

85510  
PAT TILLMAN FOUNDATION

**2017 Client**

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

OMB No. 1545-0047

**2017**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="text-align: center;"><b>PAT TILLMAN FOUNDATION</b></div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>217 N. JEFFERSON STREET, SUITE 602</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO IL 60661</b>	<b>D</b> Employer identification number <b>** - *** 2336</b> <b>E</b> Telephone number <b>773-360-5277</b> <b>G</b> Gross receipts\$ <b>4,186,103</b>
<b>F</b> Name and address of principal officer: <b>MARIE TILLMAN</b> <b>217 N. JEFFERSON STREET, SUITE 602</b> <b>CHICAGO IL 60661</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.PATTILLMANFOUNDATION.ORG</b>		<b>L</b> Year of formation: <b>2004</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1000</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,338,768</b>	<b>3,284,731</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>28,282</b>	<b>48,760</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,367,050</b>	<b>3,333,491</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>1,700,000</b>	<b>1,426,250</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>697,039</b>	<b>885,868</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>410,659</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>787,653</b>	<b>730,769</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>3,184,692</b>	<b>3,042,887</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>182,358</b>	<b>290,604</b>
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,696,526</b>	<b>3,143,487</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>46,102</b>	<b>143,782</b>
		<b>2,650,424</b>	<b>2,999,705</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.

<b>Sign Here</b>	Signature of officer <b>BENJAMIN HILL</b> Type or print name and title	Date <b>TREASURER</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RACHEL R. LOCKE, CPA</b>	Preparer's signature <b>RACHEL R. LOCKE, CPA</b>
	Date <b>10/10/18</b>	Check <input type="checkbox"/> if self-employed PTIN <b>*****</b>
	Firm's name ▶ <b>FESTER &amp; CHAPMAN, PLLC</b>	Firm's EIN ▶ <b>** - *** 5657</b>
	Firm's address ▶ <b>9019 E. BAHIA DR STE 100</b> <b>SCOTTSDALE, AZ 85260</b>	Phone no. <b>602-264-3077</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**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 \$ **2,451,051** including grants of \$ **1,426,250** ) (Revenue \$ )

**THE PROGRAMMATIC PILLAR OF THE PAT TILLMAN FOUNDATION IS THE TILLMAN SCHOLARS (TS) PROGRAM. FOUNDED IN 2008, THE TS PROGRAM SUPPORTS OUR NATION'S ACTIVE-DUTY SERVICE MEMBERS, VETERANS AND THEIR SPOUSES WITH AN ACADEMIC SCHOLARSHIP AND PROGRAMMATIC SUPPORT. THE SCHOLARSHIP COVERS DIRECT STUDY-RELATED EXPENSES, INCLUDING TUITION AND FEES, BOOKS AND LIVING EXPENSES, FOR SCHOLARS WHO ARE PURSUING UNDERGRADUATE, GRADUATE OR PROFESSIONAL DEGREES AS A FULL-TIME STUDENT AT A PUBLIC OR PRIVATE, U.S.-BASED ACCREDITED INSTITUTION. EACH YEAR, THE FOUNDATION SELECTS UP TO 60 TILLMAN SCHOLARS WHO EMBODY PAT'S COMMITMENT TO SERVICE, LEARNING AND ACTION. THE SCHOLARS CHOSEN DEMONSTRATE EXTRAORDINARY ACADEMIC AND LEADERSHIP POTENTIAL, A TRACK RECORD (CONTINUED ON SCHEDULE O)**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 2,451,051**

**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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<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> (see instructions)		<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>

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	<b>15</b>		
<b>1b</b>	<b>0</b>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	<b>14</b>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<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>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</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>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</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 **▶ AZ, CA**
- 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: **▶**

**THE HEALTH TRUST**  
**SAN JOSE**

**3180 NEWBERRY DR, SUITE 200**

**CA 95118**

**408-513-8765**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) <b>MARIE TILLMAN</b>	2.00									
<b>CHAIRMAN</b>	0.00	X		X			0	0	0	
(2) <b>ALEX GARWOOD</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(3) <b>BENJAMIN HILL</b>	2.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(4) <b>CHRIS HART</b>	2.00									
<b>VICE CHAIRMAN</b>	0.00	X		X			0	0	0	
(5) <b>MICHAEL BIDWILL</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>IAN SACKS</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>SAGE STEELE</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(8) <b>JOE BROWNE</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>LAZAR RAYNAL</b>	2.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>KILL' ANDERSON</b>	40.00									
<b>COO</b>	0.00	X		X			141,250	0	0	
(11)										





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 1,198,132				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 2,086,599				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	744,000				
	<b>h Total.</b> Add lines 1a-1f		3,284,731			
<b>Program Service Revenue</b>	<b>2a</b>	<b>Busn. Code</b>				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		18,653		18,653	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		30,107		
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)		30,107			
	<b>d</b> Net gain or (loss)		30,107		30,107	
	<b>8a</b> Gross income from fundraising events (not including \$ 1,198,132 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		852,612		
		<b>b</b> Less: direct expenses	<b>b</b>	852,612		
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		3,333,491	0	0	48,760	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,411,250	1,411,250		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	15,000	15,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	141,250	86,689	15,711	38,850
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	620,173	380,802	69,014	170,357
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	63,387	41,138	3,677	18,572
<b>10</b> Payroll taxes	61,058	37,594	6,797	16,667
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	31,696		31,696	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	60,167	41,409	14,687	4,071
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	7,203	4,093	1,124	1,986
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	68,578	35,410	8,884	24,284
<b>17</b> Travel	280,206	244,965	17,235	18,006
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,698	2,760	554	2,384
<b>23</b> Insurance	8,465	4,100	823	3,542
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FUNDRAISING EXPENSES	117,814	16,106	3,244	98,464
<b>b</b> MILITARY SCHOLARS SUPPORT	63,521	63,521		
<b>c</b> PUBLIC RELATIONS	35,118	35,118		
<b>d</b> TELEPHONE AND INTERNET	23,989	17,462	1,757	4,770
<b>e</b> All other expenses	28,314	13,634	5,974	8,706
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,042,887	2,451,051	181,177	410,659
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>1,010,750</b>	<b>1</b>	<b>1,234,582</b>
	<b>2</b> Savings and temporary cash investments	<b>118,954</b>	<b>2</b>	<b>122,230</b>
	<b>3</b> Pledges and grants receivable, net	<b>609,399</b>	<b>3</b>	<b>694,511</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>41,352</b>	<b>9</b>	<b>77,306</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>61,961</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>54,979</b>	<b>12,680</b>	<b>10c</b> <b>6,982</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11	<b>892,259</b>	<b>12</b>	<b>996,744</b>
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>11,132</b>	<b>15</b>	<b>11,132</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>2,696,526</b>	<b>16</b>	<b>3,143,487</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>30,820</b>	<b>17</b>	<b>138,564</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>6,768</b>	<b>19</b>	<b>4,500</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>8,514</b>	<b>25</b>	<b>718</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>46,102</b>	<b>26</b>	<b>143,782</b>
<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>			
	<b>27</b> Unrestricted net assets	<b>1,953,165</b>	<b>27</b>	<b>2,205,793</b>
	<b>28</b> Temporarily restricted net assets	<b>697,259</b>	<b>28</b>	<b>793,912</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>2,650,424</b>	<b>33</b>	<b>2,999,705</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>2,696,526</b>	<b>34</b>	<b>3,143,487</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,333,491</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,042,887</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>290,604</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>2,650,424</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>58,677</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>2,999,705</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2017**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\*-\*\*\*2336**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,289,409	2,906,698	2,817,505	3,338,768	3,284,731	13,637,111
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,289,409	2,906,698	2,817,505	3,338,768	3,284,731	13,637,111
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4.						13,637,111

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	1,289,409	2,906,698	2,817,505	3,338,768	3,284,731	13,637,111
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,880	19,888	17,165	15,771	18,653	86,357
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						13,723,468
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	852,612
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.37%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	98.76%
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<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 <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
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).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017:			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014 .....			
<b>d</b> From 2015 .....			
<b>e</b> From 2016 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014 .....			
<b>c</b> Excess from 2015 .....			
<b>d</b> Excess from 2016 .....			
<b>e</b> Excess from 2017 .....			



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047  
**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Name of the organization**  
**PAT TILLMAN FOUNDATION**

**Employer identification number**  
**\*\*-\*\*\*2336**

**Organization type** (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                     501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

Name of organization

PAT TILLMAN FOUNDATION

Employer identification number

\*\*-\*\*\*2336

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NATIONAL FOOTBALL LEAGUE 345 PARK AVENUE NEW YORK NY 10154	\$ 403,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE JOHN W. CARSON FOUNDATION 16000 VENTURA BLVD SUITE 900 ENCINO CA 91436	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WOUNDED WARRIOR PROJECT 4899 BELFORT RD. SUITE 300 JACKSONVILLE FL 32256	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MUSCLE MILK 2215 S 48TH STREET SUITE D PHOENIX AZ 85282	\$ 98,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	BOB WOODRUFF FOUNDATION 1359 BROADWAY, SUITE 905 NEW YORK NY 10018	\$ 79,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TEKSYSTEMS 7437 RACE ROAD HANOVER MD 21076	\$ 149,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\* - \*\*\*2336**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<b>ARIZONA CARDINALS CHARITIES</b> <b>8701 S HARDY DR.</b>  <b>PHOENIX AZ 85284</b>	\$ <b>72,338</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>GOOD NATION FOUNDATION</b> <b>121 ANDERSON AVENUE</b>  <b>DEMAREST NJ 07627</b>	\$ <b>70,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<b>IHEARTMEDIA</b> <b>4686 E VAN BUREN ST.</b>  <b>PHOENIX AZ 85008</b>	\$ <b>446,000</b>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<b>MEREDITH MEDIA 3TV CBS 5</b> <b>NEWS PHOENIX</b> <b>5555 N. 7TH AVENUE</b>  <b>PHOENIX AZ 85013</b>	\$ <b>200,000</b>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>PAT TILLMAN FOUNDATION</b>	Employer identification number <b>** - ***2336</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PROTEIN SHAKES FOR RUNNERS ..... ..... .....	\$ ..... 98,000	..... .....
9	ADVERTISING ..... ..... .....	\$ ..... 446,000	..... .....
10	ADVERTISING ..... ..... .....	\$ ..... 200,000	..... .....
	..... ..... .....	\$ .....	..... .....
	..... ..... .....	\$ .....	..... .....
	..... ..... .....	\$ .....	..... .....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

\*\*-\*\*\*2336

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows 2a-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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 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. 1b 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:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

**Part V Endowment Funds.**

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

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

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

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Temporarily restricted endowment ▶ ..... %

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

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

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

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>61,961</b>	<b>54,979</b>	<b>6,982</b>
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **6,982**

**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 <b>BOND FUNDS</b>	<b>996,744</b>	<b>MARKET</b>
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>996,744</b>	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>DEFERRED RENT</b>	<b>718</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>718</b>	

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



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

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\*-\*\*\*2336**

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Total** .....

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

.....  
.....  
.....  
.....

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.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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.

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

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?
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain:





**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\*-\*\*\*2336****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	ALLIANT INTERNATIONAL UNIVERSITY 10455 POMERADO RD, BLDG. M17 SAN DIEGO CA 92131	**--***3516	3	8,000		FMV		EDUCATION
(2)	ASU FOUNDATION PO BOX 2260 TEMPE AZ 85280	**--***1042	3	40,000		FMV		EDUCATION
(3)	BAYLOR UNIVERSITY ONE BEAR PLACE #97048 WACO TX 76798	**--***9753	3	10,000		FMV		EDUCATION
(4)	COLUMBIA UNIVERSITY 1140 AMSTERDAM AVE NEW YORK NY 10027	**--***8093	3	25,000		FMV		EDUCATION
(5)	DARTMOUTH COLLEGE 7021 REMSEN, ROOM 302 HANOVER NH 03755	**--***2111	3	10,000		FMV		EDUCATION
(6)	DUKE UNIVERSITY 201 TRENT DR, BOX 3067 DUMC DURHAM NC 27708	**--***2129	3	6,750		FMV		EDUCATION
(7)	EDWARD VIA COLLEGE OF OSTEOPATHIC M 2265 KRAFT DRIVE BLACKSBURG VA 24060	**--***2107	3	25,000		FMV		EDUCATION
(8)	FORDHAM UNIVERSITY 441 E. FORDHAM RD. BRONX NY 10458	**--***0451	3	10,000		FMV		EDUCATION
(9)	GEISNINGER COMMONWEALTH SCHOOL OF 525 PINE ST. SCRANTON PA 18509	**--***2968	3	10,000		FMV		EDUCATION

- 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number  
**\*\*-\*\*\*2336**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	GEORGE WASHINGTON UNIVERSITY 800 21ST ST. NW. WASHINGTON DC 20052	**--***7513	3	40,000		FMV		EDUCATION
(2)	GEORGETOWN UNIVERSITY 3700 O ST. NW, LOWER LEVEL GRAVENOR WASHINGTON DC 20057	**--***6603	3	40,000		FMV		EDUCATION
(3)	HARVARD BUSINESS SCHOOL HARVARD BUSINESS SCHOOL MBA BOSTON MA 02163	**--***3580	3	30,000		FMV		EDUCATION
(4)	HARVARD LAW SCHOOL 1585 MASSACHUSETTS AVE WCC 5027 CAMBRIDGE MA 02138	**--***3580	3	18,000		FMV		EDUCATION
(5)	HARVARD MEDICAL SCHOOL 25 SHATTUCK ST BOSTON MA 02115	**--***3580	3	10,000		FMV		EDUCATION
(6)	HARVARD UNIVERSITY 1350 MASSACHUSETTS AVE CAMBRIDGE MA 02138	**--***3580	3	24,500		FMV		EDUCATION
(7)	INDIANA UNIVERSITY 900 EAST 7TH ST BLOOMINGTON IN 47405	**--***1673	3	20,000		FMV		EDUCATION
(8)	JACKSON STATE UNIVERSITY 1400 JR LYNCH ST. JACKSON MS 39217	**--***0507	3	10,000		FMV		EDUCATION
(9)	JOHNS HOPKINS (SAIS) 1740 MASSACHUSETTS AVE NW WASHINGTON DC 20036	**--***5110	3	20,000		FMV		EDUCATION

- 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 ▶

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\* - \*\*\*2336****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	JOHNS HOPKINS UNVERISTY SCHOOL OF E 6740 ALEXANDER BELL DR. SUITE 110 COLUMBIA MD 21046	** - ***5110	3	15,000		FMV		EDUCATION
(2)	LIBERTY UNIVERSITY PO BOX 10425 LYNCHBURG VA 24506	** - ***6734	3	12,000				EDUCATION
(3)	MASS. GENERAL HOSPITAL INSTITUTE 36 1ST AVENUE BOSTON MA 02129	** - ***8893	3	15,000		FMV		EDUCATION
(4)	MASSACHUSETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVE, CAMBRIDGE MA 02139	** - ***3594	3	45,000		FMV		EDUCATION
(5)	MIDWESTERN UNIVERSITY 19555 NORTH 59TH AVE GLENDALE AZ 85308	** - ***7698	3	15,000		FMV		EDUCATION
(6)	NORTH CAROLINA STATE 2016 HARRIS HALL, CAMPUS BOX 7302 RALEIGH NC 27695	** - ***0756	3	15,000		FMV		EDUCATION
(7)	NORTHERN ARIZONA UNIVERSITY 601 S. KNOLES DRIVE FLAGSTAFF AZ 86011	** - ***9628	3	9,000		FMV		EDUCATION
(8)	NORTHWESTERN UNIV - GRAD SCHOOL 633 CLARK ST, SROWN 1-502 EVANSTON IL 60208	** - ***7817	3	7,500		FMV		EDUCATION
(9)	NORTHWESTERN UNIVERSITY 2001 SHERIDAN ROAD EVANSTON IL 60208	** - ***7817	3	10,000		FMV		EDUCATION

- 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2017****Open to Public  
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Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\* - \*\*\*2336****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	RUTGERS UNIVERSITY 335 GEORGE ST, 4TH FLOOR NEW BRUNSWICK NJ 08903	** - ***1086	3	30,000		FMV		EDUCATION
(2)	STANFORD LAW SCHOOL 559 NATHAN ABBOTT WAY STANFORD CA 94305	** - ***6365	3	15,000		FMV		EDUCATION
(3)	STANFORD UNIV MONTAG HALL - 355 GALVEZ STREET STANFORD CA 94305	** - ***6365	3	7,000		FMV		EDUCATION
(4)	STANFORD UNIVERSITY 655 KNIGHT WAY, MCCLELLAND BLDG STANFORD CA 94305	** - ***6365	3	50,000		FMV		EDUCATION
(5)	SUFFOLK UNIVERSITY LAW SCHOOL 120 TREMONT STREET BOSTON MA 02108	** - ***3255	3	20,000		FMV		EDUCATION
(6)	SYRACUSE UNIVERSITY 200 BOWNE HALL SYRACUSE NY 13244	** - ***2081		10,000				EDUCATION
(7)	TEXAS A&M UNIVERSITY PO BOX 30016 COLLEGE STATION TX 77843	** - ***0531	3	28,000		FMV		EDUCATION
(8)	THE CATHOLIC UNIVERSITY OF AMERICA COLUMBUS SCHOOL OF LAW WASHINGTON DC 20064	** - ***6583	3	15,000		FMV		EDUCATION
(9)	THE OHIO STATE UNIVERSITY BURSAR 281 W LANE AVE COLUMBUS OH 43210	** - ***5986	3	40,000		FMV		EDUCATION

- 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\* - \*\*\*2336**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	THOMAS JEFFERSON UNIVERSITY 1015 WALNUT STREET, CURTIS BLDG 115 PHILADELPHIA PA 19107	15 **-***2651	3	15,000		FMV		EDUCATION
(2)	TRUSTEES OF DARTMOUTH COLLEGE 100 TUCK HALL HANOVER NH 03755	3580 **-***3580	3	15,000		FMV		EDUCATION
(3)	TRUSTEES OF UNIVERSITY OF PENN 100 FRANKLIN BLDG 3451 WALNUT ST PHILADELPHIA PA 19104	2685 **-***2685	3	45,000		FMV		EDUCATION
(4)	TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD MA 02155	3634 **-***3634	3	10,000		FMV		EDUCATION
(5)	UCLA 220 WESTWOOD PLAZA STE B44 LOS ANGELES CA 90095	6143 **-***6143	3	25,000		FMV		EDUCATION
(6)	UNIVERSITY OF SOUTHERN CALIFORNIA 700 CHILDS WAY, JHH 325 LOS ANGELES CA 90089	2394 **-***2394	3	10,000		FMV		EDUCATION
(7)	UNIVERSITY OF ALABAMA BOX 870122 TUSCALOOSA AL 35487	1138 **-***1138	3	8,000		FMV		EDUCATION
(8)	UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD, BOX 3 TUCSON AZ 85719	2689 **-***2689	3	20,000		FMV		EDUCATION
(9)	UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA CA 92093-0606	6144 **-***6144	3	15,000		FMV		EDUCATION

- 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 ▶

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number  
**\*\*-\*\*\*2336**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVE CHICAGO IL 60637	**--***7139	3	25,000		FMV		EDUCATION
(2)	UNIVERSITY OF DENVER 2197 S. UNIVERSITY BLVD DENVER CO 80208	**--***4231	3	8,000				
(3)	UNIVERSITY OF FLORIDA PO BOX 114025 GAINESVILLE FL 32611	**--***2052	3	6,000		FMV		EDUCATION
(4)	UNIVERSITY OF ILLINOIS CHICAGO 1200 W. HARRISON CHICAGO IL 60607	**--***0511	3	10,000				EDUCATION
(5)	UNIVERSITY OF MARYLAND 8400 BALTIMORE AVE. STE 200 COLLEGE PARK MD 20740	**--***7313	3	10,000		FMV		EDUCATION
(6)	UNIVERSITY OF MIAMI 1306 STANFORD DR. CORAL GABLES FL 33146	**--***6309	3	10,000		FMV		
(7)	UNIVERSITY OF MICHIGAN 1134 CATHERINE ST. ANN ARBOR MI 48109	**--***6309	3	10,000		FMV		EDUCATION
(8)	UNIVERSITY OF MINNESOTA 106 PLEASANT ST. SE MINNEAPOLIS MN 55455	**--***7513	3	45,000		FMV		EDUCATION
(9)	UNIVERSITY OF MISSOURI - ST LOUIS 110 CLARK HALL ST LOUIS MO 63121	**--***3859	3	20,000		FMV		EDUCATION

- 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 ▶

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\* - \*\*\*2336****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF NEBRASKA OMAHA 6001 DODGE ST OMAHA NE 68182	** - ***9123	3	10,000		FMV		EDUCATION
(2)	UNIVERSITY OF NEW MEXICO 1155 UNIVERSITY BLVD SE ALBUQUERQUE NM 87106	** - ***0642	3	10,000		FMV		EDUCATION
(3)	UNIVERSITY OF NORTH CAROLINA 450 RIDGE ROAD, CB 1400 CHAPEL HILL NC 27599	** - ***1393	3	35,000		FMV		EDUCATION
(4)	UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE DENTON TX 76203-5017	** - ***2149	3	10,000		FMV		EDUCATION
(5)	UNIVERSITY OF OKLAHOMA 100 ASP AVE, ROOM 105 NORMAN OK 73019	** - ***3627	3	42,000		FMV		EDUCATION
(6)	UNIVERSITY OF OREGON PO BOX 3237 EUGENE OR 97403	** - ***8531	3	15,000		FMV		EDUCATION
(7)	UNIVERSITY OF SOUTH FLORIDA PO BOX 864571 ORLANDO FL 32886	** - ***2112	3	10,000		FMV		EDUCATION
(8)	UNIVERSITY OF ST THOMAS 2115 SUMMIT AVE SAINT PAUL MN 55105-1096	** - ***3970	3	10,000		FMV		
(9)	UNIVERSITY OF ST. AUGUSTINE 1 UNIVERSITY BLVD ST AUGUSTINE FL 32086	** - ***6042	3	15,000		FMV		EDUCATION

- 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 ▶

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

Schedule I (Form 990) (2017)



**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\* - \*\*\*2336****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF TEXAS AT ARLINGTON PO BOX 1919 ARLINGTON TX 76019	** - ***0121	3	10,000		FMV		EDUCATION
(2)	UNIVERSITY OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD DALLAS TX 75390	ME ** - ***2868	3	8,000		FMV		EDUCATION
(3)	UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY CPO 308 SAN ANTONIO TX 78209	** - ***9661	3	9,000		FMV		EDUCATION
(4)	UNIVERSITY OF UTAH 201 S 1460 E RM135 SALT LAKE CITY UT 84112	** - ***0525	3	22,500				EDUCATION
(5)	UNIVERSITY OF VERMONT 85 S. PROSPECT ST BURLINGTON VT 05405	** - ***9440	3	8,000		FMV		EDUCATION
(6)	UNIVERSITY OF VIRGINIA PO BOX 400204 CHARLOTTESVILLE VA 22904	** - ***1796	3	10,000		FMV		EDUCATION
(7)	UNIVERSITY OF WASHINGTON PO BOX 24967 SEATTLE WA 98124	** - ***1537	3	38,000		FMV		EDUCATION
(8)	UTHSCSA 7703 FLOYD CURL MC: 7708 SAN ANTONIO TX 78229	** - ***6031	3	10,000		FMV		EDUCATION
(9)	UWM FOUNDATION, INC. 1440 E. NORTH AVENUE MILWAUKEE WI 53202	** - ***5963	3	25,000		FMV		EDUCATION

- 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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number  
**\*\*-\*\*\*2336**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 noncash assistance	(h) Purpose of grant or assistance
(1)	VANDERBILT UNIVERSITY 461 21ST AVE. SOUTH NASHVILLE TN 37240-0008	**--***6822	3	10,000		FMV		EDUCATION
(2)	VILLANOVA UNIVERSITY 800 LANCASTER AVE VILLANOVA PA 19085	**--***2688	3	10,000				EDUCATION
(3)	VIRGINIA COMMON WEALTH UNIVERSITY PO BOX 843036 RICHMOND VA 23284	**--***1758	3	8,000		FMV		EDUCATION
(4)	VIRGINIA COMMON WEALTH UNIVERSITY 1201 E MARSHALL ST, ROOM4-307 RICHMOND VA 23298	**--***1758	3	10,000		FMV		EDUCATION
(5)	WAKE FOREST UNIVERSITY 475 VINE ST. WINSTON-SALEM NC 27101	**--***2138	3	10,000				EDUCATION
(6)	YALE LAW SCHOOL 127 WALL STREET NEW HAVEN CT 06511	**--***6973	3	10,000		FMV		EDUCATION
(7)	YALE UNIVERSITY PO BOX 208232 NEW HAVEN CT 06520	**--***6973	3	23,000		FMV		EDUCATION
(8)								
(9)								

- 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 ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1 SCHOLARSHIPS</b>		<b>15,000</b>		<b>FMV</b>	
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**  
**FOR GRANT FUNDS, THE ORGANIZATION NOTES ANY SPECIFIC DESIGNATIONS OR**  
**GUIDELINES FROM THE GRANTOR AND KEEPS A SCHEDULE OF WHEN AND WHAT THEY OWE**  
**THE GRANTOR FROM A REPORTING STANDPOINT. SINCE THEY ONLY HAVE 1 PROGRAM**  
**THAT THEY FUND, ALL GRANT MONEY IS USED FOR THE TILLMAN SCHOLARSHIPS. THEY**  
**ENSURE ALL GRANT FUNDS ARE USED BY THE ANNUAL FUNDING OF NEW AND RENEWABLE**  
**SCHOLARSHIPS. SHOULD ANY GRANT FUND BE LEFTOVER, THOSE FUNDS WOULD BE HELD**  
**AS "DESIGNATED" FOR THE NEXT CLASS OF TILLMAN SCHOLARS.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\*-\*\*\*2336**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>ADVERTISING</b> )	<b>X</b>	<b>3</b>	<b>744,000</b>	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

**PAT TILLMAN FOUNDATION**

Employer identification number

**\*\* - \*\*\*2336****FORM 990 - ORGANIZATION'S MISSION**

IN 2002, PAT TILLMAN PROUDLY PUT HIS NFL CAREER WITH THE ARIZONA CARDINALS ON HOLD TO SERVE HIS COUNTRY. FAMILY AND FRIENDS ESTABLISHED THE PAT TILLMAN FOUNDATION FOLLOWING PAT'S DEATH IN APRIL 2004 WHILE SERVING WITH THE 75TH RANGER REGIMENT IN AFGHANISTAN. CREATED TO HONOR PAT'S LEGACY OF LEADERSHIP AND SERVICE, THE PAT TILLMAN FOUNDATION INVESTS IN MILITARY VETERANS AND THEIR SPOUSES THROUGH ACADEMIC SCHOLARSHIPS—BUILDING A DIVERSE COMMUNITY OF LEADERS COMMITTED TO SERVICE TO OTHERS. FOR MORE INFORMATION ON THE PAT TILLMAN FOUNDATION, VISIT [WWW.PATTILLMANFOUNDATION.ORG](http://WWW.PATTILLMANFOUNDATION.ORG).

FOUNDED IN 2008, THE TILLMAN SCHOLARS PROGRAM SUPPORTS OUR NATION'S ACTIVE-DUTY SERVICE MEMBERS, VETERANS AND MILITARY SPOUSES BY INVESTING IN THEIR HIGHER EDUCATION. THE SCHOLARSHIP PROGRAM COVERS DIRECT STUDY-RELATED EXPENSES, INCLUDING TUITION AND FEES, BOOKS AND LIVING EXPENSES, FOR SCHOLARS WHO ARE PURSUING UNDERGRADUATE, GRADUATE OR POST-GRADUATE DEGREES AS A FULL-TIME STUDENT AT A PUBLIC OR PRIVATE, U.S.-BASED ACCREDITED INSTITUTION. THE SELECTION PROCESS FOR THE TILLMAN SCHOLARS PROGRAM IS HIGHLY COMPETITIVE WITH UP TO 60 TILLMAN SCHOLARS CHOSEN ANNUALLY.

TO DATE, THE PAT TILLMAN FOUNDATION HAS INVESTED OVER \$14 MILLION IN ACADEMIC SUPPORT SINCE 2004, AND NAMED OVER 460 TILLMAN SCHOLARS AT OVER 100 ACADEMIC INSTITUTIONS NATIONWIDE.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

OF PERSEVERANCE, AND A DEEP DESIRE TO CREATE POSITIVE CHANGE THROUGH THEIR WORK IN THE FIELDS OF MEDICINE, LAW, BUSINESS, POLICY, TECHNOLOGY,

Name of the organization

Employer identification number

PAT TILLMAN FOUNDATION

\*\*-\*\*\*2336

EDUCATION AND THE ARTS.

SINCE ITS INCEPTION, THE TS PROGRAM HAS EVOLVED INTO A COMMUNITY OF MILITARY VETERANS AND SPOUSES, ACCEPTING APPLICANTS BASED ON MERIT AND POTENTIAL FOR IMPACT. OVERALL, SINCE INCEPTION THE FOUNDATION HAS INVESTED OVER \$14 MILLION IN TILLMAN SCHOLAR SCHOLARSHIPS AND HAS NAMED OVER 450 TILLMAN SCHOLARS AT MORE THAN 100 ACADEMIC INSTITUTIONS NATIONWIDE.

TILLMAN SCHOLARS REPRESENT ALL FIVE BRANCHES OF THE UNITED STATES MILITARY, INCLUDING THE NATIONAL GUARD AND RESERVES, AS WELL AS MILITARY SPOUSES.

AIDED BY A GRASSROOTS MARKETING EFFORT, THE FOUNDATION RECEIVED NEARLY 2,000 COMPLETE APPLICATIONS DURING THE MONTH-LONG SUBMISSION WINDOW DURING THE YEAR ENDED DECEMBER 31, 2016. AFTER CAREFUL REVIEW AND CONSIDERATION AMONG REGIONAL AND FINAL SELECTION COMMITTEES, 60 CANDIDATES (38 AT-LARGE AND 22 THROUGH UNIVERSITY PARTNERS) WERE SELECTED TO JOIN THE EIGHTH CLASS OF TILLMAN SCHOLARS. DURING THE YEARS ENDED DECEMBER 31, 2016 AND 2015, THE FOUNDATION AWARDED \$1,711,000 AND \$1,637,750, RESPECTIVELY, IN SCHOLARSHIPS. AS OF DECEMBER 31, 2016 AND 2015, THE BOARD HAS DESIGNATED \$1,374,250 AND \$1,291,000, RESPECTIVELY, IN FUNDS FOR ANTICIPATED SCHOLARSHIP FUND RENEWALS FOR CURRENT TILLMAN SCHOLARS. PRIOR TO FOCUSING ON VETERANS' EDUCATION, THE FOUNDATION FULLY ENDOWED THE LEADERSHIP THROUGH ACTION™ PROGRAM AT ARIZONA STATE UNIVERSITY, SERVING PROMISING UNDERGRADUATE STUDENTS WITH A UNIQUE PERSONAL DEVELOPMENT AND LEADERSHIP CURRICULUM.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

MARIE TILLMAN

ALEX GARWOOD

PAGE 1 OF 2

Name of the organization

Employer identification number

**PAT TILLMAN FOUNDATION**

**\*\* - \*\*\*2336**

**CHAIRMAN**

**DIRECTOR**

**SISTER-IN-LAW**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE BOARD OF DIRECTORS REVIEWS THE AUDITED FINANCIAL STATEMENTS AND 990  
WITH THE AUDITORS AT AN ANNUAL MEETING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
THE CONFLICT OF INTEREST POLICY IS REVIEWED BY AND SIGNED BY ALL EMPLOYEES  
AND BOARD MEMBERS ANNUALLY.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE FOUNDATION USES A GEOGRAPHIC SPECIFIC SALARY SURVEY AND BENCHMARKING  
FOR DETERMINING SALARY RANGES FOR TOP MANAGEMENT OFFICIALS. THE BOARD HAS  
FINAL APPROVAL FOR COMPENSATION.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
THE FOUNDATION USES A GEOGRAPHIC SPECIFIC SALARY SURVEY FOR DETERMINING  
SALARY RANGES FOR TOP MANAGEMENT OFFICIALS. THE BOARD HAS FINAL APPROVAL  
FOR COMPENSATION.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
UPON REQUEST AND THE FINANCIALS ARE DISCLOSED ON GUIDESTAR.ORG**



**Depreciation and Amortization**  
 (Including Information on Listed Property)

▶ Attach to your tax return.  
 ▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return **PAT TILLMAN FOUNDATION** Identifying number **\*\*-\*\*\*2336**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,698

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,698
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

\*\*-\*\*\*2336

**Federal Asset Report**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
I	assets	12/31/05	61,961			61,961	5 MO S/L	49,281	5,698
	<b>Total Other Depreciation</b>		<u>61,961</u>			<u>61,961</u>		<u>49,281</u>	<u>5,698</u>
	<b>Total ACRS and Other Depreciation</b>		<u>61,961</u>			<u>61,961</u>		<u>49,281</u>	<u>5,698</u>
	<b>Grand Totals</b>		61,961			61,961		49,281	5,698
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>61,961</u>			<u>61,961</u>		<u>49,281</u>	<u>5,698</u>

\*\*-\*\*\*2336

**CA Asset Report**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
<b>Other Depreciation:</b>								
I	assets	12/31/05	61,961	61,961	49,281	5,698	5,698	0
<b>Total Other Depreciation</b>			61,961	61,961	49,281	5,698	5,698	0
<b>Total ACRS and Other Depreciation</b>			61,961	61,961	49,281	5,698	5,698	0
<b>Grand Totals</b>			61,961	61,961	49,281	5,698	5,698	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			61,961	61,961	49,281	5,698	5,698	0

\*\*-\*\*\*2336

# AZ Asset Report

## Form 990, Page 1

FYE: 12/31/2017

Asset	Description	Date In Service	Cost	Basis for Depr	AZ Prior	AZ Current	Federal Current	Difference Fed - AZ
<b>Other Depreciation:</b>								
	I assets	12/31/05	61,961	61,961	49,281	5,698	5,698	0
	<b>Total Other Depreciation</b>		<u>61,961</u>	<u>61,961</u>	<u>49,281</u>	<u>5,698</u>	<u>5,698</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>61,961</u>	<u>61,961</u>	<u>49,281</u>	<u>5,698</u>	<u>5,698</u>	<u>0</u>
	<b>Grand Totals</b>		61,961	61,961	49,281	5,698	5,698	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>61,961</u>	<u>61,961</u>	<u>49,281</u>	<u>5,698</u>	<u>5,698</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

**Future Depreciation Report****FYE: 12/31/18**

FYE: 12/31/2017

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Other Depreciation:</u></b>					
1	assets	12/31/05	61,961	6,982	0
	<b>Total Other Depreciation</b>		<u>61,961</u>	<u>6,982</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>61,961</u>	<u>6,982</u>	<u>0</u>
	<b>Grand Totals</b>		<u>61,961</u>	<u>6,982</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
<b><u>Other Depreciation:</u></b>				
1	assets	12/31/05	<u>61,961</u>	<u>6,982</u>
	<b>Total Other Depreciation</b>		<u>61,961</u>	<u>6,982</u>
	<b>Total ACRS and Other Depreciation</b>		<u>61,961</u>	<u>6,982</u>
	<b>Grand Totals</b>		<u>61,961</u>	<u>6,982</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>AZ</u>
<b><u>Other Depreciation:</u></b>				
1	assets	12/31/05	<u>61,961</u>	<u>6,982</u>
	<b>Total Other Depreciation</b>		<u>61,961</u>	<u>6,982</u>
	<b>Total ACRS and Other Depreciation</b>		<u>61,961</u>	<u>6,982</u>
	<b>Grand Totals</b>		<u>61,961</u>	<u>6,982</u>



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2016 &amp; 2017</b>
For calendar year 2017, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**PAT TILLMAN FOUNDATION****\*\*-\*\*\*2336**

		2016	2017	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants	3,338,768	3,284,731	-54,037
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	15,771	18,653	2,882
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	12,511	30,107	17,596
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>3,367,050</b>	<b>3,333,491</b>	<b>-33,559</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid	1,700,000	1,426,250	-273,750
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	120,000	141,250	21,250
	16. Salaries, other compensation, and employee benefits	577,039	744,618	167,579
	17. Professional fundraising fees			
	18. Other professional fees	95,422	91,863	-3,559
	19. Occupancy, rent, utilities, and maintenance	62,588	68,578	5,990
	20. Depreciation and Depletion	5,697	5,698	1
	21. Other expenses	623,946	564,630	-59,316
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>3,184,692</b>	<b>3,042,887</b>	<b>-141,805</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>182,358</b>	<b>290,604</b>	<b>108,246</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue	3,367,050	3,333,491	-33,559
	25. Total unrelated revenue			
	26. Total excludable revenue	28,282	48,760	20,478
	27. Total assets	2,696,526	3,143,487	446,961
	28. Total liabilities	46,102	143,782	97,680
	29. Retained earnings	2,650,424	2,999,705	349,281
	30. Number of voting members of governing body	7	9	
	31. Number of independent voting members of governing body	7	9	
	32. Number of employees	14	14	
33. Number of volunteers	1000	1000		

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 2		14			
TOTAL	<u>\$ 2</u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 18,651		14			
TOTAL	<u>\$ 18,651</u>					

\*\*-\*\*\*2336

**Federal Statements**

FYE: 12/31/2017

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER PROFESSIONAL	\$ 45,167	\$ 26,409	\$ 14,687	\$ 4,071
IN-KIND	15,000	15,000		
TOTAL	<u>\$ 60,167</u>	<u>\$ 41,409</u>	<u>\$ 14,687</u>	<u>\$ 4,071</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PRINTING	\$ 11,906	\$ 10,754	\$ 1,042	\$ 110
MISCELLANEOUS	7,945	2,095	539	5,311
POSTAGE AND SHIPPING	4,325	785	255	3,285
ADMINISTRATIVE FEES	4,138		4,138	
TOTAL	<u>\$ 28,314</u>	<u>\$ 13,634</u>	<u>\$ 5,974</u>	<u>\$ 8,706</u>

**Schedule A, Part II, Line 8(e)**

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 2
DIVIDENDS	18,651
TOTAL	<u>\$ 18,653</u>

**Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
PAT'S RUN (AZ)	\$ 852,612
TOTAL	<u>\$ 852,612</u>

For the [X] calendar year 2017 or [ ] fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

CHECK ONE: [X] Original [ ] Amended
Name: PAT TILLMAN FOUNDATION
Employer Identification Number (EIN): \*\*\*-\*\*\*2336
Address: 217 N. JEFFERSON STREET, SUITE 602
City: CHICAGO State: IL ZIP Code: 60661
Business Telephone Number: 773-360-5277

88 Check box if: [ ] This is a first return [ ] Name change [ ] Address change
A Date Arizona operations began: 04/30/2004
B Nature of Arizona activities: SEE STATEMENT 1
C Federal form filed: [ ] 990 [ ] 990-EZ [X] Other (specify) 990

Check box if return filed under extension:
82 82F [ ]

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88
81 PM 66 RCVD

NONPROFIT MEDICAL MARIJUANA DISPENSARY (NMMD) ONLY -
D [ ] NMMD Registry Identification Number:
E What type of entity is the dispensary?
[ ] Corporation [ ] Limited Liability Company (LLC) [ ] Partnership [ ] S corporation
[ ] Sole Proprietorship
F If the dispensary is an LLC, what is the federal tax classification?
[ ] Corporation [ ] Disregarded Entity [ ] Partnership [ ] S corporation
If the dispensary is an LLC, a partnership or an S corporation, include a schedule that lists the following ownership information: name, address, TIN, and ownership percentage at the end of the tax year.
G Federal form filed: [ ] 1040 [ ] 1041 [ ] 1065 [ ] 1120 [ ] 1120-S [ ] Other (specify) \_\_\_\_\_

Sources of Income

Table with 11 rows for sources of income (Gross sales, Interest, Dividends, etc.) and a total line 12. Total income: 3,333,491.00

Administrative Expenses

Table with 10 rows for administrative expenses (Compensation, Salaries, Interest, Taxes, etc.) and a total line 20. Total expenses: 1,553,250.00

Disbursements

Table with 3 rows for disbursements (Current income, Principal, Other) and a total line 23. Total disbursements: 1,489,637.00

Accumulation of Income

Table with 3 rows for accumulation of income (Current year, Beginning of year, End of year) and a total line 26. Total accumulation: 2,941,028.00

Penalty

Table with 1 row for penalty for late filing or incomplete filing. Line 27: 00

THE BUSINESS IS SUBJECT TO A PENALTY IF THIS RETURN IS FILED LATE OR IS INCOMPLETE. A.R.S. § 42-1125(K).

Name (as shown on page 1) <b>PAT TILLMAN FOUNDATION</b>	EIN <b>**-***2336</b>
--	--------------------------

**SCHEDULE A Disbursements From Current Income for Exempt Purposes**

<b>A1</b> Dues, assessments, etc., paid to affiliates	<b>A1</b>		00	
<b>A2</b> Contributions, gifts, grants, etc., paid	<b>A2</b>	<b>1,426,250</b>	00	
<b>A3</b> Benefit payments to or for members or their dependents:				
<b>A3a</b> Death, sickness, hospitalization, disability, or pension benefits	<b>A3a</b>		00	
<b>A3b</b> Other benefits	<b>A3b</b>	<b>63,387</b>	00	
<b>A4</b> Dividends and other distributions to members, shareholders, or depositors	<b>A4</b>		00	
<b>A5</b> Other	<b>A5</b>		00	
<b>A6</b> Total: Add lines A1 through A5. Enter total here and on page 1, line 21	<b>A6</b>	<b>1,489,637</b>	00	

**SCHEDULE B Disbursements From Principal for Exempt Purposes**

<b>B1</b> Dues, assessments, etc., paid to affiliates	<b>B1</b>		00	
<b>B2</b> Contributions, gifts, grants, etc., paid	<b>B2</b>		00	
<b>B3</b> Benefit payments to or for members or their dependents:				
<b>B3a</b> Death, sickness, hospitalization, disability, or pension benefits	<b>B3a</b>		00	
<b>B3b</b> Other benefits	<b>B3b</b>		00	
<b>B4</b> Dividends and other distributions to members, shareholders, or depositors	<b>B4</b>		00	
<b>B5</b> Other	<b>B5</b>		00	
<b>B6</b> Total: Add lines B1 through B5. Enter total here and on page 1, line 22	<b>B6</b>		00	

**SCHEDULE C Balance Sheet**

NOTE: Amounts reported in included schedules and in this column should be end of year amounts.		(a) Beginning of Year		(b) End of Year	
<b>Assets</b>					
<b>C1</b> Cash		<b>1,129,704</b>	00	<b>c1</b>	<b>1,356,812</b> 00
<b>C2a</b> Accounts receivable	<b>C2a</b>	<b>694,511</b>	00		
<b>C2b</b> Less allowance for doubtful accounts	<b>C2b</b>		00		
<b>C2c</b> Line C2a less line C2b. Enter difference in column (b)		<b>609,399</b>	00	<b>c2c</b>	<b>694,511</b> 00
<b>C3a</b> Other notes and loans receivable: Include schedule	<b>C3a</b>		00		
<b>C3b</b> Less allowance for doubtful accounts	<b>C3b</b>		00		
<b>C3c</b> Line C3a less line C3b. Enter difference in column (b)			00	<b>c3c</b>	
<b>C4</b> Inventories			00	<b>C4</b>	
<b>C5</b> Investments (securities): Include schedule <b>SEE STATEMENT 4</b>		<b>892,259</b>	00	<b>C5</b>	<b>996,744</b> 00
<b>C6</b> Investments (other): Include schedule			00	<b>C6</b>	
<b>C7a</b> Land, buildings, and equipment; basis:	<b>C7a</b>	<b>61,961</b>	00		
<b>C7b</b> Less accumulated depreciation: Include schedule	<b>C7b</b>	<b>54,979</b>	00		
<b>C7c</b> Line C7a less line C7b. Enter difference in column (b) <b>SEE STMT 5</b>		<b>12,680</b>	00	<b>C7c</b>	<b>6,982</b> 00
<b>C8</b> Other assets (describe): <b>SEE STATEMENT 6</b>		<b>52,484</b>	00	<b>C8</b>	<b>88,438</b> 00
<b>C9</b> <b>Total assets: Add lines C1 through C8</b>		<b>2,696,526</b>	00	<b>C9</b>	<b>3,143,487</b> 00
<b>Liabilities</b>					
<b>C10</b> Accounts payable and accrued expenses		<b>30,820</b>	00	<b>C10</b>	<b>138,564</b> 00
<b>C11</b> Mortgages and other notes payable: Include schedule			00	<b>C11</b>	
<b>C12</b> Other liabilities (describe): <b>SEE STATEMENT 7</b>		<b>15,282</b>	00	<b>C12</b>	<b>5,218</b> 00
<b>C13</b> <b>Total liabilities: Add lines C10 through C12</b>		<b>46,102</b>	00	<b>C13</b>	<b>143,782</b> 00
<b>Net Assets</b>					
<b>C14</b> Capital stock or trust principal			00	<b>C14</b>	
<b>C15</b> Paid-in or capital surplus			00	<b>C15</b>	
<b>C16</b> Retained earnings or accumulated income		<b>2,650,424</b>	00	<b>C16</b>	<b>2,999,705</b> 00
<b>C17</b> <b>Total net assets: Add lines C14 through C16</b>		<b>2,650,424</b>	00	<b>C17</b>	<b>2,999,705</b> 00
<b>C18</b> <b>Total liabilities and net assets: Add lines C13 and C17</b>		<b>2,696,526</b>	00	<b>C18</b>	<b>3,143,487</b> 00

PLEASE BE SURE TO SIGN THE RETURN ON PAGE 3.

Name (as shown on page 1) <b>PAT TILLMAN FOUNDATION</b>	EIN <b>** - *** 2336</b>
--	-----------------------------

<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
<b>Please Sign Here</b>	OFFICER'S SIGNATURE <b>BENJAMIN HILL</b>	DATE <b>10/10/2018</b>	TITLE <b>TREASURER</b>
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE <b>RACHEL R. LOCKE, CPA</b>	DATE <b>10/10/2018</b>	PAID PREPARER'S PTIN <b>P00450405</b>
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) <b>FESTER &amp; CHAPMAN, PLLC</b>		FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN <b>** - *** 5657</b>
	FIRM'S STREET ADDRESS <b>9019 E. BAHIA DR STE 100</b>		FIRM'S TELEPHONE NUMBER <b>602-264-3077</b>
	CITY <b>SCOTTSDALE</b>	STATE <b>AZ</b>	ZIP CODE <b>85260</b>

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

**Arizona Statements****Statement 1 - Form 99, Page 1, Line B - Nature of Arizona Activities**Description

PROMOTE POSITIVE WORLDLY CHANGES

**Statement 2 - Form 99, Page 1, Line 18 - Depreciation**

<u>Description</u>	<u>Amount</u>
ASSETS	5,698
TOTAL	5,698

**Statement 3 - Form 99, Page 1, Line 19 - Miscellaneous Expenses**

<u>Description</u>	<u>Amount</u>
ACCOUNTING	31,696
TRAVEL	280,206
OTHER PROFESSIONAL	45,167
OFFICE EXPENSES	7,203
INSURANCE	8,465
PUBLIC RELATIONS	35,118
TELEPHONE AND INTERNET	23,989
ADMINISTRATIVE FEES	4,138
PRINTING	11,906
POSTAGE AND SHIPPING	4,325
MISCELLANEOUS	7,945
FUNDRAISING EXPENSES	117,814
MILITARY SCHOLARS SUPPORT	63,521
IN-KIND	15,000
TOTAL	656,493

**Statement 4 - Form 99, Page 2, Line C5 - Investments (Securities)**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BOND FUNDS	\$ 892,259	\$ 996,744
TOTAL	\$ 892,259	\$ 996,744

**Statement 5 - Form 99, Page 2, Line C7c - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BUILDINGS, EQUIPMENT	\$ 61,961	\$ 61,961
LESS: ACCUMULATED DEPRECIATION	-49,281	-54,979
TOTAL	\$ 12,680	\$ 6,982

**Arizona Statements****Statement 6 - Form 99, Page 2, Line C8 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
REFUNDABLE DEPOSIT	\$ 11,132	\$ 11,132
INTANGIBLE ASSETS		
PREPAID EXPENSES	41,352	77,306
TOTAL	\$ <u>52,484</u>	\$ <u>88,438</u>

**Statement 7 - Form 99, Page 2, Line C12 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED REVENUE	\$ 6,768	\$ 4,500
DEFERRED RENT	8,514	718
TOTAL	\$ <u>15,282</u>	\$ <u>5,218</u>



### Form 199 Return Summary

For calendar year 2017, or tax year beginning , and ending

**\*\* - \*\*\*2336**

#### **PAT TILLMAN FOUNDATION**

Gross sales / receipts	<u>901,372</u>	
Dues from members		
Contributions / grants	<u>3,284,731</u>	
Total costs		
Expenses	<u>3,895,499</u>	
<b>Excess / (deficit)</b>		<u><u>290,604</u></u>
Filing fee	<u>10</u>	
Total payments		
Penalties and interest		
Use tax		
<b>Balance due</b>		<u><u>10</u></u>
<b>Refund</b>		<u><u></u></u>

#### **Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>2,696,526</u>	<u>3,143,487</u>	
Liabilities	<u>46,102</u>	<u>143,782</u>	
Net assets	<u><u>2,650,424</u></u>	<u><u>2,999,705</u></u>	<u><u>349,281</u></u>

#### **Miscellaneous Information**

Amended return  
 Return / extended due date 05/15/18

034

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311, and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number _____ <b>PAT TILLMAN FOUNDATION</b> Name of Organization <b>217 N. JEFFERSON STREET, SUITE 602</b> Address (Number and Street) <b>CHICAGO IL 60661</b> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2625482</u>  Federal Employer I.D. No. <u>** - ***2336</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
**Make Check Payable to Attorney General's Registry of Charitable Trusts**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/17 ending 12/31/17 ) list:  
 Gross annual revenue \$ 3,333,491 Total assets \$ 3,143,487

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		<b>X</b>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		<b>X</b>

Organization's area code and telephone number 773-360-5277

Organization's e-mail address KANDERSON@PATILLMANFOUNDATION.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.**

	<b>BENJAMIN HILL</b>	<b>TREASURER</b>	
Signature of authorized officer	Printed Name	Title	Date

034

Date Accepted \_\_\_\_\_

**DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2017** **California e-file Return Authorization for Exempt Organizations** FORM **8453-EO**

Exempt Organization name **PAT TILLMAN FOUNDATION** Identifying number **\*\*-\*\*\*2336**

**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	<b>4,186,103</b>
2	Total gross income (Form 199, line 8)	2	<b>4,186,103</b>
3	Total expenses and disbursements (Form 199, Line 9)	3	<b>3,895,499</b>

**Part II Settle Your Account Electronically for Taxable Year 2017**

4  Electronic funds withdrawal      4a Amount \_\_\_\_\_      4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_

6 Account number \_\_\_\_\_      7 Type of account:  Checking  Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**      Signature of officer **07/27/18**      Date      **TREASURER**      Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO Must Sign**

ERO's signature **RACHEL R. LOCKE, CPA**      Date \_\_\_\_\_      Check if also paid preparer       Check if self-employed       ERO's PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) and address **FESTER & CHAPMAN, PLLC**      FEIN **\*\*-\*\*\*5657**

**9019 E. BAHIA DR STE 100**      ZIP code **85260**

**SCOTTSDALE AZ**

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid Preparer Must Sign**

Paid preparer's signature \_\_\_\_\_      Date **10/10/18**      Check if self-employed       Paid preparer's PTIN **P00450405**

Firm's name (or yours if self-employed) and address **9019 E. BAHIA DR STE 100**      FEIN **\*\*-\*\*\*5657**

**9019 E. BAHIA DR STE 100**      ZIP code \_\_\_\_\_

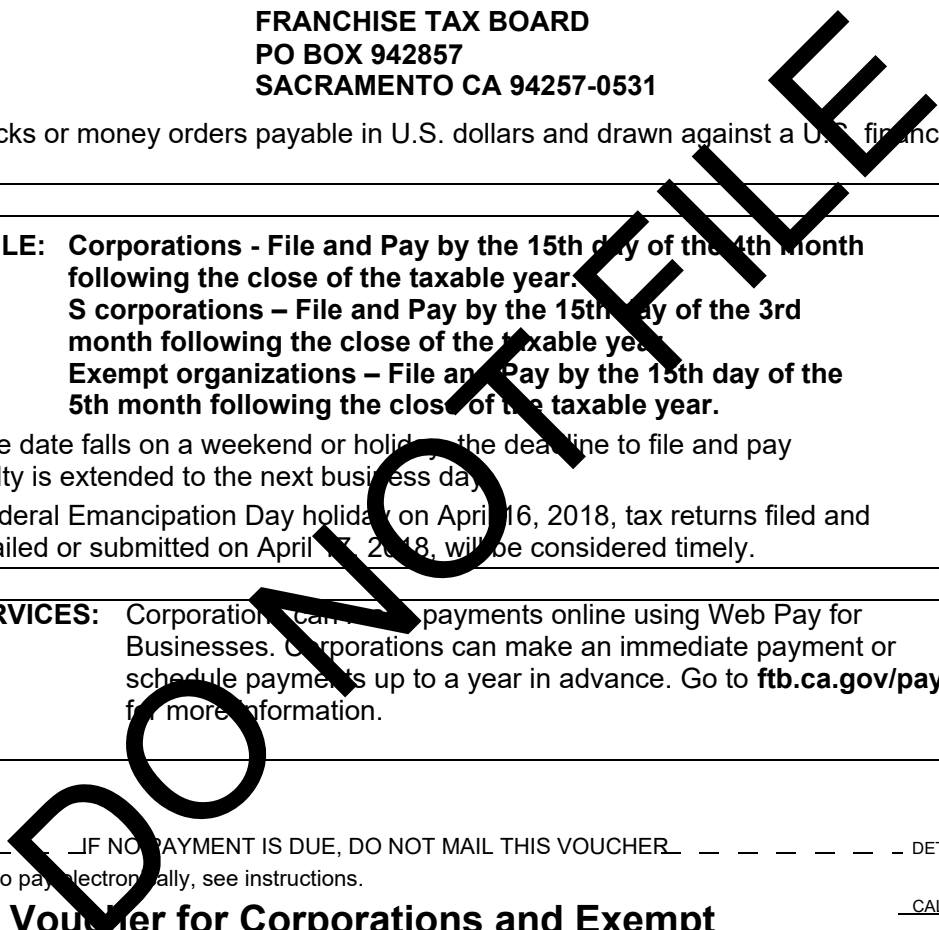
### Voucher at bottom of page. ■

**DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.**  
If the amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:  
**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**  
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.  
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.  
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.  
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.  
Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.



--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR

## Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM

**2017**

**3586 (e-file)**

2625482      PATT    \*\*--\*\*\*2336      000000000000      17      FORM 3  
TYB 01-01-2017    TYE 12-31-2017  
PAT TILLMAN FOUNDATION

217 N. JEFFERSON STREET,      STE      602  
CHICAGO      IL      60661

(773) 360-5277

Amount of Payment      10.

TAXABLE YEAR **2017** California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **PAT TILLMAN FOUNDATION** California corporation number **2625482**

Additional information. See instructions. FEIN **\*\*-\*\*\*2336**

Street address (suite or room) **217 N. JEFFERSON STREET, SUITE 602** PMB no.

City **CHICAGO** State **IL** Zip code **60661**

Foreign country name Foreign province/state/county Foreign postal code

A First Return [ ] Yes [X] No
B Amended Return [ ] Yes [X] No
C IRC Section 4947(a)(1) trust [ ] Yes [X] No
D Final Information Return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
E Check accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other
F Federal return filed? (1) [ ] 990T (2) [ ] 990-PF (3) [ ] Sch H (990) (4) [ ] Other 990 series
G Is this a group filing? See instructions [ ] Yes [X] No
H Is this organization in a group exemption [ ] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions [ ] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A [ ] Yes [ ] No
K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. [ ]
M Is the organization a Limited Liability Company? [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No
P Is federal Form 1023/1024 pending? [ ] Yes [X] No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Filing Fee (lines 11-17). Total balance due is 1000.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [ ] Title: **TREASURER** Date: [ ] Telephone: **773-360-5277**

Paid Preparer's Use Only Preparer's signature: **RACHEL R. LOCKE, CPA** Date: **10/10/2018** Check if self-employed: [ ] PTIN: **P00450405** Firm's name: **FESTER & CHAPMAN, PLLC** Address: **9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260** FEIN: **\*\*--\*\*\*5657** Telephone: **602-264-3077**

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

**PAT TILLMAN FOUNDATION**

**\*\* - \*\*\*2336**

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1		00	
	2	Interest	●	2		200	
	3	Dividends	●	3	18,651	00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See Instructions) <b>SEE STATEMENT 1</b>	●	6	30,107	00	
	7	Other income. Attach schedule <b>SEE STATEMENT 2</b>	●	7	852,612	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	901,372	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 3</b>	●	9	1,426,250	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 4</b>	●	11	141,250	00	
	12	Other salaries and wages	●	12	620,173	00	
	<b>Expenses and Disbursements</b>	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	68,578	00
		16	Depreciation and depletion (See instructions)	●	16	5,698	00
		17	Other Expenses and Disbursements. Attach schedule. <b>SEE STATEMENT 5</b>	●	17	1,633,550	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	3,895,499	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		1,129,704	●	1,356,812
2 Net accounts receivable		609,399	●	694,511
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock <b>STMT 6</b>		892,259	●	996,744
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	61,961		61,961	
b Less accumulated depreciation	(49,281)	12,680	(54,979)	6,982
11 Land			●	
12 Other assets. Attach schedule. <b>STMT 7</b>		52,484	●	88,438
13 <b>Total assets</b>		2,696,526		3,143,487
<b>Liabilities and net worth</b>				
14 Accounts payable		30,820	●	138,564
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule. <b>STMT 8</b>		15,282		5,218
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		2,650,424	●	2,999,705
22 <b>Total liabilities and net worth</b>		2,696,526		3,143,487

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	349,281	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 9</b>	●	58,677
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		58,677
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		290,604
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		349,281				

## California Statements

**Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets**

Description								
	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
REALIZED GAIN					\$ 30,107	\$	\$	\$
TOTAL					\$ 30,107	\$ 0	\$ 0	\$ 0

**California Statements****Statement 2 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
PAT'S RUN (AZ)	\$ <u>852,612</u>
TOTAL	\$ <u><u>852,612</u></u>



\*\*-\*\*\*2336

## California Statements

FYE: 12/31/2017

**Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts**

PSA	Class	Name	Address	City	State	Zip			
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date	
1		ALLIANT INTERNATIONAL UNIVERSITY EDUCATION	10455 POMERADO RD, BLDG. M17 8,000	SAN DIEGO	CA	92131			
1		ASU FOUNDATION EDUCATION	PO BOX 2260 40,000	TEMPE	AZ	85280			
1		AUGUSTA UNIVERSITY EDUCATION	1120 15TH STREET	AUGUSTA	GA	30912			
1		BAKER UNIVERSITY EDUCATION	7301 COLLEGE BLVD, SUITE 120	OVERLAND PARK	KS	66210			
1		CAMPBELL UNIVERSITY SCHOOL OF OSTEO EDUCATION	PO BOX 97	BUIES CREEK	NC	27506			
1		CAMPBELL UNIVERSITY SCHOOL OF LAW EDUCATION	225 HILLSBORO ST, SUITE 102	RALEIGH	NC	27603			
1		THE CATHOLIC UNIVERSITY OF AMERICA EDUCATION	COLUMBUS SCHOOL OF LAW 15,000	WASHINGTON	DC	20064			
1		COLORADO COLLEGE EDUCATION	14 EAST CACHE LA POUVRE	COLORADO SPRINGS	CO	80903			
1		COLUMBIA UNIVERSITY EDUCATION	1140 AMSTERDAM AVE 25,000	NEW YORK	NY	10027			
1		DARTMOUTH COLLEGE EDUCATION	7021 REMSEN, ROOM 302 10,000	HANOVER	NH	03755			
1		DUKE UNIVERSITY EDUCATION	201 TRENT DR, BOX 3067 DUMC 6,750	DURHAM	NC	27708			
1		DUKE UNIVERSITY SANFORD SCHOOL OF P EDUCATION	201 SCIENCE DRIVE, RH 170	DURHAM	NC	27708			
1		DUKE UNIVERISTY - SCHOLL OF NURSING EDUCATION	CASHIERS OFFICE BOX #90759	DURHAM	NC	27708			
1		EASTERN TENNESSEE STATE UNIVERSITY EDUCATION	PO BOX 70580	JOHNSON CITY	TN	37614			
1		EDWARD VIA COLLEGE OF OSTEOPATHIC M EDUCATION	2265 KRAFT DRIVE 25,000	BLACKSBURG	VA	24060			
1		GEORGE WASHINGTON UNIVERSITY EDUCATION	800 21ST ST. NW. 40,000	WASHINGTON	DC	20052			
1		GEORGETOWN UNIVERSITY EDUCATION	3700 O ST. NW, LOWER LEVEL GRAVENOR 40,000	WASHINGTON	DC	20057			
1		HARVARD BUSINESS SCHOOL EDUCATION	HARVARD BUSINESS SCHOOL MBA 30,000	BOSTON	MA	02163			
1		HARVARD LAW SCHOOL EDUCATION	1585 MASSACHUSETTS AVE WCC 5027 18,000	CAMBRIDGE	MA	02138			
1		HARVARD UNIVERSITY KENNEDY SCHOOL EDUCATION	79 JFK ST, BOX 93	CAMBRIDGE	MA	02138			
1		INDIANA UNIVERSITY EDUCATION	900 EAST 7TH ST 20,000	BLOOMINGTON	IN	47405			
1		JOHNS HOPKINS UNVERISTY SCHOOL OF E EDUCATION	6740 ALEXANDER BELL DR. SUITE 110 15,000	COLUMBIA	MD	21046			
1		JOHNS HOPKINS (SAIS) EDUCATION	1740 MASSACHUSETTS AVE NW 20,000	WASHINGTON	DC	20036			
1		JHU BLOOMBERG SCHOOL OF PUBLIC HEAL EDUCATION	615 N. WOLFE STREET, SUITE W1101	BALTIMORE	MD	21205			

\*\*-\*\*\*2336

## California Statements

FYE: 12/31/2017

**Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar  
Amounts (continued)**

PSA	Class	Name	Address	City	State	Zip			
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date	
1		LIBERTY UNIVERSITY EDUCATION	PO BOX 10425	LYNCHBURG	VA	24506			
1		MASS. GENERAL HOSPITAL INSTITUTE EDUCATION	36 1ST AVENUE 15,000	BOSTON	MA	02129			
1		MIDWESTERN UNIVERSITY EDUCATION	19555 NORTH 59TH AVE 15,000	GLENDALE	AZ	85308			
1		MASSACHUSETTS INSTITUTE OF TECHNOLO EDUCATION	77 MASSACHUSETTS AVE, 45,000	CAMBRIDGE	MA	02139			
1		NORTH CAROLINA STATE EDUCATION	2016 HARRIS HALL, CAMPUS BOX 7302 15,000	RALEIGH	NC	27695			
1		NORTHERN ILLINOIS UNIVERSITY EDUCATION	SWEN PARSON HALL 245	DEKALB	IL	60115			
1		NORTHWESTERN UNIVERSITY EDUCATION	2001 SHERIDAN ROAD 10,000	EVANSTON	IL	60208			
1		NORTHWESTERN UNIV - GRAD SCHOOL EDUCATION	633 CLARK ST, SROWN 1-502 7,500	EVANSTON	IL	60208			
1		OREGON HEALTH & SCIENCE UNIVERSITY EDUCATION	3181 S.W. SAM JACKSON PARK RD.	PORTLAND	OR	97239			
1		PACIFIC NORTHWESTERN UNIVIERSTY EDUCATION	111 UNIVERSITY PARK WAY, STE 202	YAKIMA	WA	98901			
1		RUTGERS UNIVERSITY EDUCATION	335 GEORGE ST, 4TH FLOOR 30,000	NEW BRUNSWICK	NJ	08903			
1		STANFORD UNIVERSITY EDUCATION	655 KNIGHT WAY, MCCLELLAND BLDG 50,000	STANFORD	CA	94305			
1		STANFORD LAW SCHOOL EDUCATION	559 NATHAN ABBOTT WAY 15,000	STANFORD	CA	94305			
1		STANFORD UNIV EDUCATION	MONTAG HALL - 355 GALVEZ STREET 7,000	STANFORD	CA	94305			
1		SUFFOLK UNIVERSITY LAW SCHOOL EDUCATION	120 TREMONT STREET 20,000	BOSTON	MA	02108			
1		TEXAS A&M UNIVERSITY EDUCATION	PO BOX 30016 28,000	COLLEGE STATION	TX	77843			
1		THE TRUSTEES OF PRINCETON UNIVERSIT EDUCATION	104 CLIO HALL	PRINCETON	NJ	08544			
1		TRUSTEES OF UNIVERSITY OF PENN EDUCATION	100 FRANKLIN BLDG 3451 WALNUT ST 45,000	PHILADELPHIA	PA	19104			
1		THE OHIO STATE UNIVERSITY BURSAR EDUCATION	281 W LANE AVE 40,000	COLUMBUS	OH	43210			
1		THOMAS JEFFERSON UNIVERSITY EDUCATION	1015 WALNUT STREET, CURTIS BLDG 115 15,000	PHILADELPHIA	PA	19107			
1		TRUSTEES OF DARTMOUTH COLLEGE EDUCATION	100 TUCK HALL 15,000	HANOVER	NH	03755			
1		TRUSTEES OF TUFTS COLLEGE EDUCATION	419 BOSTON AVE	MEDFORD	MA	02155			
1		UC REGENTS EDUCATION	9500 GILMAN DRIVE #0730	LA JOLLA	CA	92093			
1		UCLA EDUCATION	220 WESTWOOD PLAZA STE B44 25,000	LOS ANGELES	CA	90095			

\*\*-\*\*\*2336

## California Statements

FYE: 12/31/2017

**Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar  
Amounts (continued)**

PSA	Class	Name	Address	City	State	Zip			
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date	
1		UNIVERSITY OF ALABAMA EDUCATION	BOX 870122 8,000	TUSCALOOSA	AL	35487			
1		UNIVERSITY OF ARIZONA EDUCATION	1303 E UNIVERSITY BLVD, BOX 3 20,000	TUCSON	AZ	85719			
1		UNIVERSITY OF ARKANSAS EDUCATION	1011 UNIVERSITY OF ARKANSAS	FAYETTEVILLE	AR	72701			
1		UNIVERSITY OF CHICAGO EDUCATION	5807 SOUTH WOODLAWN AVE 25,000	CHICAGO	IL	60637			
1		UNIVERSITY OF COLORADO - BOULDER EDUCATION	77 UCB	BOULDER	CO	80309			
1		UNIV OF COLORADO - COLORADO SPRINGS EDUCATION	1420 AUSTIN BLUFF PKWY	COLORADO SPRINGS	CO	80918			
1		UNIVERSITY OF FLORIDA EDUCATION	PO BOX 114025 6,000	GAINESVILLE	FL	32611			
1		UNIVERSITY OF MARYLAND EDUCATION	8400 BALTIMORE AVE. STE 200 10,000	COLLEGE PARK	MD	20740			
1		UNIVERSITY OF MICHIGAN EDUCATION	1134 CATHERINE ST. 10,000	ANN ARBOR	MI	48109			
1		UNIVERSITY OF MINNESOTA EDUCATION	106 PLEASANT ST. SE 45,000	MINNEAPOLIS	MN	55455			
1		UNIVERSITY OF MISSOURI - ST LOUIS EDUCATION	110 CLARK HALL 20,000	ST LOUIS	MO	63121			
1		UNIVERSITY OF NORTH CAROLINA EDUCATION	450 RIDGE ROAD, CB 1400 35,000	CHAPEL HILL	NC	27599			
1		UNIVERSITY OF OKLAHOMA EDUCATION	100 ASP AVE, ROOM 105 42,000	NORMAN	OK	73019			
1		UNIVERSITY OF OREGON EDUCATION	PO BOX 3237 15,000	EUGENE	OR	97403			
1		UNIVERSITY OF PENNSYLVANIA EDUCATION	100 FRANKLIN BUILDING	PHILADELPHIA	PA	19104			
1		UNIVERSITY OF SOUTH FLORIDA EDUCATION	PO BOX 864571 10,000	ORLANDO	FL	32886			
1		UNIVERSITY OF SOUTHERN CALIFORNIA EDUCATION	700 CHILDS WAY, JHH 325 10,000	LOS ANGELES	CA	90089			
1		UNIVERSITY OF ST. AUGUSTINE EDUCATION	1 UNIVERSITY BLVD 15,000	ST AUGUSTINE	FL	32086			
1		UNIVERSITY OF ST. THOMAS EDUCATION	2115 SUMMIT AVE	ST PAUL	MN	55105			
1		UNIVERSITY OF TEXAS AT ARLINGTON EDUCATION	PO BOX 1919 10,000	ARLINGTON	TX	76019			
1		UNIVERSITY OF TEXAS SOUTHWESTERN ME EDUCATION	5323 HARRY HINES BLVD 8,000	DALLAS	TX	75390			
1		UNIVERSITY OF UTAH EDUCATION	201 S 1460 E, RM 135	SALT LAKE CITY	UT	84112			
1		UNIVERSITY OF VERMONT EDUCATION	85 S. PROSPECT 8,000	ST BURLINGTON	VT	05405			
1		UNIVERSITY OF WASHINGTON EDUCATION	PO BOX 24967 38,000	SEATTLE	WA	98124			

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## California Statements

FYE: 12/31/2017

**Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar  
Amounts (continued)**

PSA	Class	Name	Address	City	State	Zip			
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date	
1		UTHSCSA	7703 FLOYD CURL MC: 7708	SAN ANTONIO	TX	78229			
1		EDUCATION	10,000						
1		UWM FOUNDATION, INC.	1440 E. NORTH AVENUE	MILWAUKEE	WI	53202			
1		EDUCATION	25,000						
1		VIRGINIA COMMON WEALTH UNIVERSITY	PO BOX 843036	RICHMOND	VA	23284			
1		EDUCATION	8,000						
1		VIRGINIA COMMON WEALTH UNIVERSITY	1201 E MARSHALL ST, ROOM4-307	RICHMOND	VA	23298			
1		EDUCATION	10,000						
1		WESTERN UNIVERSITY	309 E. 2ND STREET	POMONA	CA	91766			
1		EDUCATION							
1		YALE LAW SCHOOL	127 WALL STREET	NEW HAVEN	CT	06511			
1		EDUCATION	10,000						
1		YALE UNIVERSITY	PO BOX 208232	NEW HAVEN	CT	06520			
1		EDUCATION	23,000						
1		SCHOLARSHIPS	15,000						
1		BAYLOR UNIVERSITY	ONE BEAR PLACE #97048	WACO	TX	76798			
1		EDUCATION	10,000						
1		CATHOLIC UNIVERSITY OF AMERICA	3600 JOHN MCCORMACK DR NE	WASHINGTON	DC	20017			
1		EDUCATION							
1		COLORADO SCHOOL OF MINES	1200 16TH ST	GOLDEN	CO	80401			
1		EDUCATION	5,000						
1		FORDHAM UNIVERSITY	441 E. FORDHAM RD.	BRONX	NY	10458			
1		EDUCATION	10,000						
1		GEISNINGER COMMONWEALTH SCHOOL OF	525 PINE ST.	SCRANTON	PA	18509			
1		EDUCATION	10,000						
1		HARVARD MEDICAL SCHOOL	25 SHATTUCK ST	BOSTON	MA	02115			
1		EDUCATION	10,000						
1		HARVARD UNIVERSITY	1350 MASSACHUSETTS AVE	CAMBRIDGE	MA	02138			
1		EDUCATION	24,500						
1		JACKSON STATE UNIVERSITY	1400 JR LYNCH ST.	JACKSON	MS	39217			
1		EDUCATION	10,000						
1		LIBERTY UNIVERSITY	PO BOX 10425	LYNCHBURG	VA	24506			
1		EDUCATION	12,000						
1		NORTHERN ARIZONA UNIVERSITY	601 S. KNOLES DRIVE	FLAGSTAFF	AZ	86011			
1		EDUCATION	9,000						
1		QUEENS UNIVERSITY	1900 SELWYN AVE	CHARLOTTE	NC	28274			
1		EDUCATION	5,000						
1		SYRACUSE UNIVERSITY	200 BOWNE HALL	SYRACUSE	NY	13244			
1		EDUCATION	10,000						
1		TUFTS UNIVERSITY	419 BOSTON AVENUE	MEDFORD	MA	02155			
1		EDUCATION	10,000						
1		UNIVERSITY OF CALIFORNIA	9500 GILMAN DR	LA JOLLA	CA	92093-0606			
1		EDUCATION	15,000						
1		UNIVERSITY OF DENVER	2197 S. UNIVERSITY BLVD	DENVER	CO	80208			
1		EDUCATION	8,000						
1		UNIVERSITY OF ILLINOIS CHICAGO	1200 W. HARRISON	CHICAGO	IL	60607			
1		EDUCATION	10,000						

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## California Statements

FYE: 12/31/2017

**Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar  
Amounts (continued)**

PSA	Class	Name	Address	City	State	Zip			
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date	
1		UNIVERSITY OF MIAMI	1306 STANFORD DR.		CORAL GABLES	FL	33146		
			10,000						
1		UNIVERSITY OF NEBRASKA OMAHA EDUCATION	6001 DODGE ST		OMAHA	NE	68182		
			10,000						
1		UNIVERSITY OF NEW MEXICO EDUCATION	1155 UNIVERSITY BLVD SE		ALBUQUERQUE	NM	87106		
			10,000						
1		UNIVERSITY OF NORTH TEXAS EDUCATION	1155 UNION CIRCLE		DENTON	TX	76203-5017		
			10,000						
1		UNIVERSITY OF ST THOMAS	2115 SUMMIT AVE		SAINT PAUL	MN	55105-1096		
			10,000						
1		UNIVERSITY OF THE INCARNATE WORD EDUCATION	4301 BROADWAY CPO 308		SAN ANTONIO	TX	78209		
			9,000						
1		UNIVERSITY OF UTAH EDUCATION	201 S 1460 E RM135		SALT LAKE CITY	UT	84112		
			22,500						
1		UNIVERSITY OF VIRGINIA EDUCATION	PO BOX 400204		CHARLOTTESVILLE	VA	22904		
			10,000						
1		VANDERBILT UNIVERSITY EDUCATION	461 21ST AVE. SOUTH		NASHVILLE	TN	37240-0008		
			10,000						
1		VILLANOVA UNIVERSITY EDUCATION	800 LANCASTER AVE		VILLANOVA	PA	19085		
			10,000						
1		WAKE FOREST UNIVERSITY EDUCATION	475 VINE ST.		WINSTON-SALEM	NC	27101		
			10,000						
1	SUBTOTAL								
			\$ 1,426,250						
	TOTAL								
			\$ 1,426,250						

**Statement 4 - Form 199, Part II, Line 11 - Officer Compensation**

Name	Address					
City	State	Zip	Title	Avg Hrs	Compensation Amount	
MARIE TILLMAN	217 N. JEFFERSON STREET, SUITE 602					
CHICAGO	IL	60661	CHAIRMAN	2.00		
ALEX GARWOOD			DIRECTOR	2.00		
BENJAMIN HILL	217 N JEFFERSON ST STE 602					
CHICAGO	IL	60661	TREASURER	2.00		

## California Statements

**Statement 4 - Form 199, Part II, Line 11 - Officer Compensation (continued)**

Name	Address				Avg Hrs	Compensation Amount
	City	State	Zip	Title		
CHRIS HART				VICE CHAIRMAN	2.00	
MICHAEL BIDWILL				DIRECTOR	2.00	
IAN SACKS				DIRECTOR	2.00	
SAGE STEELE		14 ROBKINS ROAD				
	NORTHFIELD	CT	60093	DIRECTOR	2.00	
JOE BROWNE				DIRECTOR	2.00	
LAZAR RAYNAL		227 W. MONROE STREET				
	CHICAGO	IL	60606	DIRECTOR	2.00	
KILL' ANDERSON				COO	40.00	141,250
TOTAL						<u>141,250</u>

**California Statements****Statement 5 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
PAT'S RUN (AZ) EXPENSES	852,612
EMPLOYEE BENEFITS	63,387
PAYROLL TAXES	61,058
ACCOUNTING	31,696
OTHER PROFESSIONAL	45,167
TRAVEL	280,206
PUBLIC RELATIONS	35,118
TELEPHONE AND INTERNET	23,989
ADMINISTRATIVE FEES	4,138
PRINTING	11,906
POSTAGE AND SHIPPING	4,325
MISCELLANEOUS	7,945
FUNDRAISING EXPENSES	117,814
MILITARY SCHOLARS SUPPORT	63,521
OFFICE EXPENSES	7,203
INSURANCE	8,465
IN-KIND	15,000
TOTAL	<u>\$ 1,633,550</u>

**Statement 6 - Form 199, Schedule L, Line 7 - Investments in Stock**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BOND FUNDS	\$ 892,259	\$ 996,744
TOTAL	<u>\$ 892,259</u>	<u>\$ 996,744</u>

**Statement 7 - Form 199, Schedule L, Line 12 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
REFUNDABLE DEPOSIT	\$ 11,132	\$ 11,132
PREPAID EXPENSES	41,352	77,306
TOTAL	<u>\$ 52,484</u>	<u>\$ 88,438</u>

**Statement 8 - Form 199, Schedule L, Line 18 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED RENT	\$ 8,514	\$ 718
DEFERRED REVENUE	6,768	4,500
TOTAL	<u>\$ 15,282</u>	<u>\$ 5,218</u>

**California Statements****Statement 9 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS	\$ <u>58,677</u>
TOTAL	\$ <u><u>58,677</u></u>



TAXABLE YEAR

2017

# Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name

**PAT TILLMAN FOUNDATION**

California corporation number

**2625482**

### Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1
2	Total cost of IRC Section 179 property placed in service	2
3	Threshold cost of IRC Section 179 property before reduction in limitation	3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

### Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or allowable in earlier years	Depreciation method	Life or rate	Depreciation for this year	Additional first year depreciation
14	<b>SEE STATEMENT 1</b>					<b>5,698</b>	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					<b>5,698</b>	

### Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) <b>or</b> Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) <b>or</b> Depreciation (if no election is made), enter the amount from line 15, column (g)	<b>5,698</b>
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	

### Part IV Amortization

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Amortization allowed or allowable in earlier years	R&TC section (see instructions)	Period or percentage	Amortization for this year
19						
20	Total. Add the amounts in column (g)					
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					

## California Statements

## Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail InformationDescription

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
ASSETS	12/31/05	\$ 61,961	\$ 49,281	S/L	5.00	\$ 5,698	\$
TOTAL		<u>\$ 61,961</u>	<u>\$ 49,281</u>			<u>\$ 5,698</u>	<u>\$ 0</u>