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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-0047

**2015**Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**TIM TEBOW FOUNDATION, INC.**

Doing business as

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

**2220 COUNTY RD 210W, STE 108, PMB 317**

Room/suite

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

**JACKSONVILLE, FL 32259****F** Name and address of principal officer **ERIK DELLENBACK**  
**SAME AS C ABOVE****D** Employer identification number**27-4345913****E** Telephone number**(904) 380-8499****G** Gross receipts \$**5,937,799.****H(a)** Is this a group return

for subordinates?

☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶ **3777****I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.TIMTEBOWFOUNDATION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2010** **M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE TIM TEBOW FOUNDATION (TTF) EXISTS TO BRING FAITH, HOPE AND LOVE TO THOSE NEEDING A BRIGHTER DAY</b>		
	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)	<b>3</b>	<b>7</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>18</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>2,731,251.</b>	<b>Current Year</b> <b>3,790,761.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>20.</b>	<b>118,633.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-250,757.</b>	<b>-146,666.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,480,514.</b>	<b>3,762,728.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>963,235.</b>	<b>1,961,444.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>553,104.</b>	<b>702,794.</b>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>459,015.</b>	<b>0.</b>	<b>0.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>444,530.</b>	<b>1,095,110.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,960,869.</b>	<b>3,759,348.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>519,645.</b>	<b>3,380.</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>5,970,381.</b>	<b>End of Year</b> <b>5,931,948.</b>
	21	Total liabilities (Part X, line 26)	<b>33,402.</b>	<b>175,518.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>5,936,979.</b>	<b>5,756,430.</b>

**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	<b>11-7-16</b>
	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	<b>KELLY G SHEPARD</b>	<b>11/7/2016</b>
Firm's name	<b>NATIONAL CHRISTIAN CHARITABLE FOUNDATION</b>	Check <input type="checkbox"/> if self-employed
	<b>11625 RAINWATER DRIVE</b>	<b>P01785711</b>
Firm's address	<b>ALPHARETTA, GA 30009-8678</b>	Firm's EIN ▶ <b>58-1493949</b>
	<b>ALPHARETTA, GA 30009-8678</b>	Phone no. <b>404-252-0100</b>

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

☒ Yes ☐ No

532001 12-18-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

18 664

SCANNED DEC 18 2016

**Part III** Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

THE TIM TEBOW FOUNDATION EXISTS TO BRING FAITH, HOPE AND LOVE TO THOSE  
NEEDING A BRIGHTER DAY IN THEIR DARKEST HOUR OF NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ 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 \$ 1,605,534. including grants of \$ 1,125,872. ) (Revenue \$ )

NIGHT TO SHINE: THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND SUPPORT TOWARDS NIGHT TO SHINE, AN UNFORGETTABLE PROM NIGHT EXPERIENCE, CENTERED ON GOD'S LOVE, FOR PEOPLE WITH SPECIAL NEEDS AT HOST CHURCHES ACROSS THE COUNTRY AND AROUND THE WORLD. IN FEBRUARY 2015, 44 CHURCHES IN 26 STATES AND 3 COUNTRIES HONORED 7,000 GUESTS INVOLVING MORE THAN 15,000 VOLUNTEERS.

IN FEBRUARY 2016, 201 CHURCHES IN 48 STATES AND 7 COUNTRIES HONORED 32,000 GUESTS INVOLVING APPROXIMATELY 70,000 VOLUNTEERS.

4b (Code ) (Expenses \$ 391,828. including grants of \$ 377,500. ) (Revenue \$ )

ORPHAN CARE: THE TIM TEBOW FOUNDATION SERVED HUNDREDS OF CHILDREN WHO HAVE BEEN LEFT HOMELESS OR ABANDONED. CURRENTLY ORPHANS IN FOUR COUNTRIES RECEIVE SUPPORT THROUGH GRANTS WHICH COVER FOOD, CLOTHING, SHELTER, MEDICAL CARE, EDUCATION AND SHARING THE GOSPEL.

4c (Code ) (Expenses \$ 244,290. including grants of \$ 0. ) (Revenue \$ )

TIMMY'S PLAYROOMS: THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND MANAGED THE BUILD OF TIMMY'S PLAYROOMS IN CHILDRENS HOSPITALS TO BRING FAITH, HOPE, AND LOVE TO PATIENTS AND THEIR FAMILIES. THESE ROOMS PROVIDE AN ATMOSPHERE THAT ALLOWS THE CHILDREN TO TAKE THEIR MINDS OFF THEIR MEDICAL TREATMENTS AND JUST BE KIDS AGAIN.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 777,666. including grants of \$ 458,072. ) (Revenue \$ )

4e Total program service expenses 3,019,318.

**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>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
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>	<b>X</b>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>X</b>	
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>		<b>X</b>
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>		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
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>	<b>X</b>	
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>		<b>X</b>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
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</i>		<b>X</b>
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>	<b>X</b>	
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>		<b>X</b>

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	10		
1b	0		
c		X	
2a	18		
b		X	
3a			X
3b			
4a			X
b			
5a			X
5b			X
5c			
6a			X
6b			
7			
a		X	
b		X	
c			X
d	7d		
e			X
f			X
g			
h			
8			
9			
a			
b			
10			
a	10a		
b	10b		
11			
a	11a		
b	11b		
12a			
b	12b		
13			
a			
b			
c	13b		
	13c		
14a			X
b			

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

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

☒**Section A. Governing Body and Management**

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

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</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?		
<b>11a</b> 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>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
<b>16a</b> 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>16b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **GA, FL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records. **ERIK DELLENBACK - (904) 380-8499**  
**2220 COUNTY RD 210 W, STE 108, PMB 317, JACKSONVILLE, FL 32259**

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

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

**X**

## 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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Sub-total</b>								198,800.	0.	20,495.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								198,800.	0.	20,495.

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	1
---	---	---

1

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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	0
---	--	---

C

**Part VIII** Statement of RevenueCheck 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,160,478.				
	d Related organizations	1d	156,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,474,283.				
	g Noncash contributions included in lines 1a-1f \$		37,329.				
	h <b>Total.</b> Add lines 1a-1f			3,790,761.			
<b>Program Service Revenue</b>	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g <b>Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			147,300.			147,300.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-28,667.			-28,667.
	8 a Gross income from fundraising events (not including \$ 1,160,478. of contributions reported on line 1c). See Part IV, line 18	a	256,989.				
	b Less: direct expenses	b	424,233.				
	c Net income or (loss) from fundraising events			-167,244.			-167,244.
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	124,515.				
	b Less: cost of goods sold	b	104,149.				
c Net income or (loss) from sales of inventory			20,366.	20,366.			
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	212.			212.	
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			212.				
12 <b>Total revenue.</b> See instructions.			3,762,728.	20,366.	0.	-48,399.	

**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	1,961,444.	1,961,444.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	219,295.	109,648.	54,823.	54,824.
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	412,345.	179,502.	79,970.	152,873.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	26,227.	13,161.	2,289.	10,777.
10 Payroll taxes	44,927.	20,648.	9,149.	15,130.
11 Fees for services (non-employees):				
a Management				
b Legal	13,165.	2,524.	10,641.	
c Accounting	1,482.	685.	307.	490.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	11,383.		11,383.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	66,815.	36,963.	2,269.	27,583.
12 Advertising and promotion	37,871.			37,871.
13 Office expenses	114,110.	37,088.	25,987.	51,035.
14 Information technology	42,621.		25,952.	16,669.
15 Royalties				
16 Occupancy				
17 Travel	120,658.	93,605.	12,568.	14,485.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,544.	10,029.	6,124.	3,391.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,952.		22,294.	10,658.
23 Insurance	15,734.		15,734.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MATERIALS AND SUPPLIES</b>	340,049.	318,446.	282.	21,321.
b <b>PROGRAM INITIATIVES</b>	276,982.	235,432.	67.	41,483.
c <b>MISCELLANEOUS</b>	1,744.	143.	1,176.	425.
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,759,348.	3,019,318.	281,015.	459,015.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	5,776,849.	1	886,294.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,462.	4	205.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,722.	8	58,020.
	9 Prepaid expenses and deferred charges	53,000.	9	54,448.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 203,428.		
	b Less: accumulated depreciation	10b 117,962.	10c	85,466.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	4,847,515.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,970,381.	16	5,931,948.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	15,362.	17	157,998.
	18 Grants payable	18,040.	18	17,520.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	33,402.	26	175,518.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	5,822,443.	27	5,284,644.
	28 Temporarily restricted net assets	114,536.	28	471,786.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	5,936,979.	33	5,756,430.
	34 <b>Total liabilities and net assets/fund balances</b>	5,970,381.	34	5,931,948.

Form 990 (2015)

**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	3,762,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,759,348.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,936,979.
5	Net unrealized gains (losses) on investments	5	-183,929.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,756,430.

**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 in 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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

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.

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

OMB No 1545-0047

**2015**

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 11, 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 or 990-EZ) )
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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

**1**

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 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		
NATIONAL CHRISTIAN CHARITABLE FOUNDATION	58-1493949	7	X		3,019,318.	
<b>Total</b>					<b>3,019,318.</b>	<b>0.</b>

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,020,607.	4,292,138.	3,405,741.	2,731,251.	3,790,761.	16,240,498.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	2,020,607.	4,292,138.	3,405,741.	2,731,251.	3,790,761.	16,240,498.
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)						4,079,735.
6 <b>Public support.</b> Subtract line 5 from line 4						12,160,763.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2,020,607.	4,292,138.	3,405,741.	2,731,251.	3,790,761.	16,240,498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				20.	147,300.	147,320.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 <b>Total support.</b> Add lines 7 through 10						16,387,818.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	74.21 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>X</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		<b>X</b>
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		<b>X</b>
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		<b>X</b>
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		<b>X</b>
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		<b>X</b>
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		<b>X</b>
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		<b>X</b>
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		<b>X</b>
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		<b>X</b>
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		<b>X</b>
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		<b>X</b>
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

  

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7. \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**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)

**FORM 990, SCHEDULE A, PART I**

**FOUNDATION IS A TYPE I SUPPORTING ORGANIZATION TO NATIONAL CHRISTIAN  
CHARITABLE FOUNDATION, INC. FOUNDATION OPTS TO USE THE SPECIAL RULE FOR  
SCHEDULE B DISCLOSURE OF CONTRIBUTORS SO BOX 7 HAS BEEN SELECTED AS  
WELL AS BOX 11.**

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**Open to Public  
Inspection

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f 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 Temporarily restricted endowment ☐ \_\_\_\_\_ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		22,212.	7,219.	14,993.
c Leasehold improvements				
d Equipment				
e Other		181,216.	110,743.	70,473.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				85,466.

Schedule D (Form 990) 2015

**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) PUBLICLY TRADED		
(B) SECURITIES HELD AT MORGAN		
(C) STANLEY	4,847,515.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,847,515.	

**Part VIII Investments - Program Related.**

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

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

(a) Description of liability	(b) Book value
1. (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015



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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FOLLOWING FOOTNOTE APPLIES TO THE CONSOLIDATED FINANCIAL STATEMENTS OF  
 NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC., AND SUPPORTING  
 ORGANIZATIONS:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE  
 TAKEN ARE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS WHEN IT IS  
 MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION  
 WILL BE SUSTAINED UPON EXAMINATION. INTEREST AND PENALTIES, IF ANY, ARE  
 INCLUDED IN EXPENSES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. AS OF  
 DECEMBER 31, 2015 AND 2014, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS  
 THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

<b>Part XIII</b>	<b>Supplemental Information</b> <i>(continued)</i>
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**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>GOLF TOURN. &amp; AUCTION</b>	(b) Event #2	(c) Other events <b>NONE</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,417,467.			1,417,467.
	2 Less Contributions	1,160,478.			1,160,478.
	3 Gross income (line 1 minus line 2)	256,989.			256,989.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	27,083.			27,083.
	6 Rent/facility costs	133,548.			133,548.
	7 Food and beverages	25,025.			25,025.
	8 Entertainment				
	9 Other direct expenses	238,577.			238,577.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				424,233.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-167,244.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in.
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

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

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

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

**PART I, LINE 2B, COLUMN (V):**

NA - NONE

**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047  
**2015**  
Open to Public  
Inspection

Name of the organization

**TIM TEBOW FOUNDATION, INC.**

Employer identification number  
**27-4345913**

**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.

1 (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
SHOW HOPE PO BOX 647 FRANKLIN, TN 37065	32-0011220	501 (C ) (3)	96,000.	0.			ADOPTION AID
YOUNG SURVIVAL COALITION, INC. 80 BROAD STREET, SUITE 1700 NEW YORK, NY 10004	13-4057685	501 (C ) (3)	10,000.	0.			CANCER
WORLD GOLF FOUNDATION, INC. 425 SOUTH LEGACY TRAIL ST. AUGUSTINE, FL 32092	59-2998925	501 (C ) (3)	20,000.	0.			CHILDREN & YOUTH SERVICES
GATOR BOWL SPORTS CHARITIES, INC. ONE GATOR BOWL BOULEVARD JACKSONVILLE, FL 32202	46-4080981	501 (C ) (3)	10,000.	0.			CHILDREN & YOUTH SERVICES
JDRF INTERNATIONAL 506 HALLE PARK DRIVE, SUITE 101 COLLIERVILLE, TN 38017	23-1907729	501 (C ) (3)	8,000.	0.			CHILDREN & YOUTH SERVICES
CHRISTIANVILLE FOUNDATION, INC. PO BOX 1056 PALATKA, FL 32178	98-0049674	501 (C ) (3)	55,000.	0.			EDUCATION, MEDICAL & NUTRITIONAL SUPPORT

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

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

171.  
0.

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

**Schedule I (Form 990) (2015)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHLETES IN ACTION SPORTS COMPLEX AND RETREAT CENTER, INC. - 251 TAYLOR DRIVE - XENIA, OH 45385	27-0869839	501 (C) (3)	7,000.	0.			EVANGELISM & CHRISTIAN DISCIPLESHIP
CURE INTERNATIONAL, INC. 701 BOSLER AVENUE LEMOYNE, PA 17043	58-2248383	501 (C) (3)	106,375.	0.			MEDICAL, HEALTH & EVANGELISM
LIQUID CHURCH 200 CENTRAL AVENUE, STE. 100 MORRISTOWN, NJ 07092		501 (C) (3)	20,675.	0.			NIGHT TO SHINE
REDEEMER LUTHERAN CHURCH 7755 GREENSTONE TRAIL FORT COLLINS, CO 80525		501 (C) (3)	12,750.	0.			NIGHT TO SHINE
GRACE COMMUNITY PRESBYTERIAN CHURCH - 9429 WILD ROSE COURT - MECHANICSVILLE, VA 23116		501 (C) (3)	12,336.	0.			NIGHT TO SHINE
AMAZING GRACE INTERNATIONAL MINISTRIES - P.O. BOX 3487 - WARRENTON, VA 20188	31-1776903	501 (C) (3)	10,750.	0.			NIGHT TO SHINE
SOUTHEAST CHRISTIAN CHURCH 390 BLANKENBAKER PKWY LOUISVILLE, KY 40243-1845		501 (C) (3)	10,000.	0.			NIGHT TO SHINE
RIISING ABOVE MINISTRIES PO BOX 222 COOKEVILLE, TN 38503	20-3599078	501 (C) (3)	8,500.	0.			NIGHT TO SHINE
EKISA MINISTRIES INTERNATIONAL, INC. - 11901 HARDWICK DRIVE - FISHERS, IN 46038	27-2920910	501 (C) (3)	8,500.	0.			NIGHT TO SHINE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JILL'S HOUSE, INC. 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256	501 (C) (3)	8,500.	0.			NIGHT TO SHINE
EASTPOINT CHRISTIAN CHURCH 58 CITY LINE DRIVE PORTLAND, ME 04102		501 (C) (3)	8,500.	0.			NIGHT TO SHINE
GENESIS CHURCH PO BOX 12669 TALLAHASSEE, FL 32317		501 (C) (3)	8,500.	0.			NIGHT TO SHINE
LIMA FIRST ASSEMBLY OF GOD 1660 FINDLAY ROAD LIMA, OH 45801		501 (C) (3)	8,500.	0.			NIGHT TO SHINE
PARKVIEW CHRISTIAN CHURCH 11100 ORLAND PARKWAY ORLAND PARK, IL 60467		501 (C) (3)	8,500.	0.			NIGHT TO SHINE
LIFE GATE DENVER 5100 S. DELAWARE ST., A104 ENGLEWOOD, CO 80110		501 (C) (3)	8,500.	0.			NIGHT TO SHINE
THE CROSSING PLACE FELLOWSHIP 1096 NORTHWEST BOULEVARD FRANKLIN, LA 70538		501 (C) (3)	8,500.	0.			NIGHT TO SHINE
NEWBERG CHRISTIAN CHURCH 2315 VILLA ROAD NEWBERG, OR 97132		501 (C) (3)	8,500.	0.			NIGHT TO SHINE
HOPE LUTHERAN CHURCH - WAKE FOREST 3525 ROGERS RD. WAKE FOREST, NC 57587		501 (C) (3)	8,500.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

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CROSSROADS CHRISTIAN CHURCH - TEXAS - 6450 S STATE HIGHWAY 360 - GRAND PRAIRIE, TX 75052		501 (C ) (3)	8,500.	0.			NIGHT TO SHINE
TRINITY NEW LIFE 11134 CHALLENGER AVENUE ODESSA, FL 33556		501 (C ) (3)	8,500.	0.			NIGHT TO SHINE
PIXES PEAK CHRISTIAN CHURCH 4955 BRADLEY ROAD COLORADO SPRINGS, CO 80911		501 (C ) (3)	8,500.	0.			NIGHT TO SHINE
BROOKLIFE CHURCH 857 S ROCHESTER STREET, #300 MUKWONAGO, WI 53149		501 (C ) (3)	8,340.	0.			NIGHT TO SHINE
FIRST CHRISTIAN CHURCH MINISTRIES 1130 N MAIN STREET KERNERSVILLE, NC 27284		501 (C ) (3)	8,300.	0.			NIGHT TO SHINE
HILLCREST BAPTIST CHURCH 216 HIGHWAY 15 SOUTH NEW ALBANY, MS 38652		501 (C ) (3)	8,300.	0.			NIGHT TO SHINE
FAITH CHURCH 600 DANBURY ROAD, #1 NEW MILFORD, CT 06776		501 (C ) (3)	8,100.	0.			NIGHT TO SHINE
CAPITAL AREA CHRISTIAN CHURCH 1775 LAMBS GAP ROAD MECHANICSBURG, PA 17050		501 (C ) (3)	8,100.	0.			NIGHT TO SHINE
2142 COMMUNITY CHURCH - BRIGHTON 7526 GRAND RIVER BRIGHTON, MI 48114		501 (C ) (3)	8,100.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

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GEYER SPRINGS FIRST BAPTIST CHURCH 2500 PLEASANT WILLOW DRIVE BENTON, AR 72015		501 (C) (3)	8,025.	0.			NIGHT TO SHINE
CHRIST'S CHURCH 6045 GREENLAND ROAD JACKSONVILLE, FL 32258		501 (C) (3)	7,900.	0.			NIGHT TO SHINE
CROSSROADS CHRISTIAN CHURCH - CALIFORNIA - 2331 KELLOGG AVENUE - CORONA, CA 92881		501 (C) (3)	7,860.	0.			NIGHT TO SHINE
CROSSPOINT CHURCH 14 RHODE ISLAND DRIVE NEWPORT, RI 02840		501 (C) (3)	7,700.	0.			NIGHT TO SHINE
MOUNTAIN CHRISTIAN CHURCH 1824 MOUNTAIN ROAD JOPPA, MD 21085		501 (C) (3)	7,700.	0.			NIGHT TO SHINE
PRAIRIE RIDGE CHURCH 825 NW 36TH STREET ANKENY, IA 50023		501 (C) (3)	7,644.	0.			NIGHT TO SHINE
CALVARY CHAPEL MELBOURNE 2955 MINTON ROAD MELBOURNE, FL 32904		501 (C) (3)	7,591.	0.			NIGHT TO SHINE
LIFEPOINTE CHURCH 9500 DURANT ROAD RALEIGH, NC 27614		501 (C) (3)	7,532.	0.			NIGHT TO SHINE
LEGACY CHURCH 7201 CENTRAL AVENUE NW ALBUQUERQUE, NM 87121		501 (C) (3)	7,310.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

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SEACOAST CHURCH 750 LONGPOINT ROAD MOUNT PLEASANT, SC 29464		501 (C) (3)	7,175.	0.			NIGHT TO SHINE
THE CROSSING 150 S 48TH STREET QUINCY, IL 62305		501 (C) (3)	6,950.	0.			NIGHT TO SHINE
CENTRAL CHRISTIAN CHURCH 2460 MILWAUKEE ROAD BELOIT, WI 53511		501 (C) (3)	6,509.	0.			NIGHT TO SHINE
COMMON GROUND MINISTRIES 15 ANGELA COURT FISHERVILLE, VA 22939	27-2415021	501 (C) (3)	6,375.	0.			NIGHT TO SHINE
COLLEGE OF THE OZARKS PO BOX 17 POINT LOOKOUT, MO 65726	44-0556862	501 (C) (3)	6,375.	0.			NIGHT TO SHINE
MYLIFESPEAKS PO BOX 100972 NASHVILLE, TN 37224	45-2446194	501 (C) (3)	6,375.	0.			NIGHT TO SHINE
DELTA LAKE BIBLE CONFERENCE CENTER, INC. - 6420 PILLMORE DRIVE - ROME, NY 13440	16-1588082	501 (C) (3)	6,375.	0.			NIGHT TO SHINE
BETHESDA LUTHERAN COMMUNITIES, INC. - 600 HOFFMAN DRIVE - WATERTOWN, WI 53094	39-0806446	501 (C) (3)	6,375.	0.			NIGHT TO SHINE
SHORELAND LUTHERAN HIGH SCHOOL FEDERATION, INC. - 9026 12TH STREET - SOMERS, WI 53171	23-7140277	501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

Schedule I (Form 990) **TIM TEBOW FOUNDATION, INC.**

27-4345913

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GENESIS PROJECT 2909 WASHINGTON BOULEVARD OGDEN, UT 84401	90-0536013	501 (C) (3)	6,375.	0.			NIGHT TO SHINE
HOPE COMMUNITY CHURCH 740 N HENDERSON ROAD KING OF PRUSSIA, PA 19406		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
LONGVIEW POINT BAPTIST CHURCH 1100 MCLINGVALE ROAD HERNANDO, MS 38632		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
AUSTIN RIDGE BIBLE CHURCH 9300 BEE CAVES ROAD AUSTIN, TX 78733		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
ALSBURY BAPTIST CHURCH PO BOX 1776 BURLESON, TX 76097		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CHURCH AT THE DEPOT 6496 TEAYS VALLEY ROAD SCOTT DEPOT, WV 25560		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CHURCH OF THE HARVEST 4865 SUNSET BOULEVARD LEXINGTON, SC 29072		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
WOODSIDE BIBLE CHURCH 6600 ROCHESTER ROAD TROY, MI 48085		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
MESSIAH LUTHERAN CHURCH 3701 W HIGHWAY 390 PANAMA CITY, FL 32405		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

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MORNING STAR FELLOWSHIP 100 LIMEKILN ROAD BECHTELSTVILLE, PA 19505		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
COMMUNITY WESLEYAN CHURCH 161 MYRTLE AVENUE NEWARK, OH 43055		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
MOUNT OLIVE LUTHERAN CHURCH 6205 ALDERSON STREET WESTON, WI 54476		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
BAYSIDE COMMUNITY CHURCH 8200 BEE RIDGE ROAD SARASOTA, FL 34241		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
MOUNT PLEASANT CHRISTIAN CHURCH 381 N BLUFF ROAD GREENWOOD, IN 46142		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CANVAS CHURCH 255 SUMMIT RIDGE DRIVE KALISPELL, MT 59901		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NAVIGATION CHURCH 4020 GREENMOUNT CROSSING DR, PMB 214 SHILOH, IL 62269		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
BETHEL CHURCH 600 SHOCKLEY ROAD RICHLAND, WA 99352		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CANYON RIDGE CHURCH 6200 W LONE MOUNTAIN ROAD LAS VEGAS, NV 89130		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

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BETHEL LIFE WORSHIP CENTER 246 S MERCER STREET GREENVILLE, PA 16125		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NEW HOPE OAHU 290 SAND ISLAND ACCESS ROAD HONOLULU, HI 96819		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
DODGE CITY CHURCH OF THE NAZARENE 1700 W. ROSS BOULEVARD DODGE CITY, KS 67801		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NEW LIFE CHRISTIAN CHURCH 1910 COUNTY ROAD 82 SE ALEXANDRIA, MN 56308		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
EMMANUEL BAPTIST CHURCH 425 LUTHER ROAD JOHNSTOWN, PA 15904		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NEW LIFE OUTREACH INTERNATIONAL CHURCH - 1005 TURNER ROAD - RICHMOND, VA 23225		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
EPIC CHURCH PO BOX 41028 PHILADELPHIA, PA 19127		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NEW PROVIDENCE BAPTIST CHURCH 2560 U.S. 41 SOUTH FORSYTH, GA 31029		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH - AMERICUS 221 S LEE STREET AMERICUS, GA 31709		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

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CAPITAL WEST CHRISTIAN CHURCH 1315 FAIRGROUNDS ROAD JEFFERSON CITY, MO 65109		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF SALISBURY 223 N FULTON STREET SALISBURY, NC 28144		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
ANTIOCH CHRISTIAN CHURCH 3007 E HWY 50 WASHINGTON, IN 47501		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
BIG SPRING UNITED METHODIST CHURCH 1184 UNION ROAD CLEVELAND, TN 37323		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NORTH RIDGE CHURCH 1021 W MCMILLAN STREET MARSHFIELD, WI 54449		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
2142 COMMUNITY CHURCH - LANSING 7526 GRAND RIVER BRIGHTON, MI 48114		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NORTH SHORE COMMUNITY BAPTIST 9 HART STREET BEVERLY, MA 01915		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
FIRST PRESBYTERIAN CHURCH OF DOUGLASVILLE - 9190 CAMPBELLTON STREET - DOUGLASVILLE, GA 30134		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
NORTHSIDE CHRISTIAN CHURCH 1300 GEORGE WASHINGTONMEMORIAL HWY YORKTOWN, VA 23693		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)



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

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FLORENCE UNITED METHODIST CHURCH 10152 WHITTLESEY DRIVE UNION, KY 41091		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
OAKBROOK CHURCH 3409 S 200 W KOKOMO, IN 46902		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
FRIENDSHIP COMMUNITY CHURCH - TENNESSEE - 11853 LEBANON ROADSUITE A - MOUNT JULIET, TN 37122		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
ONE LIFE FELLOWSHIP 3740 E SILVER SPRINGS BLVD OCALA, FL 34470		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
BOWMAN UNITED METHODIST CHURCH 70 WISTERIA LANE GLEN EASTON, WV 26039		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
PARKER HILL CHURCH 933 SCRANTON CARBONDALE HWY SCRANTON, PA 18508		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
BROADMOOR BAPTIST CHURCH 1531 HIGHLAND COLONY PARKWAY MADISON, MS 39110		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
PARKSIDE CHURCH 3885 RICHARDSON DRIVE AUBURN, CA 95602		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
HARBORSIDE CHURCH 2200 MARSHAL STREET SAFETY HARBOR, FL 34695		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERDIDO BAY UNITED METHODIST CHURCH - 13660 INNERARITY POINT ROAD - PENSACOLA, FL 32507		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
HOPE CHURCH 8500 WALNUT GROVE CORDOVA, TN 38018		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CENTRAL BIBLE CHURCH 8815 NE GLISAN STREET PORTLAND, OR 97220		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
HOPE LUTHERAN CHURCH - FARGO 2900 N BROADWAY FARGO, ND 58102		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
PLEASANT GROVE BAPTIST CHURCH 2537 PLEASANT GROVE ROAD BOWMAN, GA 30624		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
HOSANNA FIRST ASSEMBLY 8850 GOODWOOD BOULEVARD BATON ROUGE, LA 70806		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CALVARY BAPTIST CHURCH PO BOX 510 HANSON, MA 02341		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
WHITE OAK CHRISTIAN CHURCH 3675 BLUE ROCK ROAD CINCINNATI, OH 45247		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
KIRK OF THE HILLS PRESBYTERIAN CHURCH - 12928 LADUE ROAD - ST. LOUIS, MO 63141		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVE WESLEYAN CHURCH 136 CHASTAIN ROAD CENTRAL, SC 29630		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
WESTSIDE FAMILY CHURCH 8500 WOODSONIA DRIVE LENEXA, KS 66227		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
VINEYARD CHRISTIAN CHURCH 245 S RAYNOLDS AVE. CANON CITY, CO 81212		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
LEGACY CHRISTIAN CHURCH N84 W16971 MENOMONEE AVE. MENOMONEE FALLS, WI 53051		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
LIHUE MISSIONARY CHURCH PO BOX 746 LIHUE, HI 96766		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
RADIANT LIFE ASSEMBLY OF GOD 8111 CLARCONA OCOEE ROAD (USE THIS TIME) 8151 CLARCONA OCOEE ROAD - ORLANDO,		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
REAL LIFE CHRISTIAN CHURCH 1501 STEVE'S ROAD CLERMONT, FL 34711		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CONNECT CHURCH 28328 COUNTY ROAD 13 DAPHNE, AL 36526		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
REAL LIFE MINISTRIES 1866 N CECIL ROAD POST FALLS, ID 83854		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELATE CHURCH 22 STONEY HILL ROAD POOLER, GA 31322		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CHANGEPOINT CHURCH 6689 CHANGEPOINT DRIVE ANCHORAGE, AK 99518		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
RIVER OF LIFE CHURCH 281 N DIVISION STREET OVIDO, FL 32765		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
BIG LIFE COMMUNITY CHURCH PO BOX 342 OSWEGO, IL 60543		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
RIVER RUN CHURCH 141 RIVER RUN POINT CHULUOTA, FL 32766		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF WINDERMERE 300 MAIN STREET WINDERMERE, FL 34786		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
RIVERTOWN COMMUNITY CHURCH 4534 LAFAYETTE STREET MARIANNA, FL 32446		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
FIRST PRESBYTERIAN CHURCH 175 LAKE HOLLINGSWORTH DR. LAKELAND, FL 33801		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
SAN LEE CHAPEL 3215 KELLER ANDREWS ROAD SANFORD, NC 27330		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP COMMUNITY CHURCH - DOVER - 3380 FOX RUN ROAD - DOVER, PA 17315		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
GRACE AT FORT CLARKE UNITED METHODIST - 9325 W NEWBERRY ROAD - GAINESVILLE, FL 32606		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
SOUTHEAST CHRISTIAN CHURCH - COLORADO - 9650 JORDAN ROAD - PARKER, CO 80134		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
HARVEST CHURCH 606 NORTH 25TH STREET NORFOLK, NE 68701		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
SOUTHMINSTER PRESBYTERIAN CHURCH 1401 HOFFMAN ROAD GASTONIA, NC 28054		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
HOPEWELL BAPTIST CHURCH 5086 POPLAR SPRINGS ROAD GAINESVILLE, GA 30507		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
ST. PAUL LUTHERAN CHURCH 701 W PALMETTO PARK ROAD BOCA RATON, FL 33486		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CHRISTIAN CHURCH OF JASPER 1450 ENERGY DRIVE JASPER, IN 47546		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
STUART HEIGHTS BAPTIST CHURCH 1505 CLOVERDALE DRIVE HIXSON, TN 37343		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS CHURCH 1709 JOHNSON ROAD SPRINGDALE, AR 72762		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
SUBURBAN CHRISTIAN CHURCH 2760 SW 53RD STREET CORVALLIS, OR 97333		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
DISCOVERY COMMUNITY CHURCH 1644 S LINDSAY ROAD GILBERT, AZ 85295		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
CHAPELWOOD UNITED METHODIST CHURCH 11140 GREENBAY HOUSTON, TX 77024		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF BUTNER 200 WEST D STREET BUTNER, NC 27509		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
THE BIBLE CHAPEL 300 GALLERY DRIVE MCMURRAY, PA 15317		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
FIRST UNITED METHODIST CHURCH OF SEDALIA - 1701 W 32ND STREET - SEDALIA, MO 65301		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
THE CHAPEL 500 CROSSPOINT PARKWAY GETZVILLE, NY 14068		501 (C) (3)	6,375.	0.			NIGHT TO SHINE
ALAMO COMMUNITY CHURCH 9835 GAZELLE FORD SAN ANTONIO, TX 78251		501 (C) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CROSSING - MACOMB 1600 W JACKSON STREET MACOMB, IL 61455		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
LIFE FELLOWSHIP FOURSQUARE CHURCH 85 WHEELER RAND ROAD CHARLESTOWN, NH 03603		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
THE DWELLING PLACE 1903 BEECHWOOD CIRCLE FLORENCE, AL 35630		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
WILLOWDALE CHAPEL 111 MARSHALL STREET KENNETT SQUARE, PA 19348		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
FIRST BAPTIST HUNTSVILLE 600 GOVERNORS DRIVE SW HUNTSVILLE, AL 35801		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
THE TRUTH OUTREACH 510 OVER YONDER LANE SENECA, SC 29678		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
2142 COMMUNITY CHURCH - ANN ARBOR 410 S MAPLE ROAD ANN ARBOR, MI 48103		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
TRUENORTH CHURCH 1297 W. MARTINTOWN ROAD NORTH AUGUSTA, SC 29841		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
ENGLEWOOD UNITED METHODIST CHURCH 700 DEARBORN STREET E ENGLEWOOD, FL 34223		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWENTY NINE ELEVEN CHURCH PO BOX 11552 TEMPE, AZ 85284		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
COMMUNITY BAPTIST CHURCH 1853 STATE ROUTE 87 MONTGOMERY, PA 17754		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
CHRIST COMMUNITY CHURCH 2500 W PRIEN LAKE ROAD LAKE CHARLES, LA 70605		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
GARFIELD MEMORIAL CHURCH 3650 LANDER ROAD PEPPER PIKE, OH 44124		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
CHRIST PRESBYTERIAN CHURCH 1035 W GRENADA BOULEVARD ORMOND BEACH, FL 32174		501 (C ) (3)	6,375.	0.			NIGHT TO SHINE
BROOKWOOD CHURCH 580 BROOKWOOD POINT PLACE SIMPSONVILLE, SC 29681		501 (C ) (3)	6,100.	0.			NIGHT TO SHINE
CHRIST'S CHURCH AT MASON 5165 WESTERN ROW ROAD MASON, OH 45040		501 (C ) (3)	6,003.	0.			NIGHT TO SHINE
VALPARAISO NAZERENE CHURCH 2702 E GLENDALE BOULEVARD VALPARAISO, IN 46383		501 (C ) (3)	5,575.	0.			NIGHT TO SHINE
CALVARY CHURCH LOS GATOS 16330 LOS GATOS BOULEVARD LOS GATOS, CA 95032		501 (C ) (3)	5,575.	0.			NIGHT TO SHINE

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND RAPIDS FIRST CHURCH 2100 44TH STREET SW GRAND RAPIDS, MI 49519		501 (C) (3)	5,575.	0.			NIGHT TO SHINE
FIRST CHRISTIAN CHURCH 6900 MARKET AVENUE N CANTON, OH 44721		501 (C) (3)	5,375.	0.			NIGHT TO SHINE
NEW LIFE 7137 TRACYTON BLVD NW, APT. 6 BREMERTON, WA 98311		501 (C) (3)	5,375.	0.			NIGHT TO SHINE
VALLEY CHURCH 4343 FULLER ROAD WEST DES MOINES, IA 50265		501 (C) (3)	5,375.	0.			NIGHT TO SHINE
ELEVATION CHURCH 11416 E INDEPENDENCE BLVD MATTHEWS, NC 28105		501 (C) (3)	5,175.	0.			NIGHT TO SHINE
FIRST BAPTIST CHURCH OF WOODSTOCK 11905 HWY 92 WOODSTOCK, GA 30189		501 (C) (3)	5,175.	0.			NIGHT TO SHINE
THE ASSEMBLY AT BROKEN ARROW 118 E COMMERCIAL BROKEN ARROW, OK 74012		501 (C) (3)	5,175.	0.			NIGHT TO SHINE
BOB TEBOW EVANGELISTIC ASSOCIATION, INC. - 8834-F GOODY'S EXECUTIVE DR. - JACKSONVILLE, FL 32217	59-2613612	501 (C) (3)	318,149.	0.			ORPHAN CARE
HANDS AND FEET PROJECT, INC. PO BOX 682105 FRANKLIN, TN 37068	20-1368997	501 (C) (3)	120,000.	0.			ORPHAN CARE

Schedule I (Form 990)



## Part III

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

[illegible]

PART I, LINE 2:

**THE ORGANIZATION DOES MONITOR THE USE OF FUNDS GRANTED THROUGH ONGOING**

COMMUNICATIONS AND REPORTING TO ENSURE GRANTED FUNDS ARE USED FOR

**CHARITABLE PURPOSES.**

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

**TIM TEBOW FOUNDATION, INC.**

Employer identification number

**27-4345913**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., 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 in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2015



**Page 3**

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.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2015**

Open To Public  
Inspection

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

Name of the organization

**TIM TEBOW FOUNDATION, INC.**

Employer identification number

**27-4345913**

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	250.	FMV APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,250.	FMV APPRAISAL
5 Clothing and household goods	X		3,916.	FMV APPRAISAL
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	13	8,820.	FMV APPRAISAL
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( JEWELRY )	X	7	14,097.	FMV APPRAISAL
26 Other ▶ ( VARIOUS/MISC. )	X	7	8,996.	FMV APPRAISAL
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

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

**SCHEDULE M, LINE 32B:**

**FOUNDATION USES A THIRD PARTY AND ITS TECHNOLOGY TO SELL AND PROCESS**

**AUCTION ITEMS AT THE FOUNDATION'S ANNUAL FUNDRAISING EVENT.**



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number  
27-4345913

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE TIM TEBOW FOUNDATION (TTF) EXISTS TO BRING FAITH, HOPE AND LOVE TO  
THOSE NEEDING A BRIGHTER DAY IN THEIR DARKEST HOUR OF NEED.

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

TEBOW CURE HOSPITAL: THE TIM TEBOW FOUNDATION THROUGH FUNDING AND  
SUPPORT TO CURE INTERNATIONAL, HAS COMPLETED CONSTRUCTION OF THE TEBOW  
CURE HOSPITAL, IN DAVAO CITY, PHILIPPINES. THE HOSPITAL PROVIDES  
PHYSICAL AND SPIRITUAL HEALING TO DESERVING CHILDREN OF THE PHILIPPINES  
WHO COULD NOT OTHERWISE AFFORD CARE.

EXPENSES \$ 127,295. INCLUDING GRANTS OF \$ 80,875. REVENUE \$ 0.

PHILIPPINE AID: THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND SUPPORT  
TO AID ORGANIZATIONS WORKING IN THE PHILIPPINES TO REBUILD AFTER AREAS  
WERE DEVASTATED BY A TYPHOON.

EXPENSES \$ 118,149. INCLUDING GRANTS OF \$ 118,149. REVENUE \$ 0.

ADOPTION AID: THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND SUPPORT TO  
AWARD ADOPTION AID GRANTS TO FAMILIES WHO MADE THE COURAGEOUS CHOICE TO  
ADOPT A CHILD WITH SPECIAL NEEDS. THESE GRANTS HELP COVER THE COSTS OF  
THE ADOPTIONS AND CONTINUED CARE OF THESE SPECIAL CHILDREN.

EXPENSES \$ 109,605. INCLUDING GRANTS OF \$ 96,000. REVENUE \$ 0.

W15H: THE TIM TEBOW FOUNDATION W15H PROGRAM FULFILLED THE DREAMS OF  
CHILDREN WITH LIFE THREATENING ILLNESSES WHOSE WISH IS TO MEET TIM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
532211  
09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

TEBOW. THIS PROGRAM ARRANGES TRAVEL, LODGING AND AMAZING EXPERIENCES  
FOR CHILDREN AND THEIR FAMILIES.

EXPENSES \$ 76,241. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ALL OTHER PROGRAMS: THE TIM TEBOW FOUNDATION PROVIDED FUNDING AND  
SUPPORT TO ORGANIZATIONS WHO SHARE THE MISSION OF BRINGING FAITH, HOPE  
AND LOVE TO THOSE NEEDING A BRIGHTER DAY IN THEIR DARKEST HOUR OF NEED.

EXPENSES \$ 346,376. INCLUDING GRANTS OF \$ 163,048. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

TIMOTHY R TEBOW AND ROBERT R TEBOW II HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

A MAJORITY OF THE DIRECTORS SHALL BE DESIGNATED BY NATIONAL CHRISTIAN  
CHARITABLE FOUNDATION, INC.(NCF), THE "NCF DIRECTORS". THE NCF DIRECTORS  
SHALL EACH BE A PERSON WHO IS NOT A "DISQUALIFIED PERSON" AS THAT TERM IS  
DEFINED IN SECTION 4946 OF THE INTERNAL REVENUE CODE.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S TAX RETURN IS COMPILED FROM FINANCIAL RECORDS THAT WERE  
SUBJECT TO LIMITED AUDIT PROCEDURES FROM THE CONSOLIDATED AUDIT OF NATIONAL  
CHRISTIAN CHARITABLE FOUNDATION, INC. ONCE PREPARED BY THE PROFESSIONAL  
TAX PREPARER, THE RETURN IS REVIEWED BY ANOTHER TAX PROFESSIONAL. AFTER  
THIS INITIAL REVIEW, THE TAX RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR  
AND THE TOP FINANCIAL STAFF MEMBER. AFTER THESE REVIEWS, THE FULL TAX  
RETURN IS SENT TO ALL DIRECTORS FOR THEIR FINAL REVIEW PRIOR TO FILING WITH  
THE IRS.

Name of the organization

TIM TEBOW FOUNDATION, INC.

Employer identification number

27-4345913

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CERTIFICATION REGARDING CONFLICT OF INTEREST IS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS ENGAGES IN A REVIEW, ANALYSIS AND APPROVAL OF THE PRESIDENT/EXECUTIVE DIRECTOR'S COMPENSATION THROUGH AN INDEPENDENT SURVEY OF COMPARABLE POSITIONS. ANY DIRECTOR WHO RECEIVES COMPENSATION FROM THE FOUNDATION REFRAINS FROM DISCUSSION AND VOTING ON THEIR COMPENSATION PACKAGE. THE BOARD OF DIRECTOR MEETING MINUTES REFLECT THIS REVIEW, THE APPROVAL PROCESS, THE DIRECTORS PRESENT AND THE VOTING RESULTS.

FORM 990, PART VI, SECTION C, LINE 19:

TTF FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE TTF WEBSITE AND ALSO UPON REQUEST. TTF GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, COMPENSATION

J. DAN GLAZE IS EMPLOYED BY NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.(NCF), A SUPPORTED ORGANIZATION OF THE FOUNDATION. PLEASE SEE NCF FORM 990 FOR REPORTABLE COMPENSATION INFORMATION.



**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.

[illegible]

**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

[illegible]

**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.**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
<b>NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC.</b>	C	156,000.CASH	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	66		Schedule R (Form 990) 2015

**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.

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

FORM 990, PART IV, LINE 34; SCHEDULE R, PART II

SEE NCF FORM 990 FOR A COMPREHENSIVE LIST OF ALL RELATED ORGANIZATIONS.