

85510
PAT TILLMAN FOUNDATION

2023 Client

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filer

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

PAT TILLMAN FOUNDATION

EIN or SSN
20-1072336

Name and title of officer or person subject to tax **BENJAMIN HILL
TREASURER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,945,986
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **FESTER & CHAPMAN, PLLC** to enter my PIN **85510** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Benjamin Hill Date **08/15/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

86100618288
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **RACHEL LOCKE, CPA** Date **08/15/24**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PAT TILLMAN FOUNDATION		D Employer identification number 20-1072336
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 180 N LASALLE ST, STE 2910		E Telephone number 773-360-5277
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO IL 60601		G Gross receipts\$ 6,049,303
	F Name and address of principal officer: MARIE TILLMAN 180 N LASALLE ST, STE 2910 CHICAGO IL 60601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.PATTILLMANFOUNDATION.ORG		L Year of formation: 2004	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: CA	

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 12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5 25
	6 Total number of volunteers (estimate if necessary)	6 175
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11	7a 0 7b 0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 5,058,008 Current Year: 4,748,984
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,712 66,139
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,000 130,863
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,161,720 4,945,986
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,311,803 1,409,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,862,839 2,345,675
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	0 1,023,415
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,940,831 1,814,188
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,115,473 5,569,363
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	46,247 -623,377
	20 Total assets (Part X, line 16)	Beginning of Current Year: 6,402,784 End of Year: 5,748,892
	21 Total liabilities (Part X, line 26)	1,016,110 858,378
	22 Net assets or fund balances. Subtract line 21 from line 20	5,386,674 4,890,514

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		Date	
	BENJAMIN HILL Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	RACHEL LOCKE, CPA	RACHEL LOCKE, CPA	08/15/24	P00450405
	Firm's name	Firm's EIN	Phone no.	
FESTER & CHAPMAN, PLLC		82-1455657	602-264-3077	
Firm's address				
9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260				

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ **3,953,202** including grants of \$ **1,409,500**) (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 on Schedule O.)

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

4e Total program service expenses **3,953,202**

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 Schedule B, Schedule of Contributors? 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 Rev. Proc. 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 donor-restricted endowments or in 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. See instructions</i>		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash 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 on 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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	85
1b	0

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	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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 on 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 on 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O); 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

THE HEALTH TRUST SAN JOSE

3315 ALMADEN EXPWY, SUITE 10

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIE TILLMAN	2.00									
CHAIR	0.00	X		X			0	0	0	
(2) CHRIS HART	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) IAN SACKS	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) JOE BROWNE	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) MARGARET CORTEZI	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) ALEX GARWOOD	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) BENJAMIN HILL	2.00									
TREASURER	0.00	X		X			0	0	0	
(8) JOE SHENTON	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) AMBER MANKE	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) CHRISTINE WILKINSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) LAZAR RAYNAL	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOHN SVOBODA DIRECTOR	2.00 0.00	X						0	0	0
(13) DAN FUTRELL CEO	40.00 0.00			X				172,665	0	26,531
(14) SABRINA PERALES DIRECTOR OF OPS	40.00 0.00					X		131,480	0	6,920
(15) MERCEDES ROHLFS DIRECTOR OF PROGRAMS	40.00 0.00					X		137,792	0	23,315
(16) COLLEEN REANEY HEAD OF TLI	40.00 0.00					X		125,772	0	16,166
(17)										
(18)										
(19)										
1b Subtotal								567,709		72,932
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								567,709		72,932

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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	892,157			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,856,827			
	g Noncash contributions included in lines 1a-1f	1g	\$ 412,792			
	h Total. Add lines 1a-1f		4,748,984			
	Program Service Revenue	2a	Business 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)		43,286		43,286	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other	22,853		
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c	22,853			
	d Net gain or (loss)		22,853		22,853	
8a Gross income from fundraising events (not including \$ 892,157 of contributions reported on line 1c). See Part IV, line 18	8a		1,103,317			
		b Less: direct expenses	8b	1,103,317		
		c Net income or (loss) from fundraising events				
9a Gross income from gaming activities. See Part IV, line 19	9a					
		b Less: direct expenses	9b			
		c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	10a					
		b Less: cost of goods sold	10b			
		c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11a SERVICE FEE INCOME	Business Code	561499	130,863	130,863	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		130,863			
12 Total revenue. See instructions		4,945,986	130,863	0	66,139	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,409,500	1,409,500		
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	172,665	104,736	21,295	46,634
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	1,727,818	1,099,794	202,267	425,757
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	299,756	191,935	28,391	79,430
10 Payroll taxes	145,436	95,708	13,475	36,253
11 Fees for services (nonemployees):				
a Management				
b Legal	7,147		7,147	
c Accounting	67,462		67,462	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	317,097	202,801	54,555	59,741
12 Advertising and promotion				
13 Office expenses	18,322	14,730	2,118	1,474
14 Information technology				
15 Royalties				
16 Occupancy	158,827	103,194	3,948	51,685
17 Travel	452,052	332,227	63,877	55,948
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				
23 Insurance	14,892	9,328	1,159	4,405
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING EXPENSES	244,581	40,912	12,063	191,606
b GRANT EXPENSES	199,968	198,860	1,108	
c MISCELLANEOUS	169,325	31,730	107,573	30,022
d PRINTING	70,294	62,998	331	6,965
e All other expenses	94,221	54,749	5,977	33,495
25 Total functional expenses. Add lines 1 through 24e	5,569,363	3,953,202	592,746	1,023,415
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,445,466	1	2,684,169
	2 Savings and temporary cash investments	115,322	2	15,169
	3 Pledges and grants receivable, net	1,742,321	3	730,509
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	207,798	9	215,619
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,105		
	b Less: accumulated depreciation	10b 14,105	10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,216,699	12	1,522,212
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	675,178	15	581,214
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,402,784	16	5,748,892	
Liabilities	17 Accounts payable and accrued expenses	339,905	17	162,153
	18 Grants payable		18	
	19 Deferred revenue		19	83,245
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	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	676,205	25	612,980
	26 Total liabilities. Add lines 17 through 25	1,016,110	26	858,378
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,257,348	27	3,373,216
	28 Net assets with donor restrictions	2,129,326	28	1,517,298
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	5,386,674	32	4,890,514	
33 Total liabilities and net assets/fund balances	6,402,784	33	5,748,892	

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	4,945,986
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,569,363
3	Revenue less expenses. Subtract line 2 from line 1	3	-623,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,386,674
5	Net unrealized gains (losses) on investments	5	127,217
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,890,514

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

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.

2023

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,871,818	3,630,280	5,208,001	5,095,915	4,748,984	22,554,998
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	3,871,818	3,630,280	5,208,001	5,095,915	4,748,984	22,554,998
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.						22,554,998

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3,871,818	3,630,280	5,208,001	5,095,915	4,748,984	22,554,998
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,706	25,031	42,978	34,019	43,286	171,020
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						22,726,018

12 Gross receipts from related activities, etc. (see instructions) **12** 4,601,633

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.25%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.30%

16a 33 1/3% support test — 2023. 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 — 2022. 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 — 2023. 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 — 2022. 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Value/Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Value/Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 = 18%.

19a 33 1/3% support tests — 2023. 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 — 2022. 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

PAT TILLMAN FOUNDATION

Employer identification number

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 foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

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 FOUNDATION 345 PARK AVENUE NEW YORK NY 10154	\$ 775,000	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	\$ 150,000	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	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THOMPSON FAMILY FOUNDATION 100 WOODBRIDGE CENTER DRIVE WOODBIDGE NJ 07095-1191	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FANATICS 8100 NATIONS WAY JACKSONVILLE FL 32256	\$ 106,816	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RONALD DONALD ESTATE TRUST 110 N. CARPENTER ST. CHICAGO IL 60607	\$ 214,903	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 I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DIAGEO NORTH AMERICA 801 MAIN AVE NORWALK CT 06851	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	CAR DONATION FOUNDATION 5775 WAYZATA BLVD, SUITE 700 ST. LOUIS PARK MN 55416	\$ 115,665	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

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

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

- (i)** Unrelated organizations? Yes No
- (ii)** Related organizations? Yes No

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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				
e Other		14,105	14,105	

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

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	1,522,212	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	1,522,212	

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, line 13, col. (B))		

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) OPERATING LEASE RIGHT-OF-USE ASSET	549,755
(2) REFUNDABLE DEPOSIT	31,459
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	581,214

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) OPERATING LEASE LIABILITY	612,980
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	612,980

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,073,203
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	127,217
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	127,217
3	Subtract line 2e from line 1	3	4,945,986
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,945,986

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

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

1	Total expenses and losses per audited financial statements	1	5,569,363
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,569,363
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,569,363

Part XIII Supplemental Information

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

.....

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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
		<u>PAT'S RUN (AZ)</u>	_____	<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,995,474			1,995,474
	2 Less: Contributions	892,157			892,157
	3 Gross income (line 1 minus line 2)	1,103,317			1,103,317
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,103,317			1,103,317
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,103,317
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: _____

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

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c** If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**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

2023
**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(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	133	1,409,500		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 J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

PAT TILLMAN FOUNDATION

Employer identification number
20-1072336

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAN FUTRELL CEO	(i)	172,665	0	0	275	26,256	199,196	0
	(ii)	0	0	0	0	0	0	0
2 MERCEDES ROHLFS DIRECTOR OF PROGRAMS	(i)	137,792	0	0	4,412	18,903	161,107	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open To Public
Inspection**

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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 (PAT'S RUN MEDIA)	X	1	412,792	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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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) 2023

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

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

OMB No. 1545-0047

2023**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 \$34 MILLION IN ACADEMIC SUPPORT SINCE 2004, AND NAMED OVER 871 TILLMAN SCHOLARS AT OVER 166 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 NATION'S ACTIVE-DUTY SERVICE MEMBERS, VETERANS AND THEIR SPOUSES WITH AN

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

PAT TILLMAN FOUNDATION

20-1072336

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 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 \$34 MILLION IN TILLMAN SCHOLAR SCHOLARSHIPS AND HAS NAMED OVER 871 TILLMAN SCHOLARS AT MORE THAN 166 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 1,500 COMPLETE APPLICATIONS DURING THE MONTH-LONG SUBMISSION WINDOW DURING THE YEAR ENDED DECEMBER 31, 2023. AFTER CAREFUL REVIEW AND CONSIDERATION AMONG REGIONAL AND FINAL SELECTION COMMITTEES, 60 CANDIDATES WERE SELECTED TO JOIN THE TENTH CLASS OF TILLMAN SCHOLARS. DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022, THE FOUNDATION AWARDED \$1,409,500 AND \$1,311,803, RESPECTIVELY, IN SCHOLARSHIPS. AS OF DECEMBER 31, 2023 AND 2022, THE BOARD HAS DESIGNATED \$1,221,950 AND \$2,082,650, RESPECTIVELY, IN FUNDS FOR ANTICIPATED SCHOLARSHIP FUND RENEWALS FOR CURRENT TILLMAN SCHOLARS. PRIOR TO FOCUSING ON VETERANS' EDUCATION, THE FOUNDATION

Name of the organization

Employer identification number

PAT TILLMAN FOUNDATION

20-1072336

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 990 IS REVIEWED BY BENJAMIN HILL, TREASURER, AS WELL AS THE COMPANY'S THIRD PARTY ACCOUNTANT. THE BOARD OF DIRECTORS ALSO REVIEWS THE AUDITED FINANCIAL STATEMENTS AND 990 WITH THE AUDITORS AT AN ANNUAL MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY IS REVIEWED BY AND SIGNED BY ALL EMPLOYEES AND BOARD MEMBERS ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE FOUNDATION USES A GEOGRAPHIC SPECIFIC SALARY SURVEY AND BENCHMARKING FOR DETERMINING SALARY RANGES FOR TOP MANAGEMENT OFFICIALS. THE BOARD HAS FINAL APPROVAL FOR COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE FOUNDATION USES A GEOGRAPHIC SPECIFIC SALARY SURVEY FOR DETERMINING SALARY RANGES FOR TOP MANAGEMENT OFFICIALS. THE BOARD HAS FINAL APPROVAL FOR COMPENSATION.

Name of the organization

Employer identification number

PAT TILLMAN FOUNDATION

20-1072336

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FORM 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST AND THE FINANCIALS ARE
DISCLOSED ON THE ORGANIZATION'S WEBSITE, GUIDESTAR, AND CHARITY NAVIGATOR.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
I	assets	12/31/05	<u>14,105</u>			<u>14,105</u>	5 MO S/L	<u>14,105</u>	<u>0</u>
	Total Other Depreciation		<u>14,105</u>			<u>14,105</u>		<u>14,105</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>14,105</u>			<u>14,105</u>		<u>14,105</u>	<u>0</u>
	Grand Totals		14,105			14,105		14,105	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>14,105</u>			<u>14,105</u>		<u>14,105</u>	<u>0</u>

CA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
	I assets	12/31/05	14,105	14,105	14,105	0	0	0
	Total Other Depreciation		<u>14,105</u>	<u>14,105</u>	<u>14,105</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>14,105</u>	<u>14,105</u>	<u>14,105</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		14,105	14,105	14,105	0	0	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>14,105</u>	<u>14,105</u>	<u>14,105</u>	<u>0</u>	<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	assets	12/31/05	14,105	0	0
	Total Other Depreciation		<u>14,105</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>14,105</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>14,105</u>	<u>0</u>	<u>0</u>

<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>0</u>
	Total Other Depreciation		<u>14,105</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>14,105</u>	<u>0</u>
	Grand Totals		<u>14,105</u>	<u>0</u>

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

PAT TILLMAN FOUNDATION**20-1072336**

		2022	2023	Differences
Revenue	1. Contributions, gifts, grants	5,058,008	4,748,984	-309,024
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	34,019	43,286	9,267
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	61,693	22,853	-38,840
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	8,000	130,863	122,863
	12. Total revenue. Add lines 1 through 11	5,161,720	4,945,986	-215,734
Expenses	13. Grants and similar amounts paid	1,311,803	1,409,500	97,697
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	186,583	172,665	-13,918
	16. Salaries, other compensation, and employee benefits	1,676,256	2,173,010	496,754
	17. Professional fundraising fees			
	18. Other professional fees	339,131	391,706	52,575
	19. Occupancy, rent, utilities, and maintenance	194,332	158,827	-35,505
	20. Depreciation and Depletion			
	21. Other expenses	1,407,368	1,263,655	-143,713
	22. Total expenses. Add lines 13 through 21	5,115,473	5,569,363	453,890
	23. Excess or (Deficit). Subtract line 22 from line 12	46,247	-623,377	-669,624
Other Information	24. Total exempt revenue	5,161,720	4,945,986	-215,734
	25. Total unrelated revenue			
	26. Total excludable revenue	103,712	197,002	93,290
	27. Total assets	6,402,784	5,748,892	-653,892
	28. Total liabilities	1,016,110	858,378	-157,732
	29. Retained earnings	5,386,674	4,890,514	-496,160
	30. Number of voting members of governing body	12	12	
31. Number of independent voting members of governing body	12	12		
32. Number of employees	15	25		
33. Number of volunteers	10	175		

Form 990	Tax Return History	2023
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Name PAT TILLMAN FOUNDATION	Employer Identification Number 20-1072336
---------------------------------------	---

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	3,871,974	3,630,280	5,208,001	5,058,008	4,748,984	
Membership dues						
Program service revenue						
Capital gain or loss	45,324	25,714	63,343	61,693	22,853	
Investment income	25,529	25,031	42,978	34,019	43,286	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				8,000	130,863	
Total revenue	3,942,827	3,681,025	5,314,322	5,161,720	4,945,986	
Grants and similar amounts paid	1,397,542	1,027,500	1,418,588	1,311,803	1,409,500	
Benefits paid to or for members						
Compensation of officers, etc.				186,583	172,665	
Other compensation	1,068,875	1,201,583	1,444,966	1,676,256	2,173,010	
Professional fees	196,820	317,699	393,796	339,131	391,706	
Occupancy costs	106,470	121,026	122,230	194,332	158,827	
Depreciation and depletion	2,544					
Other expenses	778,895	573,164	640,552	1,407,368	1,263,655	
Total expenses	3,551,146	3,240,972	4,020,132	5,115,473	5,569,363	
Excess or (Deficit)	391,681	440,053	1,294,190	46,247	-623,377	
Total exempt revenue	3,942,827	3,681,025	5,314,322	5,161,720	4,945,986	
Total unrelated revenue						
Total excludable revenue	70,853	50,745	106,321	103,712	197,002	
Total Assets	3,938,938	4,713,801	5,928,677	6,402,784	5,748,892	
Total Liabilities	132,353	388,583	255,696	1,016,110	858,378	
Net Fund Balances	3,806,585	4,325,218	5,672,981	5,386,674	4,890,514	

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	\$ 1					14
TOTAL	<u>\$ 1</u>					

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	\$ 43,285					14
TOTAL	<u>\$ 43,285</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER PROFESSIONAL	\$ 317,097	\$ 202,801	\$ 54,555	\$ 59,741
TOTAL	<u>\$ 317,097</u>	<u>\$ 202,801</u>	<u>\$ 54,555</u>	<u>\$ 59,741</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
POSTAGE AND SHIPPING	\$ 28,239	\$ 14,440	\$ 676	\$ 13,123
PUBLIC RELATIONS	27,348	27,348		
ADMINISTRATIVE FEES	20,055		2,199	17,856
TELEPHONE AND INTERNET	18,579	12,961	3,102	2,516
TOTAL	<u>\$ 94,221</u>	<u>\$ 54,749</u>	<u>\$ 5,977</u>	<u>\$ 33,495</u>

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
PAYCHECK PROTECTION PROGRAM FORGIVEN	\$
VARIOUS	1,944,443
NATIONAL FOOTBALL LEAGUE	
CASH CONTRIBUTION	775,000
THE JOHN W. CARSON FOUNDATION	
CASH CONTRIBUTION	150,000
MUSCLE MILK	
PROTEIN SHAKES FOR RUNNERS	
TEKSYSTEMS	
CASH CONTRIBUTION	175,000
THOMPSON FAMILY FOUNDATION	
CASH CONTRIBUTION	200,000
FANATICS	
CASH CONTRIBUTION	106,816
RONALD DONALD ESTATE TRUST	
CASH CONTRIBUTION	214,903

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
DIAGEO NORTH AMERICA CASH CONTRIBUTION	\$ 100,000
ARIZONA FOUNDATION FOR EDUCATIONAL CASH CONTRIBUTION	75,000
CAR DONATION FOUNDATION CASH CONTRIBUTION	115,665
PAT'S RUN (AZ) CASH CONTRIBUTION	479,365
	<u>412,792</u>
TOTAL	\$ <u><u>4,748,984</u></u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 1
DIVIDENDS	<u>43,285</u>
TOTAL	\$ <u><u>43,286</u></u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
SERVICE FEE INCOME	\$ 130,863
PAT'S RUN (AZ)	<u>1,103,317</u>
TOTAL	\$ <u><u>1,234,180</u></u>

Form 199 Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

20-1072336

PAT TILLMAN FOUNDATION

Gross sales / receipts	<u>1,300,319</u>	
Dues from members	<u> </u>	
Contributions / grants	<u>4,748,984</u>	
Total costs	<u> </u>	
Expenses	<u>6,672,680</u>	
Excess / (deficit)		<u><u>-623,377</u></u>

Total payments	<u> </u>	
Penalties and interest	<u> </u>	
Use tax	<u> </u>	

Balance due	<u> </u>	
Refund	<u> </u>	<u> </u>

Balance Sheet

	Beginning	Ending	
Assets	<u>6,402,784</u>	<u>5,748,892</u>	Differences
Liabilities	<u>1,016,110</u>	<u>858,380</u>	
Net assets	<u><u>5,386,674</u></u>	<u><u>4,890,512</u></u>	

Miscellaneous Information

Amended return

Return / extended due date 11/15/24

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.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, and 310

Failure to submit this report annually no later than four months and fifteen days 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. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

PAT TILLMAN FOUNDATION Name of Organization		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report <input type="checkbox"/> Organization requests email notifications
List all DBAs and names the organization uses or has used 180 N LASALLE ST, STE 2910 Address (Number and Street)		
CHICAGO IL 60601 City or Town, State, and ZIP Code		State Charity Registration Number _____
773-360-5277 Telephone Number		Corporation or Organization No. 2625482
SPARALES@PAT TILLMAN FOUNDATION.ORG E-mail Address		Federal Employer ID No. 20-1072336

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310) Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/23 ending 12/31/23) list:

Total Revenue \$ 4,945,986 (including noncash contributions)
 Noncash Contributions \$ 412,792 Total Assets \$ 5,748,892
 Program Expenses \$ 3,953,202 Total Expenses \$ 5,569,363

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

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate 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, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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, and I am authorized to sign.

BENJAMIN HILL TREASURER
 Signature of Authorized Agent Printed Name Title Date

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	6,049,303
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	6,049,303
3	Total expenses and disbursements (Form 199, line 9)	3	6,672,680
4	Tax due (Form 109, line 23)	4	
5	Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

Sign Here

Signature of officer

08/15/24

Date

TREASURER

Title

Part VI 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, 2023 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 LOCKE, CPA**

Date

Check if also paid preparer

Check if self-employed

ERO's PTIN

P00450405

Firm's name (or yours if self-employed) and address **FESTER & CHAPMAN, PLLC
9019 E. BAHIA DR STE 100
SCOTTSDALE AZ**

Firm's FEIN

82-1455657

ZIP code

85260

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

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

Firm's FEIN

ZIP code

TAXABLE YEAR **2023** California Exempt Organization Annual Information Return

FORM

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: PAT TILLMAN FOUNDATION
California corporation number: 2625482
FEIN: 20-1072336
Street address: 180 N LASALLE ST, STE 2910
City: CHICAGO
State: IL
ZIP code: 60601

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

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

Table with 4 columns: Description, Line Number, Amount, and Total. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Payments (lines 11-16). Total gross income is 6,049,303 and total expenses are 6,672,680.

Sign Here: Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature: RACHEL LOCKE, CPA; Title: TREASURER; Date: 08/15/2024; Telephone: 773-360-5277.
Paid Preparer's Use Only: Firm's name: FESTER & CHAPMAN, PLLC; Address: 9019 E. BAHIA DR STE 100 SCOTTSDALE, AZ 85260; PTIN: P00450405; 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	1	00	
	3	Dividends	•	3	43,285	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	22,853	00	
	7	Other income. Attach schedule SEE STATEMENT 2	•	7	1,234,180	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	1,300,319	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule SEE STATEMENT 3	•	9	1,409,500	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 4	•	11	172,665	00	
	12	Other salaries and wages	•	12	1,727,818	00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	158,827	00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 5	•	17	3,203,870	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,672,680	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,560,788	•	2,699,338
2 Net accounts receivable		1,742,321	•	730,509
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock STMT 6		1,216,699	•	1,522,212
8 Mortgage loans			•	
9 Other investments. Attach schedule			•	
10 a Depreciable assets	14,105		14,105	
b Less accumulated depreciation	14,105		14,105	
11 Land			•	
12 Other assets. Attach schedule. STMT 7		882,976	•	796,833
13 Total assets		6,402,784		5,748,892
Liabilities and net worth				
14 Accounts payable		339,905	•	162,153
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities. Attach schedule. STMT 8		676,205		696,225
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		5,386,674	•	4,890,514
22 Total liabilities and net worth		6,402,784		5,748,892

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	•	-496,160	7	Income recorded on books this year not included in this return. Attach schedule SEE STMT 9	•	127,217
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		127,217
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6		-623,377
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•					
6	Total. Add line 1 through line 5		-496,160				

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					\$ 22,853	\$	\$	\$
TOTAL					\$ 22,853	\$ 0	\$ 0	\$ 0

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

<u>Description</u>	<u>Amount</u>
PAT'S RUN (AZ)	\$ 1,103,317
SERVICE FEE INCOME	<u>130,863</u>
TOTAL	<u>\$ 1,234,180</u>

California Statements

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		AMERICAN UNIVERSITY EDUCATION	4400 MASSACHUSETTS AVE	WASHINGTON	DC	20016		
1		ANTIOCH UNIVERSITY NEW ENGLAND EDUCATION	40 AVON ST	KEENE	NH	03431		
1		APPALACHIAN SCHOOL OF LAW EDUCATION	1169 EDGEWATER DR	GRUNDY	VA	24614		
1		ASU FOUNDATION EDUCATION	PO BOX 2260	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	WACO	TX	76798		
1		BELMONT UNIVERSITY EDUCATION	1900 BELMONT BLVD.	NASHVILLE	TN	37212		
1		BROWN UNIVERSITY EDUCATION	75 WATERMAN ST	PROVIDENCE	RI	02912		
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	WASHINGTON	DC	20017		
1		CLEMSON UNIVERSITY EDUCATION	105 SIKES HALL	CLEMSON	SC	29634		
1		COLLEGE OF WILLIAM & MARY EDUCATION	SADLER CENTER, 200 STADIUM DR	WILLIAMSBURG	VA	23185		
1		COLORADO COLLEGE EDUCATION	14 EAST CACHE LA POUDE	COLORADO SPRINGS	CO	80903		
1		COLORADO SCHOOL OF MINES EDUCATION	1200 16TH ST	GOLDEN	CO	80401		
1		COLOADO STATE UNIVERSITY EDUCATION	711 OVAL DRIVE	FORT COLLINS	CO	80521		
1		COLUMBIA UNIVERSITY EDUCATION	1140 AMSTERDAM AVE	NEW YORK	NY	10027		
1		CREIGHTON UNIVERISTY EDUCATION	PO BOX 30282	OMAHA	NE	68103-1382		
1		DARTMOUTH COLLEGE EDUCATION	7021 REMSEN, ROOM 302	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	DURHAM	NC	27708		
1		DUKE UNIVERSITY SANFORD SCHOOL OF P EDUCATION	201 SCIENCE DRIVE, RH 170	DURHAM	NC	27708		

California Statements

**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		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		EMBRY - RIDDLE AERONAUTICAL EDUCATION	600 S. CLYDE MORRIS BLVD	DAYTONA BEACH	FL	32114			
1		EMORY UNIVERSITY EDUCATION	201 DOWMAN DR	ATLANTA	GA	30322			
1		FORDHAM UNIVERSITY EDUCATION	441 E. FORDHAM RD.	BRONX	NY	10458			
1		GEISNINGER COMMONWEALTH SCHOOL OF EDUCATION	525 PINE ST.	SCRANTON	PA	18509			
1		GEORGE MASON UNIVERSITY EDUCATION	4400 UNIVERSITY DR	FAIRFAX	VA	22030-4422			
1		GEORGE WASHINGTON UNIVERSITY EDUCATION	800 21ST ST. NW.	WASHINGTON	DC	20052			
1		GEORGETOWN UNIVERSITY EDUCATION	3700 O ST. NW, LOWER LEVEL GRAVENOR	WASHINGTON	DC	20057			
1		GEORGIA INSTITUTE OF TECHNOLOGY EDUCATION	NORTH AVE NW	ATLANTA	GA	30332			
1		GEORGIA STATE UNIVERSITY EDUCATION	PO BOX 2668	ATLANTA	GA	30301			
1		HARVARD BUSINESS SCHOOL EDUCATION	HARVARD BUSINESS SCHOOL MBA	BOSTON	MA	02163			
1		HARVARD LAW SCHOOL EDUCATION	1585 MASSACHUSETTS AVE WCC 5027	CAMBRIDGE	MA	02138			
1		HARVARD MEDICAL SCHOOL EDUCATION	25 SHATTUCK ST	BOSTON	MA	02115			
1		HARVARD UNIVERSITY EDUCATION	1350 MASSACHUSETTS AVE	CAMBRIDGE	MA	02138			
1		HARVARD UNIVERSITY KENNEDY SCHOOL EDUCATION	79 JFK ST, BOX 93	CAMBRIDGE	MA	02138			
1		HOFSTRA UNIVERSITY EDUCATION	1000 HEMPSTEAD TURNPIKE	HEMPSTEAD	NY	11549			
1		ICAHN SCHOOL OF MEDICINE EDUCATION	1 GUSTAVE L LEVY PL	NEW YORK	NY	10029			
1		INDIANA UNIVERSITY EDUCATION	900 EAST 7TH ST	BLOOMINGTON	IN	47405			
1		JACKSON STATE UNIVERSITY EDUCATION	1400 JR LYNCH ST.	JACKSON	MS	39217			
1		JHU BLOOMBERG SCHOOL OF PUBLIC HEAL EDUCATION	615 N. WOLFE STREET, SUITE W1101	BALTIMORE	MD	21205			
1		JOHNS HOPKINS (SAIS) EDUCATION	1740 MASSACHUSETTS AVE NW	WASHINGTON	DC	20036			
1		JOHNS HOPKINS UNVERISTY SCHOOL OF E EDUCATION	6740 ALEXANDER BELL DR. SUITE 110	COLUMBIA	MD	21046			
1		LIBERTY UNIVERSITY EDUCATION	PO BOX 10425	LYNCHBURG	VA	24506			

California Statements

**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		MASS. GENERAL HOSPITAL INSTITUTE EDUCATION	36 1ST AVENUE	BOSTON	MA	02129			
1		MASSACHUSETTS INSTITUTE OF TECHNOLO EDUCATION	77 MASSACHUSETTS AVE,	CAMBRIDGE	MA	02139			
1		MIDWESTERN UNIVERSITY EDUCATION	19555 NORTH 59TH AVE	GLENDALE	AZ	85308			
1		NEW YORK UNIVERSITY EDUCATION	723 BROADWAY	NEW YORK	NY	10003			
1		NORTH CAROLINA STATE EDUCATION	2016 HARRIS HALL, CAMPUS BOX 7302	RALEIGH	NC	27695			
1		NORTHERN ARIZONA UNIVERSITY EDUCATION	601 S. KNOLES DRIVE	FLAGSTAFF	AZ	86011			
1		NORTHERN ILLINOIS UNIVERSITY EDUCATION	SWEN PARSON HALL 245	DEKALB	IL	60115			
1		NORTHWESTERN UNIV - GRAD SCHOOL EDUCATION	633 CLARK ST, SROWN 1-502	EVANSTON	IL	60208			
1		NORTHWESTERN UNIVERSITY EDUCATION	2001 SHERIDAN ROAD	EVANSTON	IL	60208			
1		OHIO UNIVERSITY EDUCATION	120 CHUBB HALL	ATHENS	OH	45701			
1		OREGON HEALTH & SCIENCE UNIVERSITY EDUCATION	3181 S.W. SAM JACKSON PARK RD.	PORTLAND	OR	97239			
1		PACIFIC NORTHWESTERN UNIVIERSITY EDUCATION	111 UNIVERSITY PARK WAY, STE 202	YAKIMA	WA	98901			
1		QUEENS UNIVERSITY EDUCATION	1900 SELWYN AVE	CHARLOTTE	NC	28274			
1		RECONSTRUCTIONIST RABBINICAL COLLEG EDUCATION	1299 CHURCH RD	WYNCOTE	PA	19095			
1		RHODE ISLAND SCHOOL OF DESIGN TOTAL EDUCATION	2 COLLEGE ST	PROVIDENCE	RI	02903			
1		RUTGERS UNIVERSITY EDUCATION	335 GEORGE ST, 4TH FLOOR	NEW BRUNSWICK	NJ	08903			
1		SAN FRANCISCO STATE EDUCATION	1600 HOLLOWAY AVE	SAN FRANCISCO	CA	94132			
1		SANTA CLARA UNIVERSITY EDUCATION	500 EL CAMINO REAL	SANTA CLARA	CA	95053			
1		ST MARY'S UNIVERSITY EDUCATION	1 CAMINO SANTA MARIA	SAN ANTONIO	TX	78228			
1		SAINT MARY'S COLLEGE OF CALIFORNIA EDUCATION	1928 ST MARYS RD	MORAGA	CA	94575			
1		SEATTLE PACIFIC UNIVERSITY EDUCATION	3307 3RD AVE W	SEATTLE	WA	98119			
1		SIMMONS UNIVERSITY EDUCATION	300 FENWAY	BOSTON	MA	02115			
1		STANFORD LAW SCHOOL EDUCATION	559 NATHAN ABBOTT WAY	STANFORD	CA	94305			
1		STANFORD UNIV EDUCATION	MONTAG HALL	STANFORD	CA	94305			

California Statements

**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		STANFORD UNIVERSITY EDUCATION	655 KNIGHT WAY,	MCCLELLAND BLDG	STANFORD	CA	94305		
1		SUFFOLK UNIVERSITY LAW SCHOOL EDUCATION	120 TREMONT STREET		BOSTON	MA	02108		
1		SYRACUSE UNIVERSITY EDUCATION	200 BOWNE HALL		SYRACUSE	NY	13244		
1		TEXAS A&M UNIVERSITY EDUCATION	PO BOX 30016		COLLEGE STATION	TX	77843		
1		TEXAS STATE UNIVERSITY EDUCATION	601 UNIVERSITY DR		SAN MARCOS	TX	78666		
1		TEXAS TECH UNIVERSITY EDUCATION	2500 BROADWAY		LUBBOCK	TX	79409		
1		THE CATHOLIC UNIVERSITY OF AMERICA EDUCATION	COLUMBUS SCHOOL OF LAW		WASHINGTON	DC	20064		
1		THE OHIO STATE UNIVERSITY BURSAR EDUCATION	281 W LANE AVE		COLUMBUS	OH	43210		
1		THE TRUSTEES OF PRINCETON UNIVERSIT EDUCATION	104 CLIO HALL		PRINCETON	NJ	08544		
1		THOMAS JEFFERSON UNIVERSITY EDUCATION	1015 WALNUT STREET,	CURTIS BLDG 115	PHILADELPHIA	PA	19107		
1		TRUSTEES OF DARTMOUTH COLLEGE EDUCATION	100 TUCK HALL		HANOVER	NH	03755		
1		TRUSTEES OF TUFTS COLLEGE EDUCATION	419 BOSTON AVE		MEDFORD	MA	02155		
1		TRUSTEES OF UNIVERSITY OF PENN EDUCATION	100 FRANKLIN BLDG 3451	WALNUT ST	PHILADELPHIA	PA	19104		
1		TUFTS UNIVERSITY EDUCATION	419 BOSTON AVENUE		MEDFORD	MA	02155		
1		TULANE UNIVERSITY EDUCATION	6823 ST CHARLES AVE		NEW ORLEANS	LA	70118		
1		UC REGENTS - BERKELY EDUCATION	2000 UNIVERSITY AVE		BERKELEY	CA	94704		
1		UC REGENTS - SANTA BARBARA EDUCATION	552 UNIVERSITY ROAD		SANTA BARBARA	CA	93106		
1		UC REGENTS EDUCATION	9500 GILMAN DRIVE #0730		LA JOLLA	CA	92093		
1		UCLA EDUCATION	220 WESTWOOD PLAZA STE B44		LOS ANGELES	CA	90095		
1		UNIVERSITY AT BUFFALO EDUCATION	211 MARY TALBERT WAY		BUFFALO	NY	14260		
1		UNIV OF COLORADO - COLORADO SPRINGS EDUCATION	1420 AUSTIN BLUFF PKWY		COLORADO SPRINGS	CO	80918		
1		UNIVERSITY OF COLORADO DENVER EDUCATION	1201 LARIMER ST		DENVER	CO	80204		
1		UNIVERISTY OF UTAH EDUCATION	201 S 1460 E, RM 135		SALT LAKE CITY	UT	84112		
1		UNIVERITY OF SOUTHERN CALIFORNIA EDUCATION	700 CHILDS WAY, JHH 325		LOS ANGELES	CA	90089		

California Statements

**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 ALABAMA EDUCATION	BOX 870122		TUSCALOOSA	AL	35487		
1		UNIVERSITY OF ARIZONA EDUCATION	1303 E UNIVERSITY BLVD, BOX 3		TUCSON	AZ	85719		
1		UNIVERSITY OF ARKANSAS EDUCATION	1011 UNIVERSITY OF ARKANSAS		FAYETTEVILLE	AR	72701		
1		UNIVERSITY OF CALIFORNIA DAVIS EDUCATION	1 SHIELDS AVE		DAVIS	CA	95616		
1		UNIVERSITY OF CALIFORNIA EDUCATION	9500 GILMAN DR		LA JOLLA	CA	92093-0606		
1		UNIVERSITY OF CALIFORNIA EDUCATION	505 PARNASSUS AVE		SAN FRANCISCO	CA	94143		
1		UNIVERSITY OF CHICAGO EDUCATION	5807 SOUTH WOODLAWN AVE		CHICAGO	IL	60637		
1		UNIVERSITY OF COLORADO - ANSCHUTZ EDUCATION	13120 E 19TH AVE		AURORA	CO	80045		
1		UNIVERSITY OF COLORADO - BOULDER EDUCATION	77 UCB		BOULDER	CO	80309		
1		UNIVERSITY OF DENVER EDUCATION	2197 S. UNIVERSITY BLVD		DENVER	CO	80208		
1		UNIVERSITY OF FLORIDA EDUCATION	PO BOX 114025		GAINESVILLE	FL	32611		
1		UNIVERSITY OF HOUSTON EDUCATION	4800 CALHOUN RD		HOUSTON	TX	77004		
1		UNIVERSITY OF ILLINOIS CHICAGO EDUCATION	1200 W. HARRISON		CHICAGO	IL	60607		
1		UNIVERSITY OF INCARNATE WORD EDUCATION	4301 BROADWAY		SAN ANTONIO	TX	78209		
1		UNIVERSITY OF IOWA EDUCATION	125 NORTH MADISON STREET		IOWA CITY	IA	52242		
1		UNIVERSITY OF LOUISVILLE EDUCATION	2301 S 3RD ST		LOUISVILLE	KY	40292		
1		UNIVERSITY OF MARYLAND EDUCATION	8400 BALTIMORE AVE. STE 200		COLLEGE PARK	MD	20740		
1		UNIVERSITY OF MIAMI	1306 STANFORD DR.		CORAL GABLES	FL	33146		
1		UNIVERSITY OF MICHIGAN EDUCATION	1134 CATHERINE ST.		ANN ARBOR	MI	48109		
1		UNIVERSITY OF MINNESOTA EDUCATION	106 PLEASANT ST. SE		MINNEAPOLIS	MN	55455		
1		UNIVERSITY OF MISSOURI-KANSAS CITY EDUCATION	5000 HOLMES ST		KANSAS CITY	MO	64110		
1		UNIVERSITY OF MISSOURI - ST LOUIS EDUCATION	110 CLARK HALL		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		ALBUQUERQUE	NM	87106		

California Statements

**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 NORTE DAME EDUCATION	115 MAIN BUILDING		NOTRE DAME		IN	46556	
1		UNIVERSITY OF NORTH CAROLINA EDUCATION	450 RIDGE ROAD, CB 1400		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		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 PUGET SOUND EDUCATION	1500 N WARNER ST		TACOMA		WA	98416	
1		UNIVERSITY OF SAN DIEGO EDUCATION	5998 ALCALA PARK		SAN DIEGO		CA	92110	
1		UNIVERSITY OF SAN FRANCISCO EDUCATION	2130 FULTON ST		SAN FRANCISCO		CA	94117	
1		UNIVERSITY OF SOUTH FLORIDA EDUCATION	PO BOX 864571		ORLANDO		FL	32886	
1		UNIVERSITY OF SOUTHERN MISSISSIPPI EDUCATION	118 COLLEGE DR		HATTIESBURG		MS	39406	
1		UNIVERSITY OF ST THOMAS	2115 SUMMIT AVE		SAINT PAUL		MN	55105-1096	
1		UNIVERSITY OF ST. AUGUSTINE EDUCATION	1 UNIVERSITY BLVD		ST AUGUSTINE		FL	32086	
1		UNIVERSITY OF TEXAS AT ARLINGTON EDUCATION	PO BOX 1919		ARLINGTON		TX	76019	
1		UNIVERSITY OF TEXAS SOUTHWESTERN ME EDUCATION	5323 HARRY HINES BLVD		DALLAS		TX	75390	
1		UNIVERSITY OF TEXAS EDUCATION	1 UTSA CIRCLE		SAN ANTONIO		TX	78249	
1		UNIVERSITY OF TEXAS AT TYLER EDUCATION	3900 UNIVERSITY BLVD		TYLER		TX	75799	
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		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		CHARLOTTESVILLE		VA	22904	
1		UNIVERSITY OF WASHINGTON EDUCATION	PO BOX 24967		SEATTLE		WA	98124	
1		UNIVERSITY OF WEST FLORIDA EDUCATION	11000 UNIVERSITY PKWY, BLDG 12		PENSACOLA		FL	32514	
1		UNIVERSTIY OF ST. THOMAS EDUCATION	2115 SUMMIT AVE		ST PAUL		MN	55105	

California Statements

**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		UTHSCSA EDUCATION	7703 FLOYD CURL MC, 7708	SAN ANTONIO	TX	78229			
1		UWM FOUNDATION, INC. EDUCATION	1440 E. NORTH AVENUE	MILWAUKEE	WI	53202			
1		VANDERBILT UNIVERSITY EDUCATION	461 21ST AVE. SOUTH	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.	WINSTON-SALEM	NC	27101			
1		WALDEN UNIVERSITY EDUCATION	100 S WASHINGTON AVE #900	MINNEAPOLIS	MN	55401			
1		WASHINGTON AND LEE UNIVERSITY EDUCATION	204 W WASHINGTON ST	LEXINGTON	VA	24450			
1		WASHINGTON STATE UNIVERSITY EDUCATION	14204 NE SALMON CREEK AVE	VANCOUVER	WA	98686			
1		WASHINGTON STATE UNIVERSITY EDUCATION	PO BOX 641927	PULLMAN	WA	99164-1927			
1		WESTERN KENTUCKY UNIVERSITY EDUCATION	1906 COLLEGE HEIGHTS BLVD	BOWLING GREEN	KY	42101			
1		WESTERN UNIVERSITY EDUCATION	309 E. 2ND STREET	POMONA	CA	91766			
1		WILKES UNIVERSITY EDUCATION	84 WEST SOUTH ST	WILKES BARRE	PA	18766			
1		YALE LAW SCHOOL EDUCATION	127 WALL STREET	NEW HAVEN	CT	06511			
1		YALE UNIVERSITY EDUCATION	PO BOX 208232	NEW HAVEN	CT	06520			
1		MISC GRANTS							
1		ANITA DE YACHT CHARTERS	200 N BREAKWATER ACCESS	CHICAGO	IL	60601			
1		HELVEY DESIGN STUDIO	6420 FEDERAL BLVD	LEMON GROVE	CA	91945			
1		PORTRAIT LLC							
1		ROOSEVELT UNIVERSITY EDUCATION	430 S MICHIGAN AVE	CHICAGO	IL	60605			
1		SIXTH MAN PROMOTIONS	2206 E COUNTY DOWN DR	CHANDLER	AZ	85249			
1		VARIANTZ LLC							
1		SHOPIFY							

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		SCHOLARSHIPS	1,409,500					
1	SUBTOTAL		\$ 1,409,500					
	TOTAL		\$ 1,409,500					

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

Name	Address	City	State	Zip	Title	Avg Hrs	Compensation Amount
MARIE TILLMAN	180 N LASALLE ST, STE 2910	CHICAGO	IL	60601	CHAIR	2.00	
CHRIS HART					VICE CHAIR	2.00	
IAN SACKS					DIRECTOR	2.00	
JOE BROWNE					DIRECTOR	2.00	
MARGARET CORTEZI					DIRECTOR	2.00	
ALEX GARWOOD					DIRECTOR	2.00	
BENJAMIN HILL	180 N LASALLE ST, STE 2910	CHICAGO	IL	60601	TREASURER	2.00	
JOE SHENTON	227 W. MONROE STREET	CHICAGO	IL	60606	DIRECTOR	2.00	
AMBER MANKE					DIRECTOR	2.00	
CHRISTINE WILKINSON					DIRECTOR	2.00	

California Statements

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

Name		Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip				
LAZAR RAYNAL		227 W. MONROE STREET					
	CHICAGO	IL	60606		DIRECTOR	2.00	
JOHN SVOBODA		ONE NORTH FRANKLIN, SUITE 1500					
	CHICAGO	IL	60606		DIRECTOR	2.00	
DAN FUTRELL					CEO	40.00	172,665
TOTAL							<u>172,665</u>

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

<u>Description</u>	<u>Amount</u>
	\$
PAT'S RUN (AZ) EXPENSES	1,103,317
EMPLOYEE BENEFITS	299,756
PAYROLL TAXES	145,436
ACCOUNTING	67,462
LEGAL	7,147
OTHER PROFESSIONAL IN-KIND	317,097
TRAVEL	452,052
PUBLIC RELATIONS	27,348
TELEPHONE AND INTERNET	18,579
ADMINISTRATIVE FEES	20,055
PRINTING	70,294
POSTAGE AND SHIPPING	28,239
MISCELLANEOUS	169,325
FUNDRAISING EXPENSES	244,581
MILITARY SCHOLARS SUPPORT	
GRANT EXPENSES	199,968
OFFICE EXPENSES	18,322
INSURANCE	14,892
TOTAL	<u>\$ 3,203,870</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	\$ 1,216,699	\$ 1,522,212
TOTAL	<u>\$ 1,216,699</u>	<u>\$ 1,522,212</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	\$ 31,459	\$ 31,459
OPERATING LEASE RIGHT-OF-USE ASSET	643,719	549,755
PREPAID EXPENSES	207,798	215,619
TOTAL	<u>\$ 882,976</u>	<u>\$ 796,833</u>

California Statements**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	\$	\$
NOTE PAYABLE - PPP		
OPERATING LEASE LIABILITY	676,205	612,980
DEFERRED REVENUE		83,245
TOTAL	<u>\$ 676,205</u>	<u>\$ 696,225</u>

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

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS	\$ 127,217
TOTAL	<u>\$ 127,217</u>

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2023

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 or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2
3 Total expenses and disbursements (Form 199, line 9)	3
4 Tax due (Form 109, line 23)	4
5 Overpayment (Form 109, line 24)	5

Part II Settle Your Account Electronically for Taxable Year 2023

6 Direct Deposit of refund (Form 109 only.)

7 Electronic funds withdrawal 7a Amount _____ 7b Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number _____

11 Account number _____ 12 Type of account: Checking Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

Sign Here

Signature of officer

Date

TREASURER

Title

Part VI 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, 2023 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 LOCKE, CPA**

Date

Check if also paid preparer

Check if self-employed

ERO's PTIN

P00450405

Firm's name (or yours if self-employed) and address **FESTER & CHAPMAN, PLLC
9019 E. BAHIA DR STE 100
SCOTTSDALE AZ**

Firm's FEIN

82-1455657

ZIP code

85260

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

Paid preparer's PTIN

Firm's name (or yours if self-employed) and address

Firm's FEIN

ZIP code