipients		13,000.
<b>3 a</b> Sub-total .....	0	0			40,125.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			40,125.

**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)
		Europe (Including Iceland & Greenland)	Night to Shine	8,000.	Wire	0.		
		East Asia and the Pacific	Night to Shine	8,500.	Wire	0.		
		East Asia and the Pacific	Night to Shine	10,625.	Wire	0.		
		Sub-Saharan Africa	Night to Shine	7,000.	Wire	0.		
		Sub-Saharan Africa	Night to Shine	6,000.	Wire	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ 5

3 Enter total number of other organizations or entities ..... ▶ 0



**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 Instructions for Form 926)* .....  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 Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  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 Instructions for Form 5471)* .....  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 Instructions for Form 8621)* .....  Yes  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 Instructions for Form 8865)* .....  Yes  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 Instructions for Form 5713; do not file with Form 990)* .....  Yes  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:

Grantees are required to submit a report for the use of funds.

Part I, line 3:

Expenditures are accounted for using the accrual method of accounting.



**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Gala & Golf Tournament (event type)	(event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	1,530,050.			1,530,050.
	<b>2</b> Less: Contributions .....	1,222,792.			1,222,792.
	<b>3</b> Gross income (line 1 minus line 2) .....	307,258.			307,258.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	28,292.			28,292.
	<b>6</b> Rent/facility costs .....	145,169.			145,169.
	<b>7</b> Food and beverages .....	11,799.			11,799.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	326,108.			326,108.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				511,368.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				<204,110.>	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_







**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**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?  **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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
2042 Community Church - Ann Arbor 7526 Grand River Brighton, MI 48114	38-3494427	501(c)(3)	8,100.	0.			Night to Shine
2042 Community Church - Brighton 7526 Grand River Brighton, MI 48114	38-3494427	501(c)(3)	8,477.	0.			Night to Shine
2042 Community Church - Lansing 7526 Grand River Brighton, MI 48114	38-3494427	501(c)(3)	6,375.	0.			Night to Shine
Alamo Community Church 10650 Culebra Rd Ste. 104 San Antonio, TX 78251	27-2170408	501(c)(3)	7,700.	0.			Night to Shine
ALIVE Wesleyan Church 136 Chastain Road Central, SC 29630	57-0670173	501(c)(3)	7,620.	0.			Night to Shine
Alsbury Baptist Church PO Box 1776 Burleson, TX 76097	75-2563436	501(c)(3)	7,700.	0.			Night to Shine

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 202.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2016)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Amazing Grace International Ministries - P.O. Box 3487 - Warrenton, VA 20186	31-1776903	501(c)(3)	12,970.	1,160.	Cost	Crowns & Tiaras for Kenya	Night to Shine
Antioch Christian Church 3007 E Hwy 50 Washington, IN 47501	35-1556074	501(c)(3)	6,375.	0.			Night to Shine
Assemblies of God World Missions 1445 North Boonville Ave. Springfield, MO 65802		501(c)(3)	17,800.	0.			Night to Shine
Athletes in Action 251 Taylor Drive Xenia, OH 45385	27-0869839	501(c)(3)	10,000.	0.			Evangelism & Christian Discipleship
Auburn Alliance Church 630 N. Seward Avenue Auburn, NY 13021	23-7192071	501(c)(3)	6,375.	0.			Night to Shine
Augustana Lutheran Church 3251 Midway Road Duluth, MN 55810	41-1501890	501(c)(3)	6,375.	0.			Night to Shine
Aviator Church 620 N. Rock Road Suite 230 PMB 230 Derby, KS 67037	51-0663047	501(c)(3)	14,675.	0.			Night to Shine
Bayside Chapel 965 W Bay Ave Barnegat, NJ 08005	22-3092804	501(c)(3)	6,375.	0.			Night to Shine
Bayside Community Church 15800 SR 64 East Bradenton, FL 34212	04-3648411	501(c)(3)	8,500.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beltway Park Baptist Church 4009 Beltway South Abilene, TX 79606	75-2077730	501(c)(3)	8,100.	0.			Night to Shine
Berea Baptist Church 1015 River Highway Mooresville, NC 28117	56-1189090	501(c)(3)	6,375.	0.			Night to Shine
Bethesda Lutheran Communities 600 Hoffman Drive Watertown, WI 53094	39-0806446	501(c)(3)	8,340.	0.			Night to Shine
Big Spring United Methodist Church 1184 Union Rd Cleveland, TN 37323	62-1177263	501(c)(3)	8,100.	0.			Night to Shine
Blessed Sacrament Catholic Church PO Box 619 Burlington, NC 27216	56-6017086	501(c)(3)	6,375.	0.			Night to Shine
Blue Summit Baptist Church 1700 Bryan Street Kansas City, MO 64126	43-1323692	501(c)(3)	11,621.	0.			Night to Shine
Bob Tebow Evangelistic Assoc. (BTEA) - 8834-F Goodby's Executive Dr. - Jacksonville, FL 32217	59-2613612	501(c)(3)	200,000.	11,000.		Use of two offices	Orphan Care
Bowman United Methodist Church 70 Wisteria Lane Glen Easton, WV 26039	55-0633773	501(c)(3)	7,700.	0.			Night to Shine
Broadmoor Baptist Church 1531 Highland Colony Parkway Madison, MS 39110	64-0358085	501(c)(3)	8,100.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Calvary Baptist Church- MA PO Box 510 Hanson, MA 02341	04-2540736	501(c)(3)	8,221.	0.			Night to Shine
Calvary Chapel La Habra 1370 S. Euclid St. La Habra, CA 90631	95-4362747	501(c)(3)	7,900.	0.			Night to Shine
Calvary Chapel Melbourne 2955 Minton Road Melbourne, FL 32904	47-1650981	501(c)(3)	5,573.	0.			Night to Shine
Canyon Ridge Christian Church 6200 W Lone Mountain Road Las Vegas, NV 89130	88-0293688	501(c)(3)	8,560.	0.			Night to Shine
Capital Area Christian Church 1775 Lambs Gap Road Mechanicsburg, PA 17050	23-2012643	501(c)(3)	8,025.	0.			Night to Shine
Capital West Christian Church 1315 Fairgrounds Road Jefferson City, MO 65109	43-1613943	501(c)(3)	6,385.	0.			Night to Shine
Central Baptist Church 2801 Highway 31 S Decatur, AL 35640	63-0302115	501(c)(3)	6,375.	0.			Night to Shine
Central Christian Church 2460 Milwaukee Road Beloit, WI 53511	39-1047066	501(c)(3)	7,405.	0.			Night to Shine
Changepoint Church 6689 Changepoint Drive Anchorage, AK 99518		501(c)(3)	7,375.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chapelwood United Methodist Church 11140 Greenbay Street Houston, TX 77024	74-1168922	501(c)(3)	8,500.	0.			Night to Shine
Christ's Church- OH 5165 Western Row Road Mason, OH 45040	23-7275189	501(c)(3)	7,552.	0.			Night to Shine
Christ's Commission Fellowship Frontera Verde, Ortigas Avenue corner C5 Road - Pasig City, Metro Manila, PH		501(c)(3)	17,000.	0.			Night to Shine
Christ Community Church 2500 W Prien Lake Road Lake Charles, LA 70605	72-0754802	501(c)(3)	5,729.	0.			Night to Shine
Christ Presbyterian Church 1035 W Grenada Boulevard Ormond Beach, FL 32174	59-6557076	501(c)(3)	6,225.	0.			Night to Shine
Christ Temple Church 2400 Johnstown Road Huntington, WV 25701	51-0500572	501(c)(3)	13,175.	0.			Night to Shine
Christian Family Church 3457 W. Kenyon Ave. Tampa, FL 33614	20-5471161	501(c)(3)	14,875.	0.			Night to Shine
Church at the Depot 6496 Teays Valley Road Scott Depot, WV 25560	11-3735247	501(c)(3)	8,398.	0.			Night to Shine
Clarksville First Church of the Nazarene - 150 Richview Road - Clarksville, TN 37043	62-0606151	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Collaboration Church 5467 Jerome Rd College Park, GA 30349	47-1527197	501(c)(3)	6,375.	0.			Night to Shine
Community Baptist Church- AL 8254 Highway 17 Maylene, AL 35080	63-1182724	501(c)(3)	6,375.	0.			Night to Shine
Community Baptist Church- PA 1853 State Route 87 Montoursville, PA 17754	23-2090782	501(c)(3)	8,514.	0.			Night to Shine
Community Wesleyan Church 161 Myrtle Avenue Newark, OH 43055	31-0979379	501(c)(3)	6,360.	0.			Night to Shine
Compass Christian Church 2600 Hall Johnson Rd Colleyville, TX 76034	75-1446386	501(c)(3)	6,000.	0.			Night to Shine
Cross Church 1709 Johnson Road Springdale, AR 72762	71-0496820	501(c)(3)	6,000.	0.			Night to Shine
Cross Point Community Church PO Box 60468 Nashville, TN 37206	04-3665425	501(c)(3)	6,375.	0.			Night to Shine
Crossing Place Church 777 Delmar Road Morgan City, LA 70380		501(c)(3)	5,625.	0.			Night to Shine
CrossPoint Church 14 Rhode Island Avenue Newport, RI 02840	05-0515950	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Crossroads Christian Church - California - 2331 Kellogg Avenue - Corona, CA 92881	95-2111126	501(c)(3)	6,225.	0.			Night to Shine
Crossroads Christian Church - Texas - 6450 S State Highway 360 - Grand Prairie, TX 75052	38-3663715	501(c)(3)	7,700.	0.			Night to Shine
CURE International 774 Limekiln Road New Cumberland, PA 17070	58-2248383	501(c)(3)	12,750.	0.			Night to Shine
Cuyahoga Valley Church 5055 E. Wallings Road Broadview Heights, OH 44147	34-1638165	501(c)(3)	9,500.	0.			Night to Shine
Desire Street Ministries 600 Means St NW Suite 110 Atlanta, GA 30318	72-1218825	501(c)(3)	5,000.	0.			Children & Youth Services
Discovery Community Church 1644 S Lindsay Road Gilbert, AZ 85295	86-0894581	501(c)(3)	8,100.	0.			Night to Shine
Eastpoint Christian Church 58 City Line Drive Portland, ME 04102	20-0484077	501(c)(3)	8,404.	0.			Night to Shine
Ekisa Ministries International, Inc. - 11901 Hardwick Drive - Fishers, IN 46038	27-2920910	501(c)(3)	8,625.	0.			Night to Shine
Encounter Life Church PO Box 375 Manchester, TN 37349	27-1050924	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Englewood United Methodist Church 700 East Dearborn Street Englewood, FL 34223	59-1461291	501(c)(3)	7,700.	0.			Night to Shine
Epic Church P.O. Box 41028 Philadelphia, PA 19127	20-8869397	501(c)(3)	8,100.	0.			Night to Shine
Equippers Church Office Level 4 520 Queen Street Auckland, NEW ZEALAND 1010		501(c)(3)	8,340.	0.			Night to Shine
Evangelism Explosion PO Box 12883 Hatfield, SOUTH AFRICA 0028	930-00-8631	501(c)(3)	5,250.	0.			Night to Shine
Fairview Church of God 4154 Huckaby Bridge Rd Falkville, AL 35622	63-0862170	501(c)(3)	6,375.	0.			Night to Shine
Faith Church 600 Danbury Road Suite 1 New Milford, CT 06776	22-2485526	501(c)(3)	7,700.	0.			Night to Shine
Family Worship Center 3800 Parker Blvd Pueblo, CO 81008	84-1134784	501(c)(3)	14,835.	0.			Night to Shine
First Baptist Church - Americus 221 S Lee Street Americus, GA 31709	58-0689743	501(c)(3)	8,500.	0.			Night to Shine
First Baptist Church Ardmore 225 1st Ave SW Ardmore, OK 73401	73-0700164	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Baptist Church of Butner PO Box 44 Butner, NC 27509	56-1005456	501(c)(3)	8,452.	0.			Night to Shine
First Baptist Huntsville 600 Governors Drive SW Huntsville, AL 35801	63-0423002	501(c)(3)	8,412.	0.			Night to Shine
First Christian Church- OH 6900 Market Avenue N Canton, OH 44721	34-0720553	501(c)(3)	8,700.	0.			Night to Shine
First Christian Church- WY 2130 E Garfield St Laramie, WY 82070	83-0236626	501(c)(3)	5,625.	0.			Night to Shine
First Christian Church of HuntingtonBeach - 1207 Main St. - Huntington Beach, CA 92648	95-1775145	501(c)(3)	6,375.	0.			Night to Shine
First Presbyterian Church 175 Lake Hollingsworth Dr. Lakeland, FL 33801	59-0683261	501(c)(3)	6,962.	0.			Night to Shine
First Presbyterian Church of Douglasville - 9190 Campbellton Street - Douglasville, GA 30134	58-1111207	501(c)(3)	7,940.	0.			Night to Shine
First United Methodist Church of Sedalia - 1701 W 32nd Street - Sedalia, MO 65301	74-1168922	501(c)(3)	5,125.	0.			Night to Shine
Florence United Methodist Church 8585 Old Toll Road Florence, KY 41042	31-0968737	501(c)(3)	6,625.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Garfield Memorial Church 3650 Lander Road Pepper Pike, OH 44124	34-0866674	501(c)(3)	7,900.	0.			Night to Shine
Genesis Church PO Box 12669 Tallahassee, FL 32317	59-3202905	501(c)(3)	12,700.	0.			Night to Shine
Genesis Community Church 8643 S. US 1 Crown Plaza Port St. Lucie, FL 34952	26-1645093	501(c)(3)	8,260.	0.			Night to Shine
Geyer Springs First Baptist Church 12400 Interstate 30 Little Rock, AR 72210	71-0332414	501(c)(3)	7,500.	0.			Night to Shine
Grace at Fort Clarke United Methodist - 9325 W Newberry Road - Gainesville, FL 32606	59-2259563	501(c)(3)	5,559.	0.			Night to Shine
Grace Baptist Church- PA 1899 Marietta Ave. Lancaster, PA 17603	23-1692214	501(c)(3)	5,625.	0.			Night to Shine
Grace Baptist Church- SD 1102 E. Main Street Vermillion, SD 57069	46-0355375	501(c)(3)	14,875.	0.			Night to Shine
Grace Community Church of New Canaan - 365 Lukes Wood Road - New Canaan, CT 06840	06-1632417	501(c)(3)	6,375.	0.			Night to Shine
Grace Community Presbyterian Church - PO Box 1677 - Mechanicsville, VA 23116	20-1739418	501(c)(3)	6,796.	0.			Night to Shine

Schedule I (Form 990)

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Granite United Church 1 Sand Hill Road Salem, NH 03079	02-0339848	501(c)(3)	6,375.	0.			Night to Shine
Green Bay Community Church PO Box 10104 Green Bay, WI 54307		501(c)(3)	6,375.	0.			Night to Shine
Gwinnett Church 300 Peachtree Industrial Blvd. Sugar Hill, GA 30518	58-2203569	501(c)(3)	12,475.	0.			Night to Shine
Harvest 4865 Sunset Blvd Lexington, SC 29072		501(c)(3)	6,375.	0.			Night to Shine
Healthworks, Inc. PO Box 9661 Cheyenne, WY 82003		501(c)(3)	8,500.	0.			Night to Shine
High Street Baptist Church 900 N. Eastgate Ave Springfield, MO 65802	44-0563819	501(c)(3)	6,375.	0.			Night to Shine
Highway Tabernacle 3000 S. Raccoon Road Austintown, OH 44515		501(c)(3)	6,375.	0.			Night to Shine
Hillcrest Baptist Church- MS 216 Highway 15 South New Albany, MS 38652	64-0582263	501(c)(3)	8,276.	0.			Night to Shine
Hillcrest Baptist Church- WA 205 Black Diamond Road Port Angeles, WA 98363	91-1185450	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)

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

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Holy Cross Lutheran Church 14085 Pike Lake Trail NE Prior Lake, MN 55372	41-1645176	501(c)(3)	6,375.	0.			Night to Shine
Hope Church 8500 Walnut Grove Cordova, TN 38018	62-1360056	501(c)(3)	7,620.	0.			Night to Shine
Hope Community Church- NC 821 Buck Jones Road Raleigh, NC 27606	56-1854615	501(c)(3)	6,375.	0.			Night to Shine
Hope Community Church- PA 740 N Henderson Road King of Prussia, PA 19406	23-1638205	501(c)(3)	7,580.	0.			Night to Shine
Hope Lutheran Church - Fargo 2900 N Broadway Fargo, ND 58102	45-0276446	501(c)(3)	5,675.	0.			Night to Shine
Hope Lutheran Church - Wake Forest 3525 Rogers Rd. Wake Forest, NC 27587	56-2026911	501(c)(3)	6,840.	0.			Night to Shine
Hopewell Baptist Church 5086 Poplar Springs Road Gainesville, GA 30507	58-1543571	501(c)(3)	7,580.	0.			Night to Shine
Horse Stamp Ranch 2418 Horse Stamp Church Rd. Waverly, GA 31565	46-5536723	501(c)(3)	5,000.	0.			Evangelism & Christian Discipleship
Hosanna First Assembly 8850 Goodwood Boulevard Baton Rouge, LA 70806	72-1133118	501(c)(3)	8,500.	0.			Night to Shine

Schedule I (Form 990)

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

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ICF Tirana Rr. Mihal Duri NR. 16 Tirana, ALBANIA 1000		501(c)(3)	6,375.	0.			Night to Shine
Jacksonville Chapel 264 Jacksonville Road Lincoln Park, NJ 07035	22-1979776	501(c)(3)	6,375.	0.			Night to Shine
Jacksonville Sports Council One Gator Bowl Blvd. Jacksonville, FL 32202	46-4080981	501(c)(3)	10,000.	0.			Children & Youth Services
Jill's House 9011 Leesburg Pike Vienna, VA 22182	37-1465256	501(c)(3)	5,875.	0.			Night to Shine
Journey Ministries P.O. Box 2246 Appomattox, VA 24522	54-1258075	501(c)(3)	6,375.	0.			Night to Shine
Juvenile Diabetes Research Foundation - 506 Halle Park Dr. Suite 1021 - Collierville, TN 38017	23-1907729	501(c)(3)	8,000.	0.			Children & Youth Services
Kirk of the Hills Presbyterian Church - 12928 Ladue Road - St. Louis, MO 63141	43-0909345	501(c)(3)	8,500.	0.			Night to Shine
Legacy Church 7201 Central Avenue NW Albuquerque, NM 87121	85-0280270	501(c)(3)	6,900.	0.			Night to Shine
Life Church 1767 NE Regatta Drive Oak Harbor, WA 98277	91-1248482	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Life Community Church PO Box 192 Owensboro, KY 42302	61-1736606	501(c)(3)	6,375.	0.			Night to Shine
Lifegate Church 8949 Miners Drive Highlands Ranch, CO 80126	47-2831467	501(c)(3)	8,500.	0.			Night to Shine
Lihue Missionary Church PO Box 746 Lihue, HI 96766	99-0296023	501(c)(3)	8,500.	0.			Night to Shine
Liquid Church 200 Central Avenue Suite 100 Mountainside, NJ 07092	20-5167330	501(c)(3)	24,258.	0.			Night to Shine
Longview Point Baptist Church 1100 McIngvale Road Hernando, MS 38632	42-1589935	501(c)(3)	7,540.	0.			Night to Shine
Louisa United Methodist P.O. Box 26 Louisa, KY 41230	61-0594720	501(c)(3)	6,375.	0.			Night to Shine
Messiah Lutheran Church 3701 W Highway 390 Panama City, FL 32405	59-1361675	501(c)(3)	7,375.	0.			Night to Shine
Mount Olive Lutheran Church 6205 Alderson Street Weston, WI 54476	23-7175697	501(c)(3)	7,335.	0.			Night to Shine
My Life Speaks PO Box 100972 Nashville, TN 37224	45-2446194	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Navigation Church 1205 Vandalia Street Collinsville, IL 62234	37-1077780	501(c)(3)	7,375.	0.			Night to Shine
New Hope Church - TX 3640 County Road 58 Manvel, TX 77578	76-0319222	501(c)(3)	14,475.	0.			Night to Shine
New Hope Fellowship Church 220 Cherokee Road Cedartown, GA 30125	58-2425370	501(c)(3)	14,731.	0.			Night to Shine
New Hope Oahu 290 Sand Island Access Road Honolulu, HI 96819	99-0320069	501(c)(3)	8,500.	0.			Night to Shine
New Life Christian Church 1910 County Road 82 SE Alexandria, MN 56308	41-1522556	501(c)(3)	8,100.	0.			Night to Shine
New Life Church PO Box 3943 Silverdale, WA 98383	20-0496549	501(c)(3)	8,100.	0.			Night to Shine
New Providence Baptist Church PO Box 381 Smarr, GA 31086	58-1928645	501(c)(3)	7,325.	0.			Night to Shine
Newberg Christian Church 2315 Villa Road Newberg, OR 97132	93-0509798	501(c)(3)	6,600.	0.			Night to Shine
North Pownal Congregational Church 23 Ball St Hoosick Falls, NY 12090	03-0372194	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Ridge Church 1021 W McMillan Street Marshfield, WI 54449	39-1433856	501(c)(3)	7,700.	0.			Night to Shine
North Roanoke Baptist Church 6402 Peters Creek Road Roanoke, VA 24019	54-1187634	501(c)(3)	6,375.	0.			Night to Shine
North Shore Community Baptist 9 Hart Street Beverly, MA 01915	04-2777703	501(c)(3)	8,500.	0.			Night to Shine
Northridge Christian Church 321 Log Cabin Road NE Milledgeville, GA 31061		501(c)(3)	6,375.	0.			Night to Shine
Oakbrook Church 3409 S 200 W Kokomo, IN 46902	35-1648219	501(c)(3)	7,900.	0.			Night to Shine
One Life Fellowship 3740 E Silver Springs Blvd Ocala, FL 34470	59-3068415	501(c)(3)	8,380.	0.			Night to Shine
Our Lady of the River Church PO Box 32 Le Claire, IA 52753	42-6141685	501(c)(3)	6,000.	0.			Night to Shine
Parker Hill Church 933 Scranton Carbondale Hwy Scranton, PA 18508	23-2601749	501(c)(3)	8,380.	0.			Night to Shine
Perdido Bay United Methodist Church - 13660 Innerarity Point Road - Pensacola, FL 32507	59-2907867	501(c)(3)	7,375.	0.			Night to Shine

Schedule I (Form 990)

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

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Pleasant Grove Baptist Church 2537 Pleasant Grove Road Bowman, GA 30624	58-1500573	501(c)(3)	7,300.	0.			Night to Shine
Portico Church PO Box 6943 Bloomington, IN 47407	46-0707033	501(c)(3)	6,375.	0.			Night to Shine
Prairie Ridge Church 825 NW 36th Street Ankeny, IA 50023	04-3617894	501(c)(3)	12,616.	0.			Night to Shine
Prestonwood Baptist Church 6801 West Park Blvd Plano, TX 75093	75-1543546	501(c)(3)	7,500.	0.			Night to Shine
Putnam City Baptist Church 11401 N. Rockwell Ave. Oklahoma City, OK 73162	73-0621893	501(c)(3)	13,475.	0.			Night to Shine
Radiant Life Assembly of God 8151 Clarcona Ocoee Road Orlando, FL 32818	59-2358786	501(c)(3)	8,500.	0.			Night to Shine
Real Life Christian Church 1501 Steve's Road Clermont, FL 34711	59-2181577	501(c)(3)	7,300.	0.			Night to Shine
Real Life Ministries- Moscow 1428 S. Blaine St. Moscow, ID 83843	26-0434581	501(c)(3)	5,625.	0.			Night to Shine
Real Path Baptist Church 1284 Grand Park Ln Eagle Pass, TX 78852	47-1542712	501(c)(3)	6,375.	0.			Night to Shine

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Redeemer City Church 4200 13th Street NE Washington, DC 20017	46-4361451	501(c)(3)	14,475.	0.			Night to Shine
Redeemer Lutheran Church 7755 Greenstone Trail Fort Collins, CO 80525		501(c)(3)	8,841.	0.			Night to Shine
Refuge Church 8407 Plum Valley Drive Sellersburg, IN 47172	81-0934057	501(c)(3)	14,675.	0.			Night to Shine
Relate Church 463 Pooler Parkway 140 Pooler, GA 31322	27-4534609	501(c)(3)	8,500.	0.			Night to Shine
Restavek Freedom 11160 Kenwood Road Suite 200 Cincinnati, OH 45242	20-8334578	501(c)(3)	10,000.	0.			International Relief
Ridgeline Community Church PO Box 480 Souderton, PA 18964	46-1006084	501(c)(3)	14,875.	0.			Night to Shine
Rising Sun Church of Christ 6390 NE Rising Sun Drive Pleasant Hill, IA 50327	42-1005771	501(c)(3)	6,000.	0.			Night to Shine
River of Life Church 281 N Division Street Oviedo, FL 32765	20-3478997	501(c)(3)	8,500.	0.			Night to Shine
River Run Church 141 River Run Point Chuluota, FL 32766	59-3518309	501(c)(3)	5,873.	0.			Night to Shine

Schedule I (Form 990)

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Rivertown Community Church 4534 Lafayette Street Marianna, FL 32446	27-0046590	501(c)(3)	7,218.	0.			Night to Shine
Robin's Nest Children's Home PO Box 122 Lake Elmo, MN 55042-0122	41-2011846	501(c)(3)	10,000.	0.			Orphan Care
Royal Redeemer Lutheran Church 11680 Royalton Road North Royalton, OH 44133	23-7090636	501(c)(3)	6,000.	0.			Night to Shine
Saint Croix Lutheran School 1200 Oakdale Avenue West St. Paul, MN 55118	41-0842883	501(c)(3)	6,375.	0.			Night to Shine
San Lee Chapel 3215 Keller Andrews Road Sanford, NC 27330	26-1321916	501(c)(3)	8,340.	0.			Night to Shine
Seacoast Church 750 Long point Road Mount Pleasant, SC 29464	57-1045195	501(c)(3)	7,752.	0.			Night to Shine
Shepherd of the Hills Lutheran Church - 7691 South University Blvd - Centennial, CO 80120	39-0806446	501(c)(3)	6,375.	0.			Night to Shine
ShoreLife Church, Inc 1655 NW Federal HWY Stuart, FL 34994	46-5561819	501(c)(3)	6,375.	0.			Night to Shine
Show Hope PO Box 647 Franklin, TN 37065	32-0011220	501(c)(3)	96,000.	0.			Adoption Aid

Schedule I (Form 990)

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Southeast Christian Church - Colorado - 9650 Jordan Road - Parker, CO 80134	84-0700857	501(c)(3)	8,060.	0.			Night to Shine
Southminster Presbyterian Church 1401 Hoffman Road Gastonia, NC 28054	56-1850282	501(c)(3)	7,175.	0.			Night to Shine
Southridge Reformed Church 6726 Texas Dr. Kalamazoo, MI 49009	38-2195672	501(c)(3)	6,375.	0.			Night to Shine
Spencer Christian Church 5720 Taylorsville Rd. Fisherville, KY 40023	31-1558249	501(c)(3)	6,375.	0.			Night to Shine
St. Malachy- Actors Chapel 239 W. 49th Street New York, NY 10019	13-1624159	501(c)(3)	8,500.	0.			Night to Shine
St. Paul's Episcopal Church 28788 North Main Street Daphne, AL 36526		501(c)(3)	6,375.	0.			Night to Shine
Sunset Community Church 2200 Arroyo Road Livermore, CA 94550	94-2199985	501(c)(3)	8,460.	0.			Night to Shine
The Assembly at Broken Arrow 118 E. Commercial St. Broken Arrow, OK 74012	73-6069616	501(c)(3)	7,060.	0.			Night to Shine
The Bible Chapel 300 Gallery Drive McMurray, PA 15317	25-1495523	501(c)(3)	5,825.	0.			Night to Shine

Schedule I (Form 990)

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The Church of the Good Shepherd Cherry Hill - 299 Browning Lane - Cherry Hill, NJ 08003	26-4467467	501(c)(3)	6,375.	0.			Night to Shine
The Crossing 150 S 48th Street Quincy, IL 62305	37-0991931	501(c)(3)	7,353.	0.			Night to Shine
The Crossing - Macomb 1600 W Jackson Street Macomb, IL 61455	37-0991931	501(c)(3)	7,135.	0.			Night to Shine
The First Tee 425 South Legacy Trail St. Augustine, FL 32092	59-2998925	501(c)(3)	20,000.	0.			Children & Youth Services
The Gathering Church Unit 105 - 1821 Provincial Road Windsor, Ontario, CANADA N8W 5V7,		501(c)(3)	6,000.	0.			Night to Shine
The Genesis Project PO Box 188 Ogden, UT 84402	90-0536013	501(c)(3)	5,835.	0.			Night to Shine
The Home Church 1711 Winchester Blvd Campbell, CA 95008	94-2544750	501(c)(3)	6,375.	0.			Night to Shine
The Shore Church PO Box 345 St. Joseph, MI 49085	46-5203683	501(c)(3)	14,875.	0.			Night to Shine
The Springs Fellowship 6109 114th Street Lubbock, TX 79424	75-2893987	501(c)(3)	13,000.	0.			Night to Shine

Schedule I (Form 990)

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

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The Well Community Church PO Box 185 Argyle, TX 76226	35-2519721	501(c)(3)	6,375.	0.			Night to Shine
Trinity New Life 11134 Challenger Ave. Odessa, FL 33556	27-0755876	501(c)(3)	7,937.	0.			Night to Shine
Trinity Presbyterian Church 3101 Fontaine Avenue Extended Charlottesville, VA 22903	54-1035987	501(c)(3)	6,000.	0.			Night to Shine
Twenty Nine Eleven Church PO Box 11552 Tempe, AZ 85284	46-4609428	501(c)(3)	8,500.	0.			Night to Shine
UMC of the Palm Beaches 900 Brandywine Road West Palm Beach, FL 33409	59-0803200	501(c)(3)	8,460.	0.			Night to Shine
UnionGrove Congregational Holiness Church - 1497 Holiness Campground Road - Cleveland, GA 30528	58-1561520	501(c)(3)	6,375.	0.			Night to Shine
UnitedMethodistChurch of the Palm Beaches - 900 Brandywine Road - West Palm Beach, FL 33411	59-0803200	501(c)(3)	6,375.	0.			Night to Shine
Valparaiso Nazerene Church 2702 E Glendale Boulevard Valparaiso, IN 46383	35-1329526	501(c)(3)	5,075.	0.			Night to Shine
Victory Life Baptist Church 12401 Slide Road Lubbock, TX 79424		501(c)(3)	14,475.	0.			Night to Shine

Schedule I (Form 990)



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

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Vineyard Circleville 292 Monticello Road Circleville, OH 43113		501(c)(3)	8,500.	0.			Night to Shine
Warren Woods Baptist Church 14251 Twelve Mile Road Warren, MI 48088	38-2050822	501(c)(3)	14,875.	0.			Night to Shine
West-Ark Church of Christ 900 N. Waldron Road Fort Smith, AR 72903	71-6090472	501(c)(3)	6,375.	0.			Night to Shine
Westside Family Church 8500 Woodsonia Drive Lenexa, KS 66227		501(c)(3)	6,346.	0.			Night to Shine
White Oak Christian Church 3675 Blue Rock Road Cincinnati, OH 45247	31-6008940	501(c)(3)	6,800.	0.			Night to Shine
Woodside Bible Church 6600 Rochester Road Troy, MI 48085	38-1974023	501(c)(3)	6,425.	0.			Night to Shine
Young Survival Coalition 80 Broad Street Suite 1700 New York, NY 10004	13-4057685	501(c)(3)	10,000.	0.			Children & Youth Services

**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
Medical	2	20,000.	0.		

**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 does monitor the use of funds granted through ongoing communications and reporting to ensure granted funds are used for charitable purposes.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Tim Tebow Foundation, Inc.**

Employer identification number  
**27-4345913**

**Part I Questions Regarding Compensation**

- 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.
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....
- 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? .....
- 3** Indicate which, if any, of the following the filing 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.
- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....
- 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 .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

**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 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) Erik Dellenback President	(i)	158,750.	60,000.	2,150.	1,800.	24,390.	247,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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:

The Foundation permits first class travel for cross-country or

inter-continental travel for its employees and board members. The

Foundation also provides travel for spouses if the spouse attendance at a

function meets a bona fide business purpose.





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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	X		2,939	cost
5 Clothing and household goods	X		5,400	cost
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	769,927	FMV from broker
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	X	2	329,440	appraisal
16 Real estate - Commercial				
17 Real estate - Other	X	1	16,500	comparable transaction
18 Collectibles	X	21	17,434	FMV appraisal
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Various/Misc )	X	2	7,917	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 IV, Donee Acknowledgement **29**

	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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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.		

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

Schedule M (Form 990) (2016)



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

Schedule M, Part I, Column (b):

The number of contributions represent the number of contributions received, not the number of items donated.

Schedule M, Line 32b:

The organization uses a third party and its technology to sell and process auction items at the Foundation's annual fundraising event.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Tim Tebow Foundation, Inc.

Employer identification number

27-4345913

Form 990, Part I, Line 1, Description of Organization Mission:

in their darkest hour of need.

Form 990, Part III, Line 4d, Other Program Services:

W15H: The Tim Tebow Foundation W15H program fulfilled the dreams of

children with life threatening illnesses whose wish was to meet Tim

Tebow. The program arranged travel, lodging, and amazing experiences

for children and their families. In addition, the W15H Brighter Days

program consists of phone calls, hospital visits, meet and greets at

speaking engagements and more.

Expenses \$ 114,396. including grants of \$ 0. Revenue \$ 0.

Tebow Cure Hospital: The Tim Tebow Foundation provided funding and

support to CURE International for the operation of the Tebow CURE

Hospital in Davao City, Philippines. The hospital provides physical and

spiritual healing to deserving children of the Philippines who could

not otherwise afford care.

Expenses \$ 30,472. including grants of \$ 0. Revenue \$ 0.

Timmy's Playrooms: The Tim Tebow Foundation provided funding and

managed the building of Timmy's Playrooms in children's hospitals to

bring Faith, Hope, and Love to patients and their families. These rooms

provide an atmosphere that allows the children to take their minds off

their medical treatments and just be kids again.

Expenses \$ 14,113. including grants of \$ 0. Revenue \$ 0.

Name of the organization Tim Tebow Foundation, Inc.	Employer identification number 27-4345913
--	--

International Aid: The Tim Tebow Foundation provided funding and support to aid organizations working in Haiti to provide relief in areas devastated by Hurricane Matthew.

Expenses \$ 10,000. including grants of \$ 10,000. Revenue \$ 0.

All Other Programs: The Tim Tebow Foundation provided support and funding to organizations who share the mission of bringing Faith, Hope, and Love to those needing a brighter day in their darkest hour of need.

Expenses \$ 306,115. including grants of \$ 85,645. Revenue \$ 19,589.

Form 990, Part VI, Section A, line 2:

Timothy R. Tebow, Chairman, and Robert R. Tebow II, Director, have a family relationship.

Form 990, Part VI, Section A, line 4:

The organization updated its governing documents to change its public charity status from a Type 1 Supporting Organization to a 170(b)(1)(A)(vii).

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 Executive Director and the top financial staff member. After these reviews, the full tax return is sent to all Directors for their final review prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Board members and officer sign annual conflict of interest statements which are reviewed by the President and top financial staff member. Should any

Name of the organization Tim Tebow Foundation, Inc.	Employer identification number 27-4345913
--	--

potential conflicts of interest be disclosed, the board member or officer

would be asked to refrain from participation in any deliberation or

decision with regard to matters affected by the relationship.

Form 990, Part VI, Section B, Line 15a:

Line 15a - The Board of Directors engages in a review, analysis, and approval of the President/Executive Director's compensation through an independent survey of comparable positions. Any Director who receives compensation from the Foundation refrains from discussion and voting on their compensation package. The Board of Director meeting minutes reflect this review, the approval process, the Directors present, and the voting results.

Line 15b - The organization does not compensate any other officers or key employees. Therefore, this question was marked no in accordance with the instructions.

Form 990, Part VI, Section C, Line 19:

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.

Form 990, Part XII, Line 2c

The organization's Board assumes responsibility for oversight of the audit of its financial statements and selection of its independent accountant.

**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.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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 Jacksonville, FL 32259	Holding real property	Florida	0.	5,719,750.	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	No



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**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)			
(2)			
(3)			
(4)			
(5)			
(6)			







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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Tim Tebow Foundation, Inc.	27-4345913
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	2220 County Rd 210W, Ste 108, PMB 317	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Jacksonville, FL 32259	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Erik Dellenback

• The books are in the care of ▶ 2220 County Rd 210W, Ste 108, PMB 317 - Jacksonville, FL 32259  
Telephone No. ▶ 904-380-8499 Fax No. ▶

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

**1** I request an automatic 6-month extension of time until November 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2016 or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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