

COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

****PUBLIC INSPECTION ONLY****

NOTE

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

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

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

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

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

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

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

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

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

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

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

A For the 2022 calendar year, or tax year beginning 10/01, **2022, and ending** 09/30, **20 23**

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, PMB 317 108
 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

F Name and address of principal officer: **STEVE BIONDO**
SAME AS C ABOVE

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.

G Gross receipts \$ **54,353,060**

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

J Website: **WWW.TIMTEBOWFOUNDATION.ORG** **H(c)** Group exemption number

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: BRINGING FAITH, HOPE AND LOVE TO THOSE NEEDING A BRIGHTER DAY IN THEIR DARKEST HOUR OF NEED.		
	2	Check this box <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	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	54
	6	Total number of volunteers (estimate if necessary)	6	120
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 21,696,441	Current Year 25,512,075
	9	Program service revenue (Part VIII, line 2g)	6,750	9,775
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	443,449	1,007,245
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(169,784)	(709,970)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,976,856	25,819,125
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,285,724	20,655,985
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,999,274	3,210,497
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	2,716,291	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,177,062	3,900,406
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,462,060	27,766,888	
19	Revenue less expenses. Subtract line 18 from line 12	2,514,796	(1,947,763)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 45,058,228	End of Year 43,452,880
	21	Total liabilities (Part X, line 26)	498,487	96,954
	22	Net assets or fund balances. Subtract line 21 from line 20	44,559,741	43,355,926

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: **STEVE BIONDO, PRESIDENT** Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **DAREN DAIGA** Preparer's signature: *Daren Daiga* Date: **8/14/2024** Check if self-employed PTIN: **P01074795**
 Firm's name: **CAPIN CROUSE LLP** Firm's EIN: **36-3990892**
 Firm's address: **1255 LAKES PARKWAY, SUITE 105, LAWRENCEVILLE, GA 30043** Phone no.: **(505) 502-2746**

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 Yes No

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 No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 13,653,242 including grants of \$ 13,143,885) (Revenue \$)
ANTI-HUMAN TRAFFICKING: THE TIM TEBOW FOUNDATION IS COMMITTED TO ENGAGING IN THE GLOBAL FIGHT AGAINST HUMAN TRAFFICKING AND CHILD EXPLOITATION.EFFORTS INCLUDE PREVENTION THROUGH AWARENESS AND ADVOCACY, RESCUE THROUGH VICTIM IDENTIFICATION AND CAPACITY BUILDING WITHIN LAW ENFORCEMENT AND JUDICIAL SYSTEMS AROUND THE WORLD, AND CARE FOR SURVIVORS THROUGH VICTIM OUTREACH, CARE COORDINATION, AND RESIDENTIAL PROGRAMS.

4b (Code:) (Expenses \$ 4,245,569 including grants of \$ 3,139,135) (Revenue \$ 20,370)
SPECIAL NEEDS: THE FOUNDATION IS COMMITTED TO SERVING AND CELEBRATING PEOPLE WITH DISABILITIES VIA FOUR STRATEGIC INITIATIVES.

NIGHT TO SHINE: THE TIM TEBOW FOUNDATION PROVIDED FUNDING, PLANNING SUPPORT, AND EXECUTION GUIDANCE TOWARDS NIGHT TO SHINE, AN UNFORGETTABLE PROM NIGHT EXPERIENCE, CENTERED ON GOD'S LOVE, FOR PEOPLE WITH SPECIAL NEEDS HOSTED BY CHURCHES ACROSS THE UNITED STATES AND AROUND THE WORLD.

INTERNATIONAL EDUCATION AND RESOURCE CENTERS: THE TIM TEBOW FOUNDATION CONTINUES TO BUILD AN ALLIANCE AMONG FAITH-DRIVEN NGOS DOING PROFOUND WORK IN THE SPECIAL NEEDS SPACE. THESE PARTNERSHIPS ENCOURAGE BEST PRACTICES TO FORTIFY AND MULTIPLY CENTERS OF EXCELLENCE AROUND THE WORLD FOCUSED ON STRENGTHENING INDIVIDUALS AND FAMILIES LIVING WITH DISABILITY.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 2,610,970 including grants of \$ 2,169,660) (Revenue \$)
PROFOUND MEDICAL NEEDS: THE FOUNDATION IS COMMITTED TO PROVIDING PHYSICAL AND SPIRITUAL CARE TO CHILDREN WITH PROFOUND MEDICAL NEEDS.

TIMMY'S PLAYROOMS: TIMMY'S PLAYROOMS ARE BEING BUILT IN CHILDREN'S HOSPITALS AROUND THE WORLD TO BRING FAITH, HOPE AND LOVE TO PATIENTS AND THEIR FAMILIES. THESE ROOMS PROVIDE A PLACE FOR HOSPITALIZED CHILDREN TO BE STRENGTHENED AND ENCOURAGED THROUGH HEALING PLAY - WHERE THEY CAN TAKE THEIR MINDS OFF MEDICAL TREATMENT AND JUST BE KIDS.

MEDICAL CARE: THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND SUPPORT TO CURE INTERNATIONAL FOR THE OPERATION OF THE TEBOW CURE CHILDREN'S HOSPITAL OF THE PHILIPPINES, THE CURE CHILDREN'S HOSPITAL OF ZIMBABWE, AND THE CONSTRUCTION OF THE TEBOW SPINE CENTER AT CURE CHILDREN'S HOSPITAL

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 3,261,710 including grants of \$ 2,203,305) (Revenue \$ 9,775)

4e Total program service expenses 23,771,491

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	54		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed FL, TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
STEVE BIONDO, 2220 COUNTY RD 210W, STE108, PMB 317, JACKSONVILLE, FL 32259, (904) 380-8499

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE BIONDO PRESIDENT	40.0 5.0			✓			233,758	0	27,708	
(2) JENNIFER STRICKLAND VP OF BRANDING & STRATEGY	40.0 5.0					✓	120,410	0	11,397	
(3) BRANDI COOK VP OF MINISTRIES	40.0 5.0					✓	119,133	0	12,533	
(4) JOHN CARTER VP OF FINANCE (PART YEAR)	30.0			✓			68,106	0	11,986	
(5) JASON MERRYMAN VP OF FINANCE	40.0 5.0			✓			0	0	0	
(6) TIMOTHY R TEBOW CHAIRMAN	10.0 2.0	✓		✓			0	0	0	
(7) BRYAN CRAUN SECRETARY/TREASURER	1.0	✓		✓			0	0	0	
(8) ROBERT R TEBOW, II DIRECTOR	1.0	✓					0	0	0	
(9) WILLIAM HEAVENER DIRECTOR	1.0	✓					0	0	0	
(10) URBAN MEYER DIRECTOR	1.0	✓					0	0	0	
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							541,407	0	63,624	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							541,407	0	63,624	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONTRACT CONSTRUCTION, INC., P.O. BOX 269, BALLENTINE, SC 29002	CAMPUS CONSTRUCTION	1,498,658
EXECUJET AVIATION (PTY) LTD, TOWER ROAD, CAPETOWN, SF	CHARTER SERVICES	261,175
MISSION DRIVEN PRODUCTIONS DBA MISSIO CREATIVE AGENCY, 2220 COUNTY RD 210 W, JACKSONVILLE, FL 32259	PRODUCTION SERVICES	123,058
MISSION DRIVEN BRANDING, LLC, 2220 COUNTY RD 210 W, JACKSONVILLE, FL 32259	BRANDING SERVICES	102,319

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	6,428,254				
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	19,083,821				
	1g	Noncash contributions included in lines 1a-1f	\$ 2,000,372				
	1h	Total. Add lines 1a-1f	25,512,075				
	Program Service Revenue	2a	REGISTRATION FEES ----- Business Code 900099	9,775	9,775		
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .	0	0	0	0	
g		Total. Add lines 2a-2f	9,775				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,142,984			1,142,984	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	26,642,828			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	26,776,992	1,575			
	7c	Gain or (loss)	(134,164)	(1,575)			
	d	Net gain or (loss)	(135,739)			(135,739)	
	8a	Gross income from fundraising events (not including \$ 6,428,254 of contributions reported on line 1c). See Part IV, line 18	1,000,998				
	8b	Less: direct expenses	1,733,502				
c	Net income or (loss) from fundraising events	(732,504)			(732,504)		
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		42,236				
			21,866				
c	Net income or (loss) from sales of inventory	20,370	20,370				
Miscellaneous Revenue	11a	OTHER INCOME ----- Business Code 900099	2,164			2,164	
	b	-----					
	c	-----					
	d	All other revenue	0	0	0	0	
	e	Total. Add lines 11a-11d	2,164				
12	Total revenue. See instructions	25,819,125	30,145	0	276,905		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,784,126	6,784,126		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,871,859	13,871,859		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	348,209	136,052	93,395	118,762
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,278,011	1,240,232	291,357	746,422
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,717	29,619	13,120	19,978
9	Other employee benefits	308,574	122,865	78,956	106,753
10	Payroll taxes	212,986	108,346	38,009	66,631
11	Fees for services (nonemployees):				
a	Management				
b	Legal	30,870	7,754	23,116	
c	Accounting	45,236		45,236	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	139,149		139,149	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	160,748	48,470	52,278	60,000
12	Advertising and promotion	1,350,121	249,313	24,321	1,076,487
13	Office expenses	534,643	54,704	316,748	163,191
14	Information technology	407,780	90,590	77,856	239,334
15	Royalties				
16	Occupancy	220,867	160,832	21,603	38,432
17	Travel	160,979	122,490	5,521	32,968
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,965	18,942	3,960	7,063
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	112,693	85,591	8,967	18,135
23	Insurance	85,862	48,422	31,804	5,636
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>PLAYROOM BUILDOUT & PROSTHETICS</u>	274,515	274,515		
b	<u>DIRECT CARE EXPENSES</u>	144,947	144,947		
c	<u>EQUINE & DIRECT CAMP EXPENSES</u>	84,118	84,118		
d	<u>REPAIR & MAINTENANCE</u>	64,824	41,117	13,210	10,497
e	All other expenses	53,089	46,587	500	6,002
25	Total functional expenses. Add lines 1 through 24e	27,766,888	23,771,491	1,279,106	2,716,291
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,777,229	1	1,144,509
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	5,412,106	3	1,970,908
	4 Accounts receivable, net	456,043	4	19,140
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	66,577	8	37,573
	9 Prepaid expenses and deferred charges	109,302	9	277,468
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,704,123		
	b Less: accumulated depreciation	10b 439,846	8,206,297	10c 10,264,277
	11 Investments—publicly traded securities	28,699,136	11	28,840,834
	12 Investments—other securities. See Part IV, line 11	248,973	12	815,606
	13 Investments—program-related. See Part IV, line 11	82,565	13	82,565
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	45,058,228	16	43,452,880	
Liabilities	17 Accounts payable and accrued expenses	178,348	17	88,611
	18 Grants payable	16,588	18	8,343
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	303,551	25	0
	26 Total liabilities. Add lines 17 through 25	498,487	26	96,954
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,314,495	27	17,919,694
	28 Net assets with donor restrictions	25,245,246	28	25,436,232
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	44,559,741	32	43,355,926
33 Total liabilities and net assets/fund balances	45,058,228	33	43,452,880	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,819,125
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,766,888
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,947,763)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,559,741
5	Net unrealized gains (losses) on investments	5	743,948
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,355,926

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,402,128	10,233,703	40,111,716	21,696,441	25,512,075	105,956,063
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	8,402,128	10,233,703	40,111,716	21,696,441	25,512,075	105,956,063
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						22,123,569
6 Public support. Subtract line 5 from line 4						83,832,494

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	8,402,128	10,233,703	40,111,716	21,696,441	25,512,075	105,956,063
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	229,337	197,008	418,950	449,296	1,142,984	2,437,575
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	2,164	2,164
11 Total support. Add lines 7 through 10						108,395,802
12 Gross receipts from related activities, etc. (see instructions)					12	491,747
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	77.34 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	75.69 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2021. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2	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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2022

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II -	<p>PER THE INSTRUCTIONS PUBLIC SUPPORT IS MEASURED USING A 5-YEAR COMPUTATION PERIOD THAT INCLUDES THE CURRENT AND FOUR PRIOR TAX YEARS (INCLUDING SHORT YEARS). THE ORGANIZATION HAD A SHORT YEAR IN 2022. THE BELOW CHART CLARIFIES THE INFORMATION REPRESENTED IN SCHEDULE A, PART II:</p> <p>COLUMN (A) - FISCAL YEAR ENDING 12/31/19 COLUMN (B) - FISCAL YEAR ENDING 12/31/20 COLUMN (C) - FISCAL YEAR ENDING 12/31/21 COLUMN (D) - 9 MONTH PERIOD ENDING 9/30/22 COLUMN (E) - FISCAL YEAR ENDING 9/30/23</p>

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) MISC INCOME					2,164	2,164
	Total	0	0	0	0	2,164	2,164

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[x] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 2,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 1,266,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 1,161,435	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 860,371	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 715,700	Person <input checked="" 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
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 604,160	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	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
---	---

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) <small>(See instructions.)</small>	(d) Date received
2	STOCK/PROPERTY ----- ----- -----	\$ 993,582	12/07/2022
5	STOCK/PROPERTY ----- ----- -----	\$ 860,371	12/20/2022
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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 information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0												
c	Total lobbying expenditures (add lines 1a and 1b)	0	0												
d	Other exempt purpose expenditures	0	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	0	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	0	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	0	0	0	0	0
b Lobbying ceiling amount (150% of line 2a, column (e))					0
c Total lobbying expenditures	0	0	0	0	0
d Grassroots nontaxable amount	0	0	0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A -	THE ORGANIZATION HAS A 501(H) ELECTION IN PLACE AND IS FILING SCHEDULE C AS REQUIRED BY INSTRUCTIONS. THERE WERE NO LOBBYING EXPENSES FOR THE YEAR.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form for Part III with questions 1a-2 regarding art and historical treasures, including revenue and asset reporting requirements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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** Term endowment _____%

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

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

- (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		642,002	77,897	564,105
c Leasehold improvements		31,728	23,243	8,485
d Equipment		380,308	146,866	233,442
e Other		4,359,075	191,840	4,167,235
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,264,277

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (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)		
Total. (Column (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)	
Total. (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)	
Total. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		2,513,035
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		3,364,252
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		251,620
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		460,730
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		86,700
(6) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		1,098,410
(7) SOUTH AMERICA	0	0	GRANTMAKING		653,110
(8) SOUTH ASIA	0	0	GRANTMAKING		569,840
(9) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		4,874,162
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			13,871,859
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			13,871,859

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)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	8,550	WIRE			
(2)			CENTRAL AMERICA AND THE CARIBBEAN	INT. SPECIAL NEEDS RESOURCE CT. & NIGHT TO SHINE	852,800	WIRE			
(3)			CENTRAL AMERICA AND THE CARIBBEAN	ANTI HUMAN TRAFFICKING	31,615	WIRE			
(4)			CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	6,700	WIRE			
(5)			CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE	190,000	CHECK			
(6)			CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	5,350	CHECK			
(7)			CENTRAL AMERICA AND THE CARIBBEAN	ANTI HUMAN TRAFFICKING	690,050	WIRE			
(8)			CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE & SPECIAL NEEDS	265,650	CHECK			
(9)			CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE	40,300	CHECK			
(10)			CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	6,700	CHECK & WIRE			
(11)			CENTRAL AMERICA AND THE CARIBBEAN	SPECIAL NEEDS MINISTRY, NIGHT TO SHINE & ORPHAN CARE	189,700	CHECK			
(12)			CENTRAL AMERICA AND THE CARIBBEAN	ORPHAN CARE	55,000	CHECK			
(13)			CENTRAL AMERICA AND THE CARIBBEAN	NIGHT TO SHINE	9,500	CHECK			
(14)			CENTRAL AMERICA AND THE CARIBBEAN	ANTI HUMAN TRAFFICKING	159,020	WIRE			
(15)			EAST ASIA AND THE PACIFIC	ORPHAN CARE	150,000	CHECK			
(16)			(SEE STATEMENT)						

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 56

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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; don't 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; don't file with Form 990)* **Yes** **No**

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	5,075	CHECK			
(17)		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING	1,134,475	CHECK			
(18)		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE & TEBOW CURE	355,000	CHECK			
(19)		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING	266,000	CHECK			
(20)		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	6,700	WIRE			
(21)		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING	1,111,150	CHECK			
(22)		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING	323,800	WIRE			
(23)		EAST ASIA AND THE PACIFIC	NIGHT TO SHINE	5,100	WIRE			
(24)		EAST ASIA AND THE PACIFIC	ANTI HUMAN TRAFFICKING	2,367	CHECK			
(25)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ANTI HUMAN TRAFFICKING	50,000	WIRE			
(26)		EUROPE (INCLUDING ICELAND AND GREENLAND)	NIGHT TO SHINE	6,500	WIRE			
(27)		EUROPE (INCLUDING ICELAND AND GREENLAND)	NIGHT TO SHINE	6,500	CHECK			
(28)		EUROPE (INCLUDING ICELAND AND GREENLAND)	NIGHT TO SHINE	6,200	WIRE			
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	SPECIAL NEEDS MINISTRY	132,000	WIRE			
(30)		EUROPE (INCLUDING ICELAND AND GREENLAND)	ANTI HUMAN TRAFFICKING	28,120	WIRE			
(31)		MIDDLE EAST AND NORTH AFRICA	RELIEF AID	159,605	CHECK			
(32)		MIDDLE EAST AND NORTH AFRICA	NIGHT TO SHINE	5,375	WIRE			
(33)		MIDDLE EAST AND NORTH AFRICA	ANTI HUMAN TRAFFICKING	278,150	WIRE			
(34)		MIDDLE EAST AND NORTH AFRICA	NIGHT TO SHINE	13,400	WIRE			
(35)		NORTH AMERICA (CANADA & MEXICO ONLY)	SPECIAL NEEDS MINISTRY	60,000	CHECK			
(36)		NORTH AMERICA (CANADA & MEXICO ONLY)	NIGHT TO SHINE	6,500	CHECK			
(37)		NORTH AMERICA (CANADA & MEXICO ONLY)	NIGHT TO SHINE	6,000	CHECK			
(38)		RUSSIA AND NEIGHBORING STATES	RELIEF AID & NIGHT TO SHINE	21,200	CHECK & WIRE			
(39)		RUSSIA AND NEIGHBORING STATES	NIGHT TO SHINE	5,000	CHECK			
(40)		RUSSIA AND NEIGHBORING STATES	ANTI HUMAN TRAFFICKING & RELIEF AID	823,010	WIRE			
(41)		RUSSIA AND NEIGHBORING STATES	ANTI HUMAN TRAFFICKING	210,000	CHECK			
(42)		RUSSIA AND NEIGHBORING STATES	NIGHT TO SHINE & RELIEF AID	14,200	CHECK & WIRE			
(43)		RUSSIA AND NEIGHBORING STATES	NIGHT TO SHINE & RELIEF AID	25,000	WIRE			
(44)		SOUTH AMERICA	NIGHT TO SHINE	6,700	CHECK			

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(45)		SOUTH AMERICA	NIGHT TO SHINE	6,700	WIRE			
(46)		SOUTH AMERICA	ANTI HUMAN TRAFFICKING	71,960	WIRE			
(47)		SOUTH AMERICA	PROFOUND MEDICAL NEEDS	500,000	CHECK			
(48)		SOUTH AMERICA	ANTI HUMAN TRAFFICKING	62,350	WIRE			
(49)		SOUTH ASIA	ANTI HUMAN TRAFFICKING	300,000	WIRE			
(50)		SOUTH ASIA	ANTI HUMAN TRAFFICKING	123,000	CHECK			
(51)		SOUTH ASIA	ANTI HUMAN TRAFFICKING & RELIEF AID	113,440	WIRE			
(52)		SOUTH ASIA	RELIEF AID	25,000	WIRE			
(53)		SUB-SAHARAN AFRICA	ORPHAN CARE	305,000	CHECK			
(54)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	8,400	WIRE			
(55)		SUB-SAHARAN AFRICA	NIGHT TO SHINE & TEBOW CURE	1,342,350	CHECK			
(56)		SUB-SAHARAN AFRICA	NIGHT TO SHINE & SPECIAL NEEDS MINISTRY	432,650	CHECK			
(57)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,700	WIRE			
(58)		SUB-SAHARAN AFRICA	ORPHAN CARE	492,000	CHECK			
(59)		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	126,000	CHECK			
(60)		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	345,620	WIRE			
(61)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,500	WIRE			
(62)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	5,075	WIRE			
(63)		SUB-SAHARAN AFRICA	NIGHT TO SHINE & ANTI HUMAN TRAFFICKING	977,000	CHECK			
(64)		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	200,000	WIRE			
(65)		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	76,200	WIRE			
(66)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	21,000	CHECK			
(67)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	16,400	WIRE			
(68)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	10,900	CHECK			
(69)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,700	CHECK			
(70)		SUB-SAHARAN AFRICA	ANTI HUMAN TRAFFICKING	463,843	CHECK			
(71)		SUB-SAHARAN AFRICA	NIGHT TO SHINE	6,424	CHECK			

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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	TIM TEBOW FOUNDATION IMPLEMENTS ITS INTERNATIONAL ACTIVITIES THROUGH ESTABLISHED AND VETTED PARTNERS AND CHURCHES. OUR GRANTEE REPORTING REQUIREMENTS PROMOTE COMPLETE TRANSPARENCY, ACCOUNTABILITY METRICS, AND POLICIES TO ENSURE EFFECTIVE AND EFFICIENT FINANCIAL MANAGEMENT AND PERFORMANCE OUTCOMES. THESE EFFORTS INCLUDE, BUT ARE NOT LIMITED TO, REGULAR COMMUNICATION, DETAILED REPORTING, AND SITE VISITS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL EAST ASIA AND THE PACIFIC -ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL MIDDLE EAST AND NORTH AFRICA -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SOUTH AMERICA -ACCRUAL SOUTH ASIA -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

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
		GALA & GOLF TOURNAMENT (event type)	SAN DIEGO EVENT (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,914,367	1,949,500	2,565,385	7,429,252
	2 Less: Contributions	2,550,619	1,845,700	2,031,935	6,428,254
	3 Gross income (line 1 minus line 2)	363,748	103,800	533,450	1,000,998
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	57,448	449	36,402	94,299
	6 Rent/facility costs	176,598	813	107,067	284,478
	7 Food and beverages	142,587	15,473	74,676	232,736
	8 Entertainment	121,326	8,312	123,888	253,526
	9 Other direct expenses	275,328	59,121	534,014	868,463
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					(732,504)

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 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		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HER SONG JACKSONVILLE PO BOX 17807, JACKSONVILLE, FL 32245	81-0735073	501(C)(3)	2,000,000				ANTI HUMAN TRAFFICKING
(2) OPERATION LIGHT SHINE 3728 KEYSTONE AVE, NASHVILLE, TN 37211	85-2555554	501(C)(3)	1,986,305				ANTI HUMAN TRAFFICKING
(3) (SEE STATEMENT)	83-3384898	501(C)(3)	677,000				ANTI HUMAN TRAFFICKING
(4) SHOW HOPE PO BOX 647, FRANKLIN, TN 37065	32-0011220	501(C)(3)	360,000				ADOPTION AID
(5) (SEE STATEMENT)	45-5358378	501(C)(3)	300,000				ANTI HUMAN TRAFFICKING
(6) RAVEN ASSOCIATION 242 LINDEN STREET, FORT COLLINS, CO 80524	88-3580986	501(C)(3)	150,000				ANTI HUMAN TRAFFICKING
(7) (SEE STATEMENT)	22-3630133	501(C)(3)	119,710				ANTI HUMAN TRAFFICKING
(8) LIFESONG FOR ORPHANS PO BOX 9, GRIDLEY, IL 61744	35-1902841	501(C)(3)	63,000				ADOPTION AID
(9) GUIDELIGHT 61535 S. HWY. 97, BEND, OR 97702	20-5458291	501(C)(3)	35,000				SHINE ON
(10) (SEE STATEMENT)	95-3402002	501(C)(3)	32,000				SHINE ON
(11) KEY MINISTRY FOUNDATION PO BOX 26109, CLEVELAND, OH 44126	16-1644916	501(C)(3)	25,000				SHINE ON
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 71

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2022

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) DEAF MILLENNIAL PROJECT 2028 E. BEN WHITE BLVD. #240-7767, AUSTIN, TX 78741	84-2860149	501(C)(3)	21,000				SHINE ON
(13) 99 BALLOONS INC PO BOX 10934, FAYETTEVILLE, AR 72703	26-1298485	501(C)(3)	20,000				SHINE ON
(14) OVERCOMER MINISTRIES, INC. 7078 EAST FARM ROAD 84, STAFFORD, MO 65757	93-3608034	501(C)(3)	20,000				SHINE ON
(15) REACH HURTING KIDS INSTITUTE 7373 SPRINGMILL PLACE, RANCHO CUCAMONGA, CA 91730	253-37-6459	501(C)(3)	20,000				SHINE ON
(16) THE FIRST TEE OF NORTH FLORIDA 475 W. TOWN PL, SUITE 115, ST. AUGUSTINE, FL 32092	59-2998925	501(C)(3)	20,000				CHILDREN & YOUTH SERVICES
(17) RISING ABOVE MINISTRIES PO BOX 222, COOKEVILLE, TN 38503	20-3599078	501(C)(3)	19,000				NIGHT TO SHINE & SHINE ON
(18) NIGHT TO SHINE JACKSONVILLE, INC. 14286 BEACH BOULEVARD, SUITE 2, JACKSONVILLE, FL 32250	82-2071663	501(C)(3)	15,000				NIGHT TO SHINE
(19) ABILITY MINISTRY PO BOX 310, LOUISVILLE, TN 37777	62-1199711	501(C)(3)	12,000				SHINE ON
(20) 2 42 COMMUNITY CHURCH 7526 GRAND RIVER, BRIGHTON, MI 48114	26-0567414	501(C)(3)	10,000				NIGHT TO SHINE
(21) CREATIVE CHURCH 13000 63RD AVENUE NORTH, MAPLE GROVE, MN 55369	46-3071718	501(C)(3)	8,000				NIGHT TO SHINE
(22) MISSION CITY CHURCH - VT PO BOX 6077, RUTLAND, VT 05702	47-1292103	501(C)(3)	8,000				NIGHT TO SHINE
(23) COMMUNITY PRESBYTERIAN CHURCH OF DANVILLE 222 W EL PINTADO ROAD, DANVILLE, CA 94526	94-1375814	501(C)(3)	6,850				NIGHT TO SHINE
(24) SEEDS OF HOPE INC. PO BOX 681238, KANSAS CITY, MO 64168	26-1391510	501(C)(3)	6,700				NIGHT TO SHINE
(25) ANTHONY GROVE BAPTIST CHURCH 100 ANTHONY GROVE ROAD, CROUSE, NC 28033	56-1385651	501(C)(3)	6,500				NIGHT TO SHINE
(26) APPLETON ALLIANCE CHURCH 2693 WEST GRAND CHUTE BLVD, APPLETON, WI 54913	39-1345185	501(C)(3)	6,500				NIGHT TO SHINE
(27) BETHESDA LUTHERAN CHURCH 123 W. HAMILTON, EAU CLAIRE, WI 54701	39-1211789	501(C)(3)	6,500				NIGHT TO SHINE
(28) BRIDGES COMMUNITY CHURCH 625 MAGDALENA AVENUE, LOS ALTOS, CA 94024	94-1379500	501(C)(3)	6,500				NIGHT TO SHINE
(29) BYNE BAPTIST CHURCH 2832 LEDO ROAD, ALBANY, GA 31707	58-0648671	501(C)(3)	6,500				NIGHT TO SHINE

(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
(30) CHRIST CHURCH 23080 ROYALTON ROAD, COLUMBIA STATION, OH 44149	23-7009345	501(C)(3)	6,500				NIGHT TO SHINE
(31) CHURCH @ CLAYTON'S CROSSINGS 11407 HWY 70 BUS W, CLAYTON, NC 27520	56-2276480	501(C)(3)	6,500				NIGHT TO SHINE
(32) CREEKWOOD UNITED METHODIST CHURCH 261 COUNTRY CLUB ROAD, ALLEN, TX 75002	75-2992796	501(C)(3)	6,500				NIGHT TO SHINE
(33) CRESCENT CITY FOURSQUARE CHURCH 144 BUTTE STREET, CRESCENT CITY, CA 95531	94-2155596	501(C)(3)	6,500				NIGHT TO SHINE
(34) DESTINATION CHURCH GA 2081 WARE STREET, BLACKSHEAR, GA 31516	56-2284214	501(C)(3)	6,500				NIGHT TO SHINE
(35) DUNWOODY UNITED METHODIST CHURCH 1548 MT. VERNON ROAD, DUNWOODY, GA 30338	58-1994231	501(C)(3)	6,500				NIGHT TO SHINE
(36) EKKLESIA CHRISTIAN CHURCH 2469 HWY 501 E, CONWAY, SC 29526	46-5492778	501(C)(3)	6,500				NIGHT TO SHINE
(37) FIRST CHURCH OF GOD 2020 E LINCOLN WAY, LAPORTE, IN 46350	10-5152661	501(C)(3)	6,500				NIGHT TO SHINE
(38) GOOD SHEPHERD COMMUNITY CHURCH 28986 SE HALEY ROAD, BORING, OR 97009	93-0683235	501(C)(3)	6,500				NIGHT TO SHINE
(39) GRACE CHURCH - MILLERSBURG, OH 5850 COUNTY ROAD 77, MILLERSBURG, OH 44654	34-1364261	501(C)(3)	6,500				NIGHT TO SHINE
(40) GRACE COMMUNITY OF WESLEY CHAPEL 7107 BOYETTE ROAD, WESLEY CHAPEL, FL 33545	20-2719574	501(C)(3)	6,500				NIGHT TO SHINE
(41) GRACE COVENANT CHURCH 9431 JOLLYVILLE ROAD, AUSTIN, TX 78759	74-2874221	501(C)(3)	6,500				NIGHT TO SHINE
(42) GREENVILLE COMMUNITY CHURCH 6596 VINING ROAD, GREENVILLE, MI 48886	38-3209860	501(C)(3)	6,500				NIGHT TO SHINE
(43) GWINNETT CHURCH 300 PEACHTREE INDUSTRIAL BLVD, SUGAR HILL, GA 30518	58-2203569	501(C)(3)	6,500				NIGHT TO SHINE
(44) HOUSE 27/4 663 STILLWATER AVENUE, BANGOR, ME 04401	47-2386071	501(C)(3)	6,500				NIGHT TO SHINE
(45) KETTERING ASSEMBLY OF GOD 2250 E. STROOP ROAD, KETTERING, OH 45440	31-0935264	501(C)(3)	6,500				NIGHT TO SHINE
(46) LAKEPOINTE CHURCH 701 E INTERSTATE 30, ROCKWALL, TX 75087	75-1665065	501(C)(3)	6,500				NIGHT TO SHINE

(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
(47) LOCUST VALLEY CHAPEL 5936 LOCUST VALLEY RD, COOPERSBURG, PA 18036	23-7179865	501(C)(3)	6,500				NIGHT TO SHINE
(48) NEW HAVEN BAPTIST CHURCH 3301 COOPERTOWN ROAD, ONEIDA, TN 37841	62-0940665	501(C)(3)	6,500				NIGHT TO SHINE
(49) NEW HOPE BAPTIST CHURCH 252 ROUGH N READY, WHITEVILLE, NC 28472	56-0790990	501(C)(3)	6,500				NIGHT TO SHINE
(50) NEW LIFE COMMUNITY CHURCH - OH 1489 STATE ROUTE 511, ASHLAND, OH 44805	46-4264056	501(C)(3)	6,500				NIGHT TO SHINE
(51) ONELIFE CHURCH 1106 ESSEX COURT, WEBSTER, TX 77598	26-1448449	501(C)(3)	6,500				NIGHT TO SHINE
(52) ORCHARD CHURCH 12405 E 120TH AVENUE, HENDERSON, CO 80640	35-2258509	501(C)(3)	6,500				NIGHT TO SHINE
(53) PASSION VINEYARD CHURCH PO BOX 3279, COTTONWOOD, AZ 86326	26-2897959	501(C)(3)	6,500				NIGHT TO SHINE
(54) PLATTSBURGH HOUSE OF PRAYER 63 BROAD STREET, PLATTSBURGH, NY 12901	83-0385391	501(C)(3)	6,500				NIGHT TO SHINE
(55) RED ROCKS CHURCH 9995 PARK MEADOWS DRIVE, LONE TREE, CO 80124	90-0141346	501(C)(3)	6,500				NIGHT TO SHINE
(56) RESONATE CHURCH PO BOX 111, TEXAS CITY, TX 77592	82-5411805	501(C)(3)	6,500				NIGHT TO SHINE
(57) RIVERBEND COMMUNITY CHURCH 795 ROBLE ROAD, STE. B, ALLENTOWN, PA 18109	26-3459001	501(C)(3)	6,500				NIGHT TO SHINE
(58) SHENANDOAH COMMUNITY FELLOWSHIP 197 PATMOS ROAD, WOODSTOCK, VA 22664	54-2011347	501(C)(3)	6,500				NIGHT TO SHINE
(59) SHILOH PH CHURCH 5854 LAMM ROAD, WILSON, NC 27896	56-6146952	501(C)(3)	6,500				NIGHT TO SHINE
(60) SIERRA BIBLE CHURCH 11460 BROCKWAY ROAD, TRUCKEE, CA 96161	94-6277414	501(C)(3)	6,500				NIGHT TO SHINE
(61) ST. MARK'S UNITED METHODIST CHURCH 800 S MAIN STREET, FINDLAY, OH 45840	34-4444244	501(C)(3)	6,500				NIGHT TO SHINE
(62) TRINITY EVANGELICAL CHURCH 108 MALABAR DRIVE, UPPER SANDUSKY, OH 43351	34-1300823	501(C)(3)	6,500				NIGHT TO SHINE
(63) VALLEY CREEK BAPTIST CHURCH 3253 VIRGINIA DRIVE, HUEYTOWN, AL 35023	63-0695207	501(C)(3)	6,500				NIGHT TO SHINE
(64) VOX CHURCH 131 COMMERCIAL PARKWAY, BRANFORD, CT 06405	46-4397543	501(C)(3)	6,500				NIGHT TO SHINE

(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
(65) WARREN BAPTIST CHURCH 3203 WASHINGTON ROAD, AUGUSTA, GA 30907	58-0659897	501(C)(3)	6,500				NIGHT TO SHINE
(66) WE ARE CHAPEL 3051 CLOVERDALE ROAD, FLORENCE, AL 35633	63-0772356	501(C)(3)	6,500				NIGHT TO SHINE
(67) WEDDINGTON UNITED METHODIST CHURCH 13901 PROVIDENCE ROAD, WEDDINGTON, NC 28104	35-2354288	501(C)(3)	6,500				NIGHT TO SHINE
(68) WESTBROOK PARK UNITED METHODIST CHURCH 2521 12TH STREET NW, CANTON, OH 44708	34-0714405	501(C)(3)	6,500				NIGHT TO SHINE
(69) EAGLES LANDING FIRST BAPTIST CHURCH 2400 HIGHWAY 42 N, MCDONOUGH, GA 30253	58-1714383	501(C)(3)	6,000				NIGHT TO SHINE
(70) VERNAL CHRISTIAN CHURCH 1845 WEST 750 SOUTH, VERNAL, UT 84078	87-0323436	501(C)(3)	5,500				NIGHT TO SHINE
(71) DREAMS COME TRUE 6803 SOUTHPOINT PARKWAY, JACKSONVILLE, FL 32216	59-2967803	501(C)(3)	5,100				MEDICAL NEEDS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE ORGANIZATION DOES MONITOR THE USE OF FUNDS GRANTED THROUGH ONGOING COMMUNICATIONS AND REPORTING TO ENSURE GRANTED FUNDS ARE USED FOR CHARITABLE PURPOSES.
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	NATIONAL CHILD PROTECTION TASK FORCE, INC. 1722 N. COLLEGE #103, FAYETTEVILLE, AR 72703
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	CHILD RESCUE COALITION 4530 CONFERENCE WAY S., BOCA RATON, FL 33431
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	INTERNATIONAL CENTRE FOR MISSING AND EXPLOITED CHILDREN 2318 MILL ROAD, ALEXANDRIA, VA 22314
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JONI AND FRIENDS 30009 LADYFACE COURT, AGOURA HILLS, CA 91301

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TIM TEBOW FOUNDATION, INC.

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

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 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
1b	✓	
2	✓	
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7	✓	
8		✓
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	STEVE BIONDO	212,308	20,250	1,200	6,743	20,965	261,466	0
	PRESIDENT	0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	DURING 2023, TIMOTHY TEBOW, CHAIRMAN, STEVE BIONDO, PRESIDENT, AND BRANDI COOK, VP OF MINISTRY WENT ON A DONOR EVENT TRIP CELEBRATING NIGHT TO SHINE THAT INCLUDED CHARTER TRAVEL. THIS WAS NOT INCLUDED IN THEIR TAXABLE COMPENSATION BECAUSE THE TRIP WAS FOR A BONA FIDE BUSINESS PURPOSE.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	DURING 2023, TIMOTHY TEBOW WENT ON A DONOR EVENT TRIP CELEBRATING NIGHT TO SHINE THAT INCLUDED TRAVEL FOR COMPANIONS OF HIS WIFE. THIS WAS NOT INCLUDED IN THEIR TAXABLE COMPENSATION BECAUSE THE TRIP WAS FOR A BONA FIDE BUSINESS PURPOSE.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	A NON-FIXED PAYMENT IN THE FORM OF A BONUS WAS GIVEN TO OFFICERS AND EMPLOYEES.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50056A

Schedule L (Form 990) 2022

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MISSION DRIVEN PRODUCTIONS DBA MISSIO CREATIVE AGENCY	100% OWNED BY TIMOTHY TEBOW	\$248,621	VIDEO AND DIGITAL MEDIA SERVICES PROVIDED AT COST		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TIM TEBOW FOUNDATION, INC.

Employer identification number
27-4345913

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		14,648	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	10	1,894,712	EXCHANGE VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	✓	4	10,400	COST
19 Food inventory	✓	13	45,932	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TICKETS/PACKAGES)	✓	11	12,980	COST
26 Other (PRINTED MATERIALS)	✓	1	21,700	COST
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I -	THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF ITEMS DONATED.
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	THE ORGANIZATION USES A THIRD PARTY AND ITS TECHNOLOGY TO SELL AND PROCESS AUCTION ITEMS AT THE FOUNDATION'S FUNDRAISING EVENTS.

**SCHEDULE O
(Form 990)**

Department of 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization
TIM TEBOW FOUNDATION, INC.

Employer Identification Number
27-4345913

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>SHINE ON: THE TIM TEBOW FOUNDATION IS COMMITTED TO EQUIPPING THE CHURCH AND FAMILIES AFFECTED BY DISABILITY WITH TOOLS TO ELIMINATE BARRIERS AND CREATE LIFE-GIVING COMMUNITY. AS PART OF THIS EQUIPPING, THE FOUNDATION BUILT A DIGITAL PLATFORM TO CONNECT FAMILIES AND NEW AND GROWING SPECIAL NEEDS PROGRAMS WITHIN CHURCHES TO WORLD-CLASS, FAITH-BASED RESOURCES THAT TRAIN, GUIDE, AND SUPPORT THEM.</p> <p>TEBOW DOWN GUATEMALA: TEBOW DOWN GUATEMALA EXISTS TO PROVIDE EARLY INTERVENTION SERVICES, SPEECH THERAPY, PHYSICAL THERAPY, OCCUPATIONAL AND LIFE SKILLS WORKSHOPS, SPECIAL EDUCATION, RECREATIONAL AND HIGH-PERFORMANCE SPORTS, AND TRAINING FOR FAMILIES LIVING WITH DISABILITY IN GUATEMALA. TEBOW DOWN GUATEMALA SERVES STUDENTS AND FAMILIES THROUGH THEIR FOUR STRATEGICALLY PLACED SCHOOLS IN GUATEMALA CITY, QUETZALTENANGO, MAZATENANGO, AND CHIMALTENANGO. TEBOW DOWN GUATEMALA IS REGISTERED AS A CIVIL ASSOCIATION IN THE LEGAL ENTITIES REGISTRY OF THE MINISTRY OF GOVERNMENT IN GUATEMALA. THE CIVIL ASSOCIATION REGISTRATION PROVIDES TEBOW DOWN GUATEMALA WITH AN EXEMPTION FROM INCOME TAXES IN GUATEMALA.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>OF ETHIOPIA. THE HOSPITALS PERFORM RECONSTRUCTIVE AND ORTHOPEDIC PROCEDURES AS WELL AS OFFER SPIRITUAL HEALING TO DESERVING CHILDREN WHO COULD NOT OTHERWISE AFFORD CARE.</p> <p>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 TO OFFICIAL W15H EXPERIENCES, THE W15H BRIGHTER DAYS PROGRAM CONSISTS OF ENCOURAGING PHONE CALLS, HOSPITAL VISITS, MEET AND GREET AT SPEAKING ENGAGEMENTS AND MORE.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,954,830 INCLUDING GRANTS OF \$1,896,300)(REVENUE)</p> <p>ORPHAN CARE + PREVENTION: THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND SUPPORT TO SERVE HUNDREDS OF CHILDREN WHO HAVE BEEN LEFT HOMELESS OR ABANDONED. CURRENTLY ORPHANS AND AT-RISK FAMILIES IN SIX COUNTRIES RECEIVE SUPPORT THROUGH GRANTS WHICH COVER FOOD, CLOTHING, SHELTER, MEDICAL CARE, EDUCATION, FAMILY SUPPORT PROGRAMMING, AND SHARING THE GOSPEL.</p> <p>THE TIM TEBOW FOUNDATION PROVIDED ADOPTION AID GRANTS FOR FAMILIES ADOPTING CHILDREN FROM AROUND THE WORLD, MOST OF WHOM HAVE SPECIAL NEEDS. THESE GRANTS HELP COVER THE COSTS OF THE ADOPTIONS AND CONTINUED CARE OF THESE SPECIAL CHILDREN.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$991,097 INCLUDING GRANTS OF \$2,500)(REVENUE \$9,775)</p> <p>RISING LIGHT RIDGE: THE TIM TEBOW FOUNDATION IS CURRENTLY DEVELOPING THE RISING LIGHT RIDGE MINISTRY CAMPUS LOCATED IN BEAR CREEK, PA. RISING LIGHT RIDGE IS ASPIRING TO BE A COMMUNITY OF BELONGING WHERE PARTICIPANTS OF ALL BACKGROUNDS AND ABILITIES, AND THEIR FAMILIES, CAN GROW IN CHRIST AND IN LOVE FOR OTHERS. IN 2023, THE PROGRAM WELCOMED CAMPERS FOR WEEK-LONG SESSIONS DURING THE SUMMER.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$315,783 INCLUDING GRANTS OF \$304,505)(REVENUE)</p> <p>PHYSICAL & SPIRITUAL AID: THE FOUNDATION IS COMMITTED TO PROVIDING PHYSICAL AND SPIRITUAL AID IN RESPONSE TO GLOBAL HUMANITARIAN NEEDS, ESPECIALLY FOLLOWING CATASTROPHIC EVENTS. THE FOUNDATION SUPPORTS PEOPLE EXPERIENCING FOOD INSECURITY, HOMELESSNESS, AND POVERTY, AS WELL AS THOSE BRINGING THE GOOD NEWS OF THE GOSPEL TO THE UNREACHED.</p>
<p>FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS</p>	<p>TIMOTHY R. TEBOW, CHAIRMAN, AND ROBERT R. TEBOW II, DIRECTOR - FAMILY RELATIONSHIP</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. IT IS REVIEWED IN DETAIL BY THE PRESIDENT AND THE VP OF FINANCE. AFTER THESE REVIEWS, THE FULL TAX RETURN IS SENT TO ALL DIRECTORS FOR THEIR FINAL REVIEW PRIOR TO FILING WITH THE IRS.</p>
<p>FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY</p>	<p>BOARD MEMBERS AND OFFICERS SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS WHICH ARE REVIEWED BY THE PRESIDENT AND VP OF FINANCE. SHOULD ANY POTENTIAL CONFLICTS OF INTEREST BE DISCLOSED, THE BOARD MEMBER OR OFFICER WOULD BE ASKED TO REFRAIN FROM PARTICIPATION IN ANY DELIBERATION OR DECISION WITH REGARD TO MATTERS AFFECTED BY THE RELATIONSHIP.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE INDEPENDENT BOARD OF DIRECTORS ENGAGES IN A REVIEW, ANALYSIS, AND APPROVAL OF THE PRESIDENT'S COMPENSATION THROUGH AN INDEPENDENT SURVEY OF COMPARABLE POSITIONS. THE BOARD OF DIRECTOR MEETING MINUTES REFLECT THIS REVIEW, THE APPROVAL PROCESS, THE DIRECTORS PRESENT, AND THE VOTING RESULTS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PRESIDENT ENGAGES IN A REVIEW, ANALYSIS, AND APPROVAL OF THE VP OF FINANCE'S COMPENSATION THROUGH AN INDEPENDENT SURVEY OF COMPARABLE POSITIONS. THIS PROCESS IS DOCUMENTED IN THE HR FILES.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC DOCUMENTS REQUIRED BY LAW TO BE MADE PUBLICLY AVAILABLE IN ACCORDANCE WITH IRS PROCEDURES. TTF FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE TTF WEBSITE AND ALSO UPON REQUEST. TTF GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.
SCHEDULE F, PART III -	WHILE GRANTS TO 71 SEPARATE REGIONS APPEAR IN SCHEDULE F, PART II, FUNDS WERE GRANTED TO 56 FOREIGN 501(C)(3) EQUIVALENTS FOR USE IN THE REGIONS LISTED.
SCHEDULE F, PART IV, LINE 1 - FORM 926	THE ORGANIZATION HAS ANALYZED THE FILING REQUIREMENTS FOR FORM 926 AND HAS DETERMINED THAT IT DOES NOT MEET THE REPORTING THRESHOLDS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TIM TEBOW FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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
(1) FHL LLC (38-3980428) 2220 COUNTY RD 210 W STE 108, PMB 317, JACKSONVILLE, FL 32259	HOLDING REAL PROPERTY AND DEVELOPMENT OF RISING LIGHT RIDGE	FL	11,823	10,147,597	TIM TEBOW FOUNDATION, INC.
(2) RISING LIGHT RIDGE (87-2743804) 2220 COUNTY RD 210 W STE 108, PMB 317, JACKSONVILLE, FL 32259	CAMP FACILITY AND PROGRAM SERVING PEOPLE OF ALL ABILITIES	PA	0	0	TIM TEBOW FOUNDATION, INC.
(3)					
(4)					
(5)					
(6)					

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
(1) HER SONG JACKSONVILLE, INC. (81-0735073) 10700 BEACH BLVD, UNIT 17807, JACKSONVILLE, FL 32245	INTERRUPTING THE CYCLE OF HUMAN TRAFFICKING AND LEADING THE EXPLOITED TO FREEDOM.	FL	501(C)(3)	7	TIM TEBOW FOUNDATION, INC.	✓	
(2) ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN 10A CALLE 1169-1087, CDAD. DE GUATEMALA, GT	EDUCATION SERVICES FOR PEOPLE WITH DISABILITIES.	GUATEMALA			TIM TEBOW FOUNDATION, INC.	✓	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)		✓

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	HER SONG JACKSONVILLE, INC.	B	2,000,000	BOOK VALUE
(2)	HER SONG JACKSONVILLE, INC.	O	120,000	BOOK VALUE
(3)	HER SONG JACKSONVILLE, INC.	Q	78,801	BOOK VALUE
(4)	ASOCIACION GUATEMALTECA PARA EL SINDROME DE DOWN	B	852,800	BOOK VALUE
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													