

85510
PAT TILLMAN FOUNDATION

2018 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
2018
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 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **PAT TILLMAN FOUNDATION**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **217 N. JEFFERSON STREET, SUITE 602**
 City or town, state or province, country, and ZIP or foreign postal code: **CHICAGO IL 60661**

D Employer identification number: **20-1072336**

E Telephone number: **773-360-5277**

G Gross receipts\$ **4,635,476**

F Name and address of principal officer:
MARIE TILLMAN
217 N. JEFFERSON STREET, SUITE 602
CHICAGO IL 60661

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **WWW.PATTILLMANFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2004** **M** State of legal domicile: **CA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	1000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,284,731	3,709,150
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,760	72,940
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,333,491	3,782,090
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,426,250	1,388,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	885,868	910,725
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 456,728		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	730,769	1,028,232
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,042,887	3,326,957	
19 Revenue less expenses. Subtract line 18 from line 12	290,604	455,133	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,143,487	3,516,738
	22 Net assets or fund balances. Subtract line 21 from line 20	143,782	194,315
		2,999,705	3,322,423

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **BENJAMIN HILL** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **RACHEL R. LOCKE, CPA** Preparer's signature: **RACHEL R. LOCKE, CPA** Date: **08/06/19** Check if self-employed PTIN: **P00450405**

Firm's name ▶ **FESTER & CHAPMAN, PLLC** Firm's EIN ▶ **82-1455657**
 Firm's address ▶ **9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260** Phone no. **602-264-3077**

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 \$ **2,665,850** including grants of \$ **1,388,000**) (Revenue \$)

SEE SCHEDULE O

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

N/A

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

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **2,665,850**

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	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"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	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"/>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AZ, CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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) MARIE TILLMAN	2.00									
CHAIRMAN	0.00	X		X			0	0	0	
(2) CHRIS HART	2.00									
VICE CHAIRMAN	0.00	X		X			0	0	0	
(3) BENJAMIN HILL	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) ALEX GARWOOD	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) MICHAEL BIDWILL	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) IAN SACKS	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) SAGE STEELE	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) JOE BROWNE	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) LAZAR RAYNAL	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) KILL' ANDERSON	40.00									
EXECUTIVE DIRECTOR	0.00			X			145,000	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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 1,300,492				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,408,658				
	g Noncash contributions included in lines 1a-1f: \$	1,142,177				
	h Total. Add lines 1a-1f		3,709,150			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,887		22,887	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		50,053		
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)			50,053		
	d Net gain or (loss)			50,053		50,053
	8a Gross income from fundraising events (not including \$ 1,300,492 of contributions reported on line 1c). See Part IV, line 18	a 853,386				
		b Less: direct expenses	b 853,386			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		3,782,090	0	0	72,940	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,373,000	1,373,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,000	15,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,000	89,775	15,190	40,035
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	637,720	394,834	66,810	176,076
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	50,079	32,470	1,458	16,151
10 Payroll taxes	77,926	48,383	8,420	21,123
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	33,362		33,362	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	198,441	149,410	25,123	23,908
12 Advertising and promotion				
13 Office expenses	8,233	5,055	832	2,346
14 Information technology				
15 Royalties				
16 Occupancy	92,339	47,384	12,694	32,261
17 Travel	330,610	281,813	29,152	19,645
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,819	1,386	258	1,175
23 Insurance	8,796	4,325	806	3,665
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING EXPENSES	137,034	30,223	901	105,910
b MILITARY SCHOLARS SUPPORT	99,727	98,105		1,622
c PUBLIC RELATIONS	73,004	73,004		
d MISCELLANEOUS	13,170	1,860	4,372	6,938
e All other expenses	30,697	19,823	5,001	5,873
25 Total functional expenses. Add lines 1 through 24e	3,326,957	2,665,850	204,379	456,728
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,234,582	1	1,506,737
	2 Savings and temporary cash investments	122,230	2	144,187
	3 Pledges and grants receivable, net	694,511	3	876,751
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	77,306	9	43,258
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,105		
	b Less: accumulated depreciation	10b 11,561	6,982	10c 2,544
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	996,744	12	936,461
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,132	15	6,800
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,143,487	16	3,516,738	
Liabilities	17 Accounts payable and accrued expenses	138,564	17	188,315
	18 Grants payable		18	
	19 Deferred revenue	4,500	19	6,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	718	25	
	26 Total liabilities. Add lines 17 through 25	143,782	26	194,315
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,205,793	27	2,308,726
	28 Temporarily restricted net assets	793,912	28	1,013,697
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,999,705	33	3,322,423	
34 Total liabilities and net assets/fund balances	3,143,487	34	3,516,738	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,782,090
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,326,957
3	Revenue less expenses. Subtract line 2 from line 1	3	455,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,999,705
5	Net unrealized gains (losses) on investments	5	-132,415
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,322,423

Part XII Financial Statements and Reporting

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

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

2018

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 for instructions and the latest information.**

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336

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)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,906,698	2,817,505	3,338,768	3,284,731	3,709,150	16,056,852
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,906,698	2,817,505	3,338,768	3,284,731	3,709,150	16,056,852
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						16,056,852

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,906,698	2,817,505	3,338,768	3,284,731	3,709,150	16,056,852
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,888	17,165	15,771	18,653	22,887	94,364
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						16,151,216
12 Gross receipts from related activities, etc. (see instructions)					12	1,705,998

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.42%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.37%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. 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—2017. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c	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? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

OMB No. 1545-0047

2018▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

PAT TILLMAN FOUNDATION**20-1072336**

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 foundationCheck 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336

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	\$ 590,000	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	\$ 102,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TEKSYSTEMS 7437 RACE ROAD HANOVER MD 21076	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	IHEARTMEDIA 4686 E VAN BUREN ST. PHOENIX AZ 85008	\$ 90,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	MEREDITH MEDIA 3TV CBS 5 NEWS PHOENIX 5555 N. 7TH AVENUE PHOENIX AZ 85013	\$ 1,052,177	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	AMERICAN CENTURY INVESTMENTS P. O. BOX 419200 KANSAS CITY MO 64141	\$ 157,398	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

20-1072336

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	ADVERTISING	\$ 90,000	
5	ADVERTISING	\$ 1,052,177	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**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

2018

Open to Public Inspection

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		14,105	11,561	2,544
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **2,544**

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 BOND FUNDS	936,461	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	936,461	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

**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.

2018

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 for instructions and the latest information.

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue		<u>PAT'S RUN (AZ)</u> (event type)	_____	<u>NONE</u> (total number)	
	1 Gross receipts	2,153,878			2,153,878
	2 Less: Contributions	1,300,492			1,300,492
	3 Gross income (line 1 minus line 2)	853,386			853,386
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	853,386			853,386
	10 Direct expense summary. Add lines 4 through 9 in column (d)				853,386
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2018**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336**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)	AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE WASHINGTON DC 20016	53-0196549	3	11,000		FMV		EDUCATION
(2)	ASU FOUNDATION PO BOX 2260 TEMPE AZ 85280	86-6051042	3	22,000		FMV		EDUCATION
(3)	BAYLOR UNIVERSITY ONE BEAR PLACE #97048 WACO TX 76798	74-1159753	3	10,000		FMV		EDUCATION
(4)	BELMONT UNIVERSITY 1900 BELMONT BLVD. NASHVILLE TN 37212	62-0465076	3	11,000		FMV		EDUCATION
(5)	CATHOLIC UNIVERSITY OF AMERICA 3600 JOHN MCCORMACK DR NE WASHINGTON DC 20017	53-0196583	3	15,000		FMV		EDUCATION
(6)	COLORADO SCHOOL OF MINES 1200 16TH ST GOLDEN CO 80401	84-6000551	3	16,000		FMV		EDUCATION
(7)	COLUMBIA UNIVERSITY 1140 AMSTERDAM AVE NEW YORK NY 10027	13-5598093	3	21,000		FMV		EDUCATION
(8)	CREIGHTON UNIVERISTY PO BOX 30282 OMAHA NE 68103-1382	47-0376583	3	11,000		FMV		EDUCATION
(9)	DARTMOUTH COLLEGE 7021 REMSEN, ROOM 302 HANOVER NH 03755	02-0222111	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) (2018)

**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

2018**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336**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)	DUKE UNIVERSITY 201 TRENT DR, BOX 3067 DUMC DURHAM NC 27708	56-0532129	3	33,000		FMV		EDUCATION
(2)	EMBRY - RIDDLE AERONAUTICAL 600 S. CLYDE MORRIS BLVD DAYTONA BEACH FL 32114	59-0936101	3	11,000		FMV		EDUCATION
(3)	GEISNINGER COMMONWEALTH SCHOOL OF 525 PINE ST. SCRANTON PA 18509	26-0812968	3	10,000		FMV		EDUCATION
(4)	GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX VA 22030-4422	54-0836354	3	18,000		FMV		EDUCATION
(5)	GEORGE WASHINGTON UNIVERSITY 800 21ST ST. NW. WASHINGTON DC 20052	41-6007513	3	54,000		FMV		EDUCATION
(6)	GEORGETOWN UNIVERSITY 3700 O ST. NW, LOWER LEVEL GRAVENOR WASHINGTON DC 20057	53-0196603	3	54,000		FMV		EDUCATION
(7)	GEORGIA STATE UNIVERSITY PO BOX 2668 ATLANTA GA 30301	58-1845423	3	11,000		FMV		EDUCATION
(8)	HARVARD BUSINESS SCHOOL HARVARD BUSINESS SCHOOL MBA BOSTON MA 02163	04-2103580	3	15,000		FMV		EDUCATION
(9)	HARVARD MEDICAL SCHOOL 25 SHATTUCK ST BOSTON MA 02115	04-2103580	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) (2018)

**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.
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OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number
20-1072336

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)	HARVARD UNIVERSITY 1350 MASSACHUSETTS AVE CAMBRIDGE MA 02138	04-2103580	3	48,000		FMV		EDUCATION
(2)	INDIANA UNIVERSITY 900 EAST 7TH ST BLOOMINGTON IN 47405	35-6001673	3	10,000		FMV		EDUCATION
(3)	JACKSON STATE UNIVERSITY 1400 JR LYNCH ST. JACKSON MS 39217	64-6000507	3	10,000		FMV		EDUCATION
(4)	JOHNS HOPKINS UNVERISTY SCHOOL OF E 6740 ALEXANDER BELL DR. SUITE 110 COLUMBIA MD 21046	52-0595110	3	26,000		FMV		EDUCATION
(5)	LIBERTY UNIVERSITY PO BOX 10425 LYNCHBURG VA 24506	54-0946734	3	12,000		FMV		EDUCATION
(6)	MASSACHESETTS INSTITUTE OF TECHNOLO 77 MASSACHUSETTS AVE, CAMBRIDGE MA 02139	04-2103594	3	21,000		FMV		EDUCATION
(7)	NORTH CAROLINA STATE 2016 HARRIS HALL, CAMPUS BOX 7302 RALEIGH NC 27695	56-6000756	3	15,000		FMV		EDUCATION
(8)	NORTHERN ARIZONA UNIVERSITY 601 S. KNOLES DRIVE FLAGSTAFF AZ 86011	74-2579628	3	9,000		FMV		EDUCATION
(9)	NORTHWESTERN UNIVERSITY 2001 SHERIDAN ROAD EVANSTON IL 60208	36-2167817	3	11,000		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.
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OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number
20-1072336

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
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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)	OREGON HEALTH & SCIENCE UNIVERSITY 3181 S.W. SAM JACKSON PARK RD. PORTLAND OR 97239	93-1176109	3	11,000		FMV		EDUCATION
(2)	RUTGERS UNIVERSITY 335 GEORGE ST, 4TH FLOOR NEW BRUNSWICK NJ 08903	22-6001086	3	30,000		FMV		EDUCATION
(3)	STANFORD UNIVERSITY 655 KNIGHT WAY, MCCLELLAND BLDG STANFORD CA 94305	94-1156365	3	39,000		FMV		EDUCATION
(4)	SUFFOLK UNIVERSITY LAW SCHOOL 120 TREMONT STREET BOSTON MA 02108	04-2133255	3	20,000		FMV		EDUCATION
(5)	SYRACUSE UNIVERSITY 200 BOWNE HALL SYRACUSE NY 13244	15-0532081	3	22,000				EDUCATION
(6)	TEXAS A&M UNIVERSITY PO BOX 30016 COLLEGE STATION TX 77843	74-6000531	3	51,000		FMV		EDUCATION
(7)	THE OHIO STATE UNIVERSITY BURSAR 281 W LANE AVE COLUMBUS OH 43210	31-6025986	3	53,000		FMV		EDUCATION
(8)	THOMAS JEFFERSON UNIVERSITY 1015 WALNUT STREET, CURTIS BLDG 115 PHILADELPHIA PA 19107	23-1352651	3	15,000		FMV		EDUCATION
(9)	TRUSTEES OF UNIVERSITY OF PENN 100 FRANKLIN BLDG 3451 WALNUT ST PHILADELPHIA PA 19104	23-1352685	3	33,000		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 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number
20-1072336

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)	UC REGENTS 9500 GILMAN DRIVE #0730 LA JOLLA CA 92093	95-6006144	3	22,000		FMV		EDUCATION
(2)	UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD, BOX 3 TUCSON AZ 85719	74-2652689	3	10,000		FMV		EDUCATION
(3)	UNIVERSITY OF ARKANSAS 1011 UNIVERSITY OF ARKANSAS FAYETTEVILLE AR 72701	71-6003252	3	31,000		FMV		EDUCATION
(4)	UNIVERSITY OF CHICAGO 5807 SOUTH WOODLAWN AVE CHICAGO IL 60637	36-2177139	3	21,000		FMV		EDUCATION
(5)	UNIVERSITY OF COLORADO - BOULDER 77 UCB BOULDER CO 80309	84-6000555	3	19,000		FMV		EDUCATION
(6)	UNIVERSITY OF FLORIDA PO BOX 114025 GAINESVILLE FL 32611	59-6002052	3	6,000		FMV		EDUCATION
(7)	UNIVERSITY OF ILLINOIS CHICAGO 1200 W. HARRISON CHICAGO IL 60607	37-6000511	3	23,000		FMV		EDUCATION
(8)	UNIVERSITY OF MARYLAND 8400 BALTIMORE AVE. STE 200 COLLEGE PARK MD 20740	52-2197313	3	21,000		FMV		EDUCATION
(9)	UNIVERSITY OF MINNESOTA 106 PLEASANT ST. SE MINNEAPOLIS MN 55455	41-6007513	3	61,000		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 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336**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 MISSOURI - ST LOUIS 110 CLARK HALL ST LOUIS MO 63121	43-6003859	3	11,000		FMV		EDUCATION
(2)	UNIVERSITY OF NEW MEXICO 1155 UNIVERSITY BLVD SE ALBUQUERQUE NM 87106	85-6000642	3	21,000		FMV		EDUCATION
(3)	UNIVERSITY OF NORTH CAROLINA 450 RIDGE ROAD, CB 1400 CHAPEL HILL NC 27599	56-6001393	3	63,000		FMV		EDUCATION
(4)	UNIVERSITY OF OKLAHOMA 100 ASP AVE, ROOM 105 NORMAN OK 73019	73-1563627	3	54,000		FMV		EDUCATION
(5)	UNIVERSITY OF SOUTH FLORIDA PO BOX 864571 ORLANDO FL 32886	59-3102112	3	21,000		FMV		EDUCATION
(6)	UNIVERSITY OF TEXAS AT ARLINGTON PO BOX 1919 ARLINGTON TX 76019	75-6000121	3	10,000		FMV		EDUCATION
(7)	UNIVERSITY OF UTAH 201 S 1460 E RM135 SALT LAKE CITY UT 84112	87-6000525	3	15,000		FMV		EDUCATION
(8)	UNIVERSITY OF VIRGINIA PO BOX 400204 CHARLOTTESVILLE VA 22904	54-6001796	3	10,000		FMV		EDUCATION
(9)	UNIVERSITY OF WASHINGTON PO BOX 24967 SEATTLE WA 98124	91-6001537	3	42,000		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) (2018)

**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 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number
20-1072336

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 WEST FLORIDA 11000 UNIVERSITY PKWY, BLDG 12 PENSACOLA FL 32514	59-6166292	3	11,000		FMV		EDUCATION
(2)	UTHSCSA 7703 FLOYD CURL MC: 7708 SAN ANTONIO TX 78229	74-1586031	3	10,000		FMV		EDUCATION
(3)	VANDERBILT UNIVERSITY 461 21ST AVE. SOUTH NASHVILLE TN 37240-0008	62-0476822	3	32,000		FMV		EDUCATION
(4)	WAKE FOREST UNIVERSITY 475 VINE ST. WINSTON-SALEM NC 27101	56-0532138	3	10,000		FMV		EDUCATION
(5)	WASHINGTON STATE UNIVERSITY PO BOX 641927 PULLMAN WA 99164-1927	91-1075542	3	11,000		FMV		EDUCATION
(6)	WILKES UNIVERSITY 84 WEST SOUTH ST WILKES BARRE PA 18766	24-0795506	3	11,000		FMV		EDUCATION
(7)	YALE UNIVERSITY PO BOX 208232 NEW HAVEN CT 06520	06-0646973	3	22,000		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
1 SCHOLARSHIPS	1	15,000		FMV	
2					
3					
4					
5					
6					
7					

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

2018

**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 for instructions and the latest information.

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336

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 ▶ (ADVERTISING)	X	2	1,142,177	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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

Schedule M (Form 990) 2018

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 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336**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. 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

THE PROGRAMMATIC PILLAR OF THE PAT TILLMAN FOUNDATION IS THE TILLMAN SCHOLARS (TS) PROGRAM. FOUNDED IN 2008, THE TS PROGRAM SUPPORTS OUR

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

20-1072336

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

Name of the organization

Employer identification number

PAT TILLMAN FOUNDATION

20-1072336

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

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.

Name of the organization

Employer identification number

PAT TILLMAN FOUNDATION

20-1072336

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

PAT TILLMAN FOUNDATION

Identifying number

20-1072336

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	1,000,000
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	2,500,000
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 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 2019. 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	2,819

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 2018	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 2018 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 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. 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	2,819
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.

Form **4562** (2018)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

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						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
<u>Other Depreciation:</u>				
1	assets	12/31/05	<u>14,105</u>	<u>2,544</u>
	Total Other Depreciation		<u>14,105</u>	<u>2,544</u>
	Total ACRS and Other Depreciation		<u>14,105</u>	<u>2,544</u>
	Grand Totals		<u>14,105</u>	<u>2,544</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 21					
TOTAL	\$ 21					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ 22,866					
TOTAL	\$ 22,866					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROFESSIONAL	\$ 198,441	\$ 149,410	\$ 25,123	\$ 23,908
TOTAL	<u>\$ 198,441</u>	<u>\$ 149,410</u>	<u>\$ 25,123</u>	<u>\$ 23,908</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PRINTING	\$ 10,618	\$ 9,804	\$ 151	\$ 663
TELEPHONE AND INTERNET	9,685	9,208	122	355
POSTAGE AND SHIPPING	5,957	811	291	4,855
ADMINISTRATIVE FEES	4,437		4,437	
TOTAL	<u>\$ 30,697</u>	<u>\$ 19,823</u>	<u>\$ 5,001</u>	<u>\$ 5,873</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
PAT'S RUN (AZ)	\$ 853,386
TOTAL	<u>\$ 853,386</u>

Form 199 Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

20-1072336

PAT TILLMAN FOUNDATION

Gross sales / receipts	<u>926,326</u>	
Dues from members		
Contributions / grants	<u>3,709,150</u>	
Total costs		
Expenses	<u>4,180,343</u>	
Excess / (deficit)		<u><u>455,133</u></u>
Filing fee	<u>10</u>	
Total payments		
Penalties and interest		
Use tax		
Balance due		<u>10</u>
Refund		<u><u> </u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,143,487</u>	<u>3,516,738</u>	
Liabilities	<u>143,782</u>	<u>194,315</u>	
Net assets	<u><u>2,999,705</u></u>	<u><u>3,322,423</u></u>	<u><u>322,718</u></u>

Miscellaneous Information

Amended return

Return / extended due date 05/15/19

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/

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 _____ PAT TILLMAN FOUNDATION Name of Organization 217 N. JEFFERSON STREET, SUITE 602 Address (Number and Street) CHICAGO IL 60661 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>20-1072336</u>					
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 Less than \$25,000 Between \$25,000 and \$100,000	Fee 0 \$25	Gross Annual Revenue Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	Fee \$50 \$75	Gross Annual Revenue Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	Fee \$150 \$225 \$300	
PART A - ACTIVITIES						
For your most recent full accounting period (beginning <u>01/01/18</u> ending <u>12/31/18</u>) list: Gross annual revenue \$ <u>3,782,090</u> Total assets \$ <u>3,516,738</u>						
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?				X	
2.	During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?				X	
3.	During this reporting period, did non-program expenditures exceed 50% of gross revenues?				X	
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.				X	
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.				X	
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.				X	
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.				X	
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.				X	
9.	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?				X	
Organization's area code and telephone number <u>773-360-5277</u>						
Organization's e-mail address <u>KANDERSON@PATILLMANFOUNDATION.ORG</u>						
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.						
	<u>BENJAMIN HILL</u>	<u>TREASURER</u>				
Signature of authorized officer	Printed Name	Title			Date	

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2018

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

PAT TILLMAN FOUNDATION

Identifying number

20-1072336

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	4,635,476
2	Total gross income (Form 199, line 8)	2	4,635,476
3	Total expenses and disbursements (Form 199, Line 9)	3	4,180,343

Part II Settle Your Account Electronically for Taxable Year 2018

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 2018 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

08/06/19
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, 2018 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	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's PTIN	P00450405
	Firm's name (or yours if self-employed) and address	FESTER & CHAPMAN, PLLC		FEIN		82-1455657			
		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	Check if self-employed	<input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	FEIN			
		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, FEIN, CA SOS file number and "2018 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.

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 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

2018

3586 (e-file)

2625482 PATT 20-1072336 000000000000 18 FORM 3
TYB 01-01-2018 TYE 12-31-2018
PAT TILLMAN FOUNDATION

217 N. JEFFERSON STREET, STE 602
CHICAGO IL 60661

(773) 360-5277

Amount of Payment 10.

TAXABLE YEAR **2018** **California Exempt Organization Annual Information Return**

FORM **199**

Calendar Year 2018 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 **20-1072336**

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 No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes 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 No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is a public charity 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 No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	926,326	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	3,709,150	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	4,635,476	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	4,635,476	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,180,343	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	455,133	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	10	00
16	Penalties and Interest. See General Information J	16		00	
17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00	

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 **08/06/2019** Check if self-employed PTIN **P00450405**
 Firm's name (or yours, if self-employed) and address **FESTER & CHAPMAN, PLLC**
9019 E. BAHIA DR STE 100
SCOTTSDALE, AZ 85260 Firm's FEIN **82-1455657**
 Telephone **602-264-3077**

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

PAT TILLMAN FOUNDATION

20-1072336

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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1		00	
	2	Interest	●	2	21	00	
	3	Dividends	●	3	22,866	00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See Instructions) SEE STATEMENT 1	●	6	50,053	00	
	7	Other income. Attach schedule SEE STATEMENT 2	●	7	853,386	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	926,326	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 3	●	9	1,388,000	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 4	●	11	145,000	00	
	12	Other salaries and wages	●	12	637,720	00	
	Expenses and Disbursements	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	92,339	00
		16	Depreciation and depletion (See instructions)	●	16	2,819	00
		17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 5	●	17	1,914,465	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	4,180,343	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,356,812	●	1,650,924
2 Net accounts receivable		694,511	●	876,751
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock STMT 6		996,744	●	936,461
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	61,961		14,105	
b Less accumulated depreciation	(54,979)	6,982	(11,561)	2,544
11 Land			●	
12 Other assets. Attach schedule. STMT 7		88,438	●	50,058
13 Total assets		3,143,487		3,516,738
Liabilities and net worth				
14 Accounts payable		138,564	●	188,315
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule. STMT 8		5,218		6,000
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		2,999,705	●	3,322,423
22 Total liabilities and net worth		3,143,487		3,516,738

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	●	322,718	7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 9	●	-132,415
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		-132,415
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		455,133
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		322,718				

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					\$ 50,053	\$	\$	\$
TOTAL					<u>\$ 50,053</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

California Statements

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

<u>Description</u>	<u>Amount</u>
PAT'S RUN (AZ)	\$ <u>853,386</u>
TOTAL	\$ <u><u>853,386</u></u>

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California Statements

FYE: 12/31/2018

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	SAN DIEGO	CA	92131			
1		ASU FOUNDATION EDUCATION	PO BOX 2260 22,000	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		BAYLOR UNIVERSITY EDUCATION	ONE BEAR PLACE #97048 10,000	WACO	TX	76798			
1		CAMPBELL UNIVERSITY SCHOOL OF LAW EDUCATION	225 HILLSBORO ST, SUITE 102	RALEIGH	NC	27603			
1		CAMPBELL UNIVERSITY SCHOOL OF OSTEO EDUCATION	PO BOX 97	BUIES CREEK	NC	27506			
1		CATHOLIC UNIVERSITY OF AMERICA EDUCATION	3600 JOHN MCCORMACK DR NE 15,000	WASHINGTON	DC	20017			
1		COLORADO COLLEGE EDUCATION	14 EAST CACHE LA POUDE	COLORADO SPRINGS	CO	80903			
1		COLORADO SCHOOL OF MINES EDUCATION	1200 16TH ST 16,000	GOLDEN	CO	80401			
1		COLUMBIA UNIVERSITY EDUCATION	1140 AMSTERDAM AVE 21,000	NEW YORK	NY	10027			
1		DARTMOUTH COLLEGE EDUCATION	7021 REMSEN, ROOM 302 10,000	HANOVER	NH	03755			
1		DUKE UNIVERISTY - SCHOLL OF NURSING EDUCATION	CASHIERS OFFICE BOX #90759	DURHAM	NC	27708			
1		DUKE UNIVERSITY EDUCATION	201 TRENT DR, BOX 3067 DUMC 33,000	DURHAM	NC	27708			
1		DUKE UNIVERSITY SANFORD SCHOOL OF P EDUCATION	201 SCIENCE DRIVE, RH 170	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	BLACKSBURG	VA	24060			
1		FORDHAM UNIVERSITY EDUCATION	441 E. FORDHAM RD. 5,000	BRONX	NY	10458			
1		GEISNINGER COMMONWEALTH SCHOOL OF EDUCATION	525 PINE ST. 10,000	SCRANTON	PA	18509			
1		GEORGE WASHINGTON UNIVERSITY EDUCATION	800 21ST ST. NW. 54,000	WASHINGTON	DC	20052			
1		GEORGETOWN UNIVERSITY EDUCATION	3700 O ST. NW, LOWER LEVEL GRAVENOR 54,000	WASHINGTON	DC	20057			
1		HARVARD BUSINESS SCHOOL EDUCATION	HARVARD BUSINESS SCHOOL MBA 15,000	BOSTON	MA	02163			
1		HARVARD LAW SCHOOL EDUCATION	1585 MASSACHUSETTS AVE WCC 5027	CAMBRIDGE	MA	02138			
1		HARVARD MEDICAL SCHOOL EDUCATION	25 SHATTUCK ST 10,000	BOSTON	MA	02115			

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California Statements

FYE: 12/31/2018

**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		HARVARD UNIVERSITY	1350 MASSACHUSETTS AVE	CAMBRIDGE	MA	02138			
		EDUCATION	48,000						
1		HARVARD UNIVERSITY KENNEDY SCHOOL	79 JFK ST, BOX 93	CAMBRIDGE	MA	02138			
		EDUCATION							
1		INDIANA UNIVERSITY	900 EAST 7TH ST	BLOOMINGTON	IN	47405			
		EDUCATION	10,000						
1		JACKSON STATE UNIVERSITY	1400 JR LYNCH ST.	JACKSON	MS	39217			
		EDUCATION	10,000						
1		JHU BLOOMBERG SCHOOL OF PUBLIC HEAL	615 N. WOLFE STREET, SUITE W1101	BALTIMORE	MD	21205			
		EDUCATION							
1		JOHNS HOPKINS (SAIS)	1740 MASSACHUSETTS AVE NW	WASHINGTON	DC	20036			
		EDUCATION							
1		JOHNS HOPKINS UNVERISTY SCHOOL OF E	6740 ALEXANDER BELL DR. SUITE 110	COLUMBIA	MD	21046			
		EDUCATION	26,000						
1		LIBERTY UNIVERSITY	PO BOX 10425	LYNCHBURG	VA	24506			
		EDUCATION	12,000						
1		MASS. GENERAL HOSPITAL INSTITUTE	36 1ST AVENUE	BOSTON	MA	02129			
		EDUCATION							
1		MASSACHUSETTS INSTITUTE OF TECHNOLO	77 MASSACHUSETTS AVE,	CAMBRIDGE	MA	02139			
		EDUCATION	21,000						
1		MIDWESTERN UNIVERSITY	19555 NORTH 59TH AVE	GLENDALE	AZ	85308			
		EDUCATION							
1		NORTH CAROLINA STATE	2016 HARRIS HALL, CAMPUS BOX 7302	RALEIGH	NC	27695			
		EDUCATION	15,000						
1		NORTHERN ARIZONA UNIVERSITY	601 S. KNOLES DRIVE	FLAGSTAFF	AZ	86011			
		EDUCATION	9,000						
1		NORTHERN ILLINOIS UNIVERSITY	SWEN PARSON HALL 245	DEKALB	IL	60115			
		EDUCATION							
1		NORTHWESTERN UNIV - GRAD SCHOOL	633 CLARK ST, SROWN 1-502	EVANSTON	IL	60208			
		EDUCATION							
1		NORTHWESTERN UNIVERSITY	2001 SHERIDAN ROAD	EVANSTON	IL	60208			
		EDUCATION	11,000						
1		OREGON HEALTH & SCIENCE UNIVERSITY	3181 S.W. SAM JACKSON PARK RD.	PORTLAND	OR	97239			
		EDUCATION	11,000						
1		PACIFIC NORTHWESTERN UNIVIERSITY	111 UNIVERSITY PARK WAY, STE 202	YAKIMA	WA	98901			
		EDUCATION							
1		QUEENS UNIVERSITY	1900 SELWYN AVE	CHARLOTTE	NC	28274			
		EDUCATION	5,000						
1		RUTGERS UNIVERSITY	335 GEORGE ST, 4TH FLOOR	NEW BRUNSWICK	NJ	08903			
		EDUCATION	30,000						
1		STANFORD LAW SCHOOL	559 NATHAN ABBOTT WAY	STANFORD	CA	94305			
		EDUCATION							
1		STANFORD UNIV	MONTAG HALL - 355 GALVEZ STREET	STANFORD	CA	94305			
		EDUCATION							
1		STANFORD UNIVERSITY	655 KNIGHT WAY, MCCLELLAND BLDG	STANFORD	CA	94305			
		EDUCATION	39,000						
1		SUFFOLK UNIVERSITY LAW SCHOOL	120 TREMONT STREET	BOSTON	MA	02108			
		EDUCATION	20,000						

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California Statements

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

<u>PSA</u>	<u>Class</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>			
<u>Relationship</u>	<u>Status</u>	<u>Purpose</u>	<u>Amount</u>	<u>Noncash Description</u>	<u>FMV Explanation</u>	<u>Book Value Amount</u>	<u>Book Value Explanation</u>	<u>Date</u>	
1		SYRACUSE UNIVERSITY EDUCATION	200 BOWNE HALL 22,000		SYRACUSE		13244		
1		TEXAS A&M UNIVERSITY EDUCATION	PO BOX 30016 51,000		COLLEGE STATION		77843		
1		THE CATHOLIC UNIVERSITY OF AMERICA EDUCATION	COLUMBUS SCHOOL OF LAW		WASHINGTON		20064		
1		THE OHIO STATE UNIVERSITY BURSAR EDUCATION	281 W LANE AVE 53,000		COLUMBUS		43210		
1		THE TRUSTEES OF PRINCETON UNIVERSIT EDUCATION	104 CLIO HALL		PRINCETON		08544		
1		THOMAS JEFFERSON UNIVERSITY EDUCATION	1015 WALNUT STREET, CURTIS BLDG 115 15,000		PHILADELPHIA		19107		
1		TRUSTEES OF DARTMOUTH COLLEGE EDUCATION	100 TUCK HALL		HANOVER		03755		
1		TRUSTEES OF TUFTS COLLEGE EDUCATION	419 BOSTON AVE		MEDFORD		02155		
1		TRUSTEES OF UNIVERSITY OF PENN EDUCATION	100 FRANKLIN BLDG 3451 WALNUT ST 33,000		PHILADELPHIA		19104		
1		TUFTS UNIVERSITY EDUCATION	419 BOSTON AVENUE		MEDFORD		02155		
1		UC REGENTS EDUCATION	9500 GILMAN DRIVE #0730 22,000		LA JOLLA		92093		
1		UCLA EDUCATION	220 WESTWOOD PLAZA STE B44		LOS ANGELES		90095		
1		UNIV OF COLORADO - COLORADO SPRINGS EDUCATION	1420 AUSTIN BLUFF PKWY		COLORADO SPRINGS		80918		
1		UNIVERISTY OF UTAH EDUCATION	201 S 1460 E, RM 135		SALT LAKE CITY		84112		
1		UNIVERITY OF SOUTHERN CALIFORNIA EDUCATION	700 CHILDS WAY, JHH 325		LOS ANGELES		90089		
1		UNIVERSITY OF ALABAMA EDUCATION	BOX 870122 4,000		TUSCALOOSA		35487		
1		UNIVERSITY OF ARIZONA EDUCATION	1303 E UNIVERSITY BLVD, BOX 3 10,000		TUCSON		85719		
1		UNIVERSITY OF ARKANSAS EDUCATION	1011 UNIVERSITY OF ARKANSAS 31,000		FAYETTEVILLE		72701		
1		UNIVERSITY OF CALIFORNIA EDUCATION	9500 GILMAN DR		LA JOLLA		92093-0606		
1		UNIVERSITY OF CHICAGO EDUCATION	5807 SOUTH WOODLAWN AVE 21,000		CHICAGO		60637		
1		UNIVERSITY OF COLORADO - BOULDER EDUCATION	77 UCB 19,000		BOULDER		80309		
1		UNIVERSITY OF DENVER	2197 S. UNIVERSITY BLVD		DENVER		80208		
1		UNIVERSITY OF FLORIDA EDUCATION	PO BOX 114025 6,000		GAINESVILLE		32611		
1		UNIVERSITY OF ILLINOIS CHICAGO EDUCATION	1200 W. HARRISON 23,000		CHICAGO		60607		

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California Statements

FYE: 12/31/2018

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

<u>PSA</u>	<u>Class</u>	<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>			
<u>Relationship</u>	<u>Status</u>	<u>Purpose</u>	<u>Amount</u>	<u>Noncash Description</u>	<u>FMV Explanation</u>	<u>Book Value Amount</u>	<u>Book Value Explanation</u>	<u>Date</u>	
1		UNIVERSITY OF MARYLAND EDUCATION	8400 BALTIMORE AVE. STE 200 21,000		COLLEGE PARK	MD	20740		
1		UNIVERSITY OF MIAMI	1306 STANFORD DR.		CORAL GABLES	FL	33146		
1		UNIVERSITY OF MICHIGAN EDUCATION	1134 CATHERINE ST. 5,000		ANN ARBOR	MI	48109		
1		UNIVERSITY OF MINNESOTA EDUCATION	106 PLEASANT ST. SE 61,000		MINNEAPOLIS	MN	55455		
1		UNIVERSITY OF MISSOURI - ST LOUIS EDUCATION	110 CLARK HALL 11,000		ST LOUIS	MO	63121		
1		UNIVERSITY OF NEBRASKA OMAHA EDUCATION	6001 DODGE ST		OMAHA	NE	68182		
1		UNIVERSITY OF NEW MEXICO EDUCATION	1155 UNIVERSITY BLVD SE 21,000		ALBUQUERQUE	NM	87106		
1		UNIVERSITY OF NORTH CAROLINA EDUCATION	450 RIDGE ROAD, CB 1400 63,000		CHAPEL HILL	NC	27599		
1		UNIVERSITY OF NORTH TEXAS EDUCATION	1155 UNION CIRCLE		DENTON	TX	76203-5017		
1		UNIVERSITY OF OKLAHOMA EDUCATION	100 ASP AVE, ROOM 105 54,000		NORMAN	OK	73019		
1		UNIVERSITY OF OREGON EDUCATION	PO BOX 3237		EUGENE	OR	97403		
1		UNIVERSITY OF PENNSYLVANIA EDUCATION	100 FRANKLIN BUILDING		PHILADELPHIA	PA	19104		
1		UNIVERSITY OF SOUTH FLORIDA EDUCATION	PO BOX 864571 21,000		ORLANDO	FL	32886		
1		UNIVERSITY OF ST THOMAS	2115 SUMMIT AVE		SAINT PAUL	MN	55105-1096		
1		UNIVERSITY OF ST. AUGUSTINE EDUCATION	1 UNIVERSITY BLVD 2,000		ST AUGUSTINE	FL	32086		
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		DALLAS	TX	75390		
1		UNIVERSITY OF THE INCARNATE WORD EDUCATION	4301 BROADWAY CPO 308		SAN ANTONIO	TX	78209		
1		UNIVERSITY OF UTAH EDUCATION	201 S 1460 E RM135 15,000		SALT LAKE CITY	UT	84112		
1		UNIVERSITY OF VERMONT EDUCATION	85 S. PROSPECT		ST BURLINGTON	VT	05405		
1		UNIVERSITY OF VIRGINIA EDUCATION	PO BOX 400204 10,000		CHARLOTTESVILLE	VA	22904		
1		UNIVERSITY OF WASHINGTON EDUCATION	PO BOX 24967 42,000		SEATTLE	WA	98124		
1		UNIVERSTIY OF ST. THOMAS EDUCATION	2115 SUMMIT AVE		ST PAUL	MN	55105		
1		UTHSCSA EDUCATION	7703 FLOYD CURL MC: 7708 10,000		SAN ANTONIO	TX	78229		

California Statements

**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		UWM FOUNDATION, INC. EDUCATION	1440 E. NORTH AVENUE	MILWAUKEE	WI	53202			
1		VANDERBILT UNIVERSITY EDUCATION	461 21ST AVE. SOUTH 32,000	NASHVILLE	TN	37240-0008			
1		VILLANOVA UNIVERSITY EDUCATION	800 LANCASTER AVE	VILLANOVA	PA	19085			
1		VIRGINIA COMMON WEALTH UNIVERSITY EDUCATION	PO BOX 843036	RICHMOND	VA	23284			
1		VIRGINIA COMMON WEALTH UNIVERSITY EDUCATION	1201 E MARSHALL ST, ROOM4-307	RICHMOND	VA	23298			
1		WAKE FOREST UNIVERSITY EDUCATION	475 VINE ST. 10,000	WINSTON-SALEM	NC	27101			
1		WESTERN UNIVERSITY EDUCATION	309 E. 2ND STREET	POMONA	CA	91766			
1		YALE LAW SCHOOL EDUCATION	127 WALL STREET 5,000	NEW HAVEN	CT	06511			
1		YALE UNIVERSITY EDUCATION	PO BOX 208232 22,000	NEW HAVEN	CT	06520			
1		SCHOLARSHIPS	15,000						
1		AMERICAN UNIVERSITY EDUCATION	4400 MASSACHUSETTS AVE 11,000	WASHINGTON	DC	20016			
1		BELMONT UNIVERSITY EDUCATION	1900 BELMONT BLVD. 11,000	NASHVILLE	TN	37212			
1		CREIGHTON UNIVERISTY EDUCATION	PO BOX 30282 11,000	OMAHA	NE	68103-1382			
1		EMBRY - RIDDLE AERONAUTICAL EDUCATION	600 S. CLYDE MORRIS BLVD 11,000	DAYTONA BEACH	FL	32114			
1		GEORGE MASON UNIVERSITY EDUCATION	4400 UNIVERSITY DR 18,000	FAIRFAX	VA	22030-4422			
1		GEORGIA STATE UNIVERSITY EDUCATION	PO BOX 2668 11,000	ATLANTA	GA	30301			
1		WASHINGTON STATE UNIVERSITY EDUCATION	PO BOX 641927 11,000	PULLMAN	WA	99164-1927			
1		WILKES UNIVERSITY EDUCATION	84 WEST SOUTH ST 11,000	WILKES BARRE	PA	18766			
1		UNIVERSITY OF WEST FLORIDA EDUCATION	11000 UNIVERSITY PKWY, BLDG 12 11,000	PENSACOLA	FL	32514			
1	SUBTOTAL		\$ 1,388,000						
	TOTAL		\$ 1,388,000						

California Statements

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

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
MARIE TILLMAN	CHICAGO	IL	60661	217 N. JEFFERSON STREET, SUITE 602	CHAIRMAN	2.00	
CHRIS HART					VICE CHAIRMAN	2.00	
BENJAMIN HILL	CHICAGO	IL	60661	217 N JEFFERSON ST STE 602	TREASURER	2.00	
ALEX GARWOOD					DIRECTOR	2.00	
MICHAEL BIDWILL					DIRECTOR	2.00	
IAN SACKS					DIRECTOR	2.00	
SAGE STEELE	NORTHFIELD	CT	60093	14 ROBKINS ROAD	DIRECTOR	2.00	
JOE BROWNE					DIRECTOR	2.00	
LAZAR RAYNAL	CHICAGO	IL	60606	227 W. MONROE STREET	DIRECTOR	2.00	
KILL' ANDERSON					EXECUTIVE DIRECTOR	40.00	145,000
TOTAL							<u>145,000</u>

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

<u>Description</u>	<u>Amount</u>
	\$
PAT'S RUN (AZ) EXPENSES	853,386
EMPLOYEE BENEFITS	50,079
PAYROLL TAXES	77,926
ACCOUNTING	33,362
OTHER PROFESSIONAL	198,441
TRAVEL	330,610
PUBLIC RELATIONS	73,004
TELEPHONE AND INTERNET	9,685
ADMINISTRATIVE FEES	4,437
PRINTING	10,618
POSTAGE AND SHIPPING	5,957
MISCELLANEOUS	13,170
FUNDRAISING EXPENSES	137,034
MILITARY SCHOLARS SUPPORT	99,727
OFFICE EXPENSES	8,233
INSURANCE	8,796
TOTAL	<u>\$ 1,914,465</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	\$ 996,744	\$ 936,461
TOTAL	<u>\$ 996,744</u>	<u>\$ 936,461</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	\$ 6,800
PREPAID EXPENSES	77,306	43,258
TOTAL	<u>\$ 88,438</u>	<u>\$ 50,058</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	\$ 718	\$
DEFERRED REVENUE	4,500	6,000
TOTAL	<u>\$ 5,218</u>	<u>\$ 6,000</u>

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

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS	\$ <u>-132,415</u>
TOTAL	\$ <u><u>-132,415</u></u>

TAXABLE YEAR

2018

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	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
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 smaller 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 2019. 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) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						2,819	
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)						15	2,819

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) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	2,819
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
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)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
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						22	

California Statements

Indirect Depreciation

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

<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	\$ 14,105	\$ 8,742	S/L	5.00	\$ 2,819	\$
TOTAL		<u>\$ 14,105</u>	<u>\$ 8,742</u>			<u>\$ 2,819</u>	<u>\$ 0</u>