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DLN: 93493227043613

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012 D Employer identification number C Name of organization Tiger Woods Charity Event Corporation B Check if applicable 06-1554474 Address change Doing Business As E Telephone number Name change (949) 725-3003 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 121 Innovation Drive Suite 150 G Gross receipts \$ 29,576,140 Terminated City or town, state or country, and ZIP + 4 Irvine, CA 92617 Amended return Application pending Name and address of principal officer H(a) Is this a group return for GREGORY T MCLAUGHLIN affiliates? 121 INNOVATION DRIVE STE 150 IRVINE, CA 92617 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 H(c) Website: ► WWW TIGERWOODSFOUNDATION ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► **M** State of legal domicile CA L Year of formation 1999 Summary Part I Briefly describe the organization's mission or most significant activities OPERATES CHARITABLE EVENTS TO SUPPORT THE PROGRAMS OF THE TIGER WOODS FOUNDATION, INCLUDING ITS FIVE EDUCATIONAL LEARNING CENTERS & NATIONAL SCHOLARSHIP PROGRAM (ACTIVITIES ARE SPECIFIC TO Activities & Governance 10/1/11 TO 9/30/12) 2 Check this box 🚩 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) . . 2 f 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 1 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 56 6 1,675 **6** Total number of volunteers (estimate if necessary) . **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,507,390 2,749,153 Contributions and grants (Part VIII, line 1h) . . 26,692,898 Program service revenue (Part VIII, line 2g) . . 26,523,148 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 8,724 2,503 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,180 94,533 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 28.045.442 29.539.087 5,869,185 1,657,151 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 1,969,386 2,089,729 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 477,588 24,554,683 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . 25,761,918 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 32,393,254 29,508,798 19 Revenue less expenses Subtract line 18 from line 12 . -4.347.812 30,289 t Assets or | nd Balances | **Beginning of Current End of Year** Year 4,365,649 Total assets (Part X, line 16) . . 8.527.679 20 Total liabilities (Part X, line 26) 4.129.541 21 8,321,860 22 Net assets or fund balances Subtract line 21 from line 20 . 205,819 236,108 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 GREGORY MCLAUGHLI Type or print name an				013-08-15 ate
Paid Preparer's Use Only	Preparer's signature		Check if self-employed	Preparer's taxpayer identification number (see instructions)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	355 S Grand Ave Suite 2000		EIN ▶ Phone no ▶ (213) 972-4000	
May the IR	L S discuss this return w	Los Angeles, CA 90071	see instructions)		Ves E No

Par	t III	Statement of F Check if Schedule			lishments uestion in this Part III		
1	Brief	y describe the orgai	nızatıon's mıssıon				
PRO	GRAM:		GOALS OF THE	TIGER WOOD	S FOUNDATION, INC	CHARITABLE ACTIVITIES, E C , A PUBLICLY SUPPORTED	
2					ervices during the year	r which were not listed on	Yes ✓ No
	If "Ye	s," describe these n	ew services on Sc	hedule O			
3					nt changes in how it co		Yes V No
	If "Ye	s," describe these c	hanges on Schedu	le O			
4	exper	ises Section 501(c)(3) and 501(c)(4)) organızatıon:	s and section 4947(a)	ree largest program services, (1) trusts are required to repoi th program service reported	
4a	(Code	e ichedule O) (Expenses \$	28,903,187	including grants of \$	1,657,151) (Revenue \$	26,692,898)
4b	(Cod	2) (Expenses \$		including grants of \$) (Revenue \$)
	_						
4c	(Code	2) (Expenses \$		including grants of \$) (Revenue \$)
	O+b/	er program services	(Describe in Scho	Adula O N			
-ru		enses \$		iding grants o	f\$) (Revenue \$)
4e	Tota	l program service ex	rpenses ⊳ \$	28,903,18	37		

Dart TV	Checklist	of Peguire	ed Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
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</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
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? If "Yes," complete Schedule D, Part VII.	11b		N o
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? If "Yes," complete Schedule D, Part VIII.	11c		No
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? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 63			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the	1		
a	year?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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 or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
٠	Tries to fine 3a or 3b, did the organization merorin 6000-1.	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?	- 		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
a	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		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them)			
_	Continue 4047(a)(d) was assumed all the latest at the second and the second at the sec	_		
	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			
2	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
1-		14-		NI ~
+a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
L	It "Yes " has it tiled a Leym (30) to veneyt these naumented If "No " avoide an evaluation in Cahadula O	AL		

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

Check if Schedule O	contains a	a response to a	nv auestion	in this Part VI	_			_	_	_		_	-	. ᅜ
Check il ocheadic o	contains c	a response to a	i, question	iii ciiio i aic vi	•	•	•	•		•	•	•	•	• •

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
Lu	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
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?	7a	Yes				
b 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						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
10a	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		N			
ı.	taxable entity during the year?	16a		No			
b							
	organization's exempt status with respect to such arrangements?	166					
<u> </u>	organization's exempt status with respect to such arrangements?	16b					

- 17 List the States with which a copy of this Form 990 is required to be filed►CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► GREGORY T MCLAUGHLIN
 121 INNOVATION DRIVE SUITE 150

IRVINE,CA 92617 (949)725-3003

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

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er a	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) CHRIS HUBMAN DIRECTOR	1 0	х								
(2) GREGORY T MCLAUGHLIN PRESIDENT/CEO/SECRETARY	45 0	х		Х				391,068	118,875	40,784
(3) LINDSAY MCCULLOUGH thru 2312 ASSISTANT SECRETARY	40 0			Х				66,950		23,282
(4) JIN C THATCHER TREASURER	1 0			Х					165,890	26,469
(5) EMILY C ANDERSON-TAYLOR VP OF COMMUNICATIONS & MKTG	40 0					х		162,400	0	29,601
(6) MICHELLE A BEMIS VP OF EVENTS & BUSINESS DEV	40 0					Х		174,764	0	14,632
(7) DANIEL F CALLAHAN CHAMPIONSHIP DIRECTOR	40 0					х		202,502	0	32,936
										Form 900 (2011)

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

	(A) Name and Title	(B) Average hours per week (describe	unles ar	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of othe compensation from the organization an		
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza		
1b	Sub-Total							P							
d	Total from continuation sheets to Total (add lines 1b and 1c).					•		*		997,684	284,7	65		167,704	
	Total number of individuals (incli						• above	· L	receive	,	,	-		107,701	
	\$100,000 of reportable compens							•							
													Yes	No	
3	Did the organization list any form on line 1a? If "Yes," complete Sch						mploy	ee, c	r highes	t compens	ated employee	3		N	
4	For any individual listed on line 1 organization and related organization and related organization.	la, is the sum of	f report	able	com	pens						4	Yes	No_	
5	Did any person listed on line 1a services rendered to the organiza									anızatıon d	or individual for •	5	163	No	
Se	ction B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	highest comper the organizatio													
		(A) ne and business add	dress							Desc	(B) ription of services		(C Comper		
11910	PRODUCTIONS PARKLAWN DRIVE VILLE, MD 20852									TENT RENTA	ALS & SETUP			780,705	
												_			
	Fotal number of independent conti \$100,000 of compensation from t			ot lır	nıted	d to	those	liste	d above)	who recei	ved more than				

Form 99							Page 9
Part v	/	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated campaigns 1	5,000				
grai	Ь	Membership dues 1	·				
ts, am⊤	C	Fundraising events 10					
igi ii	d e	Related organizations 1c Government grants (contributions) 1e					
ons sin	<u>و</u>	All other contributions, gifts, grants, and					
ber	'	similar amounts not included above Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$ 68,750					
a Ç	h	Total. Add lines 1a-1f	▶	2,749,153			
<u> </u>			Business Code				
Program Serwoe Revenue	2a	PROGRAM SERVICES	900099	26,692,898	26,692,898		
듄	ь						
МСе	C						
Ser	d						
ran	e f	All other program service revenue					
¥0.g	'						
<u> </u>	g 3	Total. Add lines 2a-2f		26,692,898			
	3	Investment income (including divider and other similar amounts)	· · · · · · · · · · · · · · · · · · ·	2,503			2,503
	4	Income from investment of tax-exempt bond	F	0			
	5	Royalties	▶	0			
	_	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental					
		expenses Rental income					
	c .	or (loss)	<u> </u>				
	d	Net rental income or (loss) (i) Securities	(II) Other				
	7a	Gross amount from sales of assets other	(II) O CHEI				
	Ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d 8a	Net gain or (loss)	▶	0			
anne	oa e	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
‡	ь	Less direct expenses b					
0	C	Net income or (loss) from fundraising	events 🟲	0			
	9a	Gross income from gaming activities See Part IV, line 19					
		а	130,000				
	Ь	Less direct expenses b		92,947			92,947
	С 10а	Net income or (loss) from gaming act Gross sales of inventory, less returns and allowances .	ivities	32,347			32,347
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inv	, 	0			
	11a	Miscellaneous Revenue MEMBERSHIP REWARDS	Business Code 900099	1,586			1,586
	b	PILPIDENSHIF REWARDS		_,,			_,
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		1,586			
	12	Total revenue. See Instructions .		29,539,087	26,692,898		97,036

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,657,151 1,657,151 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 409,734 297,589 20,569 91,576 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 7 Other salaries and wages 1,276,228 973,517 55,521 247,190 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 27,014 1,867 37,194 8,313 263,741 191,555 13,240 58,946 Other employee benefits 102,832 79,255 4,324 19,253 10 Fees for services (non-employees) 11 Management 11,738 759 2,468 8,511 Legal 14,453 29,727 Accounting 53,328 9,148 Lobbying 0 Professional fundraising See Part IV, line 17 . . 0 0 Investment management fees 220,235 g 218,971 232 1,032 Advertising and promotion . . . 659,026 659,026 12 Office expenses 221,086 219,654 268 13 1,164 14 Information technology 0 15 Royalties . . 0 231,260 4,731 16 205,464 21,065 171,127 170,008 211 17 908 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 0 19 Conferences, conventions, and meetings 3,939 3,710 42 187 O 20 0 21 Payments to affiliates 22 Depreciation, depletion, and amortization 0 59,715 23 81,816 4,054 18,047 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) PROGEXP BENEFIT CONCERTS 634,672 634,672 23,473,691 23,473,691 PROGEXP GOLFTOURNAMENTS c d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 29,508,798 28,903,187 128,023 477,588 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Part X **Balance Sheet** (A) (B) Beginning of year End of year 3,973,812 1,207,359 1 4.021.181 1.585.776 2 2 3 60,002 504,780 0 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 4.215 5.450 463,328 9 816,172 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 0 11 0 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 5,141 15 246,112 15 8,527,679 4,365,649 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 873,537 17 855,727 17 Accounts payable and accrued expenses . 18 750,000 18 1,402,000 19 6,692,848 19 1,819,820 20 20 Ω 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 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 5,475 25 51,994 D 26 8,321,860 26 4,129,541 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 205,819 27 236,108 Unrestricted net assets 0 28 0 28 Temporarily restricted net assets Fund 29 0 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 205.819 33 236.108 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 8.527.679 34 4.365.649

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29,5	539,08
2	Total expenses (must equal Part IX, column (A), line 25)	2			508,79
3	Revenue less expenses Subtract line 2 from line 1	3			30,28
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	205,81
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2	236,10
Par	The triangle of the contains a response to any question in this Part XII		•	৮	
		_		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
_	Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired	3b		

DLN: 93493227043613

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

Name of the organization

		Charity Event Corporation	on				tii isatisii iiaiiibei
_						06-1554474	
Pa	rt I	Reason for Pu	ıblic Charity Sta	itus (All organiza	tions must complete this	part.) See ınstr	uctions
The	organı	zation is not a priva	te foundation becau	seitis (Forlines 1	through 11, check only one	box)	
1	\vdash	A church, convent	ion of churches, or a	ssociation of churc	nes section 170(b)(1)(A)(i)		
2		A school described	d in section 170(b)(1)(A)(ii). (Attach S	chedule E)		
3	Γ	A hospital or a coo	perative hospital se	ervice organization o	lescribed in section 170(b)(1	L)(A)(iii).	
4	Γ	A medical researc hospital's name, c	_	ited in conjunction v	uth a hospital described in s a	ection 170(b)(1)(<i>l</i>	A)(iii). Enter the
5	Γ	= '		-	versity owned or operated by	a governmental u	nit described in
		section 170(b)(1)	(A)(iv). (Complete f	Part II)			
6		A federal, state, or	local government o	r governmental unit	described in section 170(b)	(1)(A)(v).	
7	Γ	described in	at normally receives (A)(vi) (Complete I	·	of its support from a governm	nental unit or from	the general public
8	Г			•	(Complete Part II)		
9	Ē				/3% of its support from cont	rıbutıons, member	ship fees, and gross
					ubject to certain exceptions,		
		its support from gr	oss investment inco	ome and unrelated b	usiness taxable income (less	s section 511 tax)	from businesses
		acquired by the or	ganızatıon after June	e 30,1975 See sec	tion 509(a)(2). (Complete P	art III)	
10	Г		=	•	t for public safety See sectio	· ·	
11	<u></u>	-	= :	· ·	benefit of, to perform the fu		irry out the purposes of
	·	one or more public	ly supported organiz	zations described in porting organi <u>za</u> tion	section 509(a)(1) or section and complete lines 11e thrope III - Functionally integrat	n 509(a)(2) See s ugh 11h	
e	~				controlled directly or indirec		
-	14		ion managers and of		e publicly supported organiz		
f		If the organization	received a written o	letermination from t	ne IRS that it is a Type I, Ty	pe II or Type III s	supporting organizatio <u>n,</u>
		check this box	2006 1 11			6.11	Γ
g		following persons?	_	lization accepted an	y gift or contribution from an	y or the	
		U 1		controls, either alon	e or together with persons de	escribed in (ii)	Yes No
			· ·	he the supported or	=	. ,	11g(i) No
		. , ,	er of a person descr	• • • • • • • • • • • • • • • • • • • •	•		11g(ii) No
		,	•	on described in (i) oi	· (II) above?		11g(iii) No
h		• •		t the supported orga	• •		
			-		· <i>,</i>		
	(i)		(iii) Type of	(iv) Is the	(v)	(vi)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?		Type of Is the organization in col (i) listed in your governing		Did you no organizat col (i) of	(v) Did you notify the organization in col (i) of your support?		i) he ation in ganized US?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No			
(A) TIGER WOODS FOUNDATION INC	200677815	02	Yes						29,508,798		
Total									29,508,798		

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

The organization provided the following support to its supported organization, the Tiger Woods Foundation, by providing \$29,508,798 for the operation of Tiger Woods Invitational 2011, Chevron World Challenge 2011, Tiger Jam 2012, AT&T National 2012, and the Deutsche Bank Championship 2012. A supporting organization for the Tiger Woods Foundation, which provides innovative educational opportunities for youth. Current programs include five educational facilities, a national scholarship program and a STEM summer camp for the children of military. With an emphasis on first-generation scholars, the programs of the Tiger Woods Foundation are proven to help break the cycle of poverty by helping underserved young people graduate from college. These charitable events were held between October 1, 2011-September 30, 2012 to raise funds on behalf of the Foundation's programs.

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493227043613

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Tiger Woods Charity Event Corporation 106 1554474

Pa	organizations Maintaining Donor A		unds or A	
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to the	_	or advised	┌ Yes ┌ No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit	enefit of the donor or donor advisor, or for a	ny other pur	Yes No
Pa	rt II Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 99	0, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	Preservation of an Preservation of a o	certified his	
	easement on the last day of the tax year			
			H	leld at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	2b	
c	Number of conservation easements on a certified h	nstoric structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, trans the taxable year -	ferred, released, extinguished, or terminate	ed by the org	ganization during
4	Number of states where property subject to conser	vation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it hold		dling of viola	ations, and Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	nents during	the year ►
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	s during the	year
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	tion	┌ Yes
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financial		
Par	rt IIII Organizations Maintaining Collecti Complete if the organization answered		or Other	Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or researc	ch in further	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or research i		
	(i) Revenues included in Form 990, Part VIII, line	1		▶ \$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of art, his following amounts required to be reported under SF		or financial (gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Par	term Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	ther	· Simila	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie foll	owing	that are	a significa	ant us	se of its c	ollectio	n	
а	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams				
b	Scholarly research		e	Γ	Other	r						
C	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the	/ furthe	er the or	ganızatıor	ı's ex	empt pur	pose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontribu	itions or	other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		Г			Amoi	ınt	
c	Beginning balance						-	1c				
d	Additions during the year						F	1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	217				L			Г	Yes	
b										,	. 05	,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	t IV. line	10.		
		(a)Current Year		Prior `			Years Back		hree Years		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	that a	re hel	d and ad	mınıstere	d for t	the			
	organization by									2-(:)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
ь	(ii) related organizations							٠. ٠		3b	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of th							-			1	<u></u>
Pai	rt VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	, line :	10.						
	Description of property		•			or other estment)	(b)Cost or basis (ot			umulated ciation	(d) B	ook value
1a	Land											
	Buildings		•	<u> </u>							_	
С	Leasehold improvements		•	\vdash								
	Equipment		•								_	
	Other											
Tota	al. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)	, line	10(c).)	٠			🕨			

Investments—Other Securities. See	rorm 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(2)200111111	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
o ther			
	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments—Program Related. See		13	
2211-VIII Investments—Program Related. See	Form 990, Part X, line .		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	-year market value
	 		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip			(b) Book value
	CIOII		
(1) DUE FROM AFFILIATES			246,112
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		, , , , , ,	246,112
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X			246,112
Part X Other Liabilities. See Form 990, Part X	, line 25.		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25. (b) Amount		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0		246,112
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) Amount 0	.	246,112

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,539,087
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	29,508,798
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,289
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	O ther (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	30,289
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	n
1	Total revenue, gains, and other support per audited financial statements	1	29,576,590
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	3	
е	Add lines 2a through 2d	2e	37,503
3	Subtract line 2e from line 1	3	29,539,087
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,539,087
	Reconciliation of Expenses per Audited Financial Statements With Expens	es per Ret	
1	Total expenses and losses per audited financial statements	1	29,546,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 37,50	3	
e	Add lines 2a through 2d	2e	37,503
3	Subtract line $2e$ from line 1	3	29,508,798
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	_	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	29,508,798
	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE (ASC 740)		THE FOUNDATION ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION MANAGEMENT ASSERTS THAT NO SUCH UNCERTAIN TAX POSITIONS EXIST REQUIRING ACCRUAL OR DISCLOSURE AT SEPTEMBER 30, 2012 OR 2011
	· · · · · · · · · · · · · · · · · · ·	GAMING EXPENSE REPORTED NET OF REVENUE ON FORM 990 - \$37.503

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As Filed Data -

DLN: 93493227043613

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

20

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

Open to Public Inspection

	ne of the organization						Employer idei	ntification number	
Tige	er Woods Charity Event Corp	poration					06-1554474		
Pa	rt I Fundraising Ac	tivities. Complete	e if the o	organiza	tion answered "Yes"	to Form	n 990, Part IV	, line 17.	
1	Indicate whether the orgai	nızatıon raısed funds	through a	any of the	following activities Ch	eck all tl	hat apply		
а	Mail solicitations			е	Solicitation of no	n-govern	ment grants		
b	Internet and e-mail so	olicitations		f	☐ Solicitation of go	vernmen	t grants		
c	c						s		
d	In-person solicitation	S							
2a	Did the organization have or key employees listed in							Г _{Yes} Г _{No}	
b	If "Yes," list the ten highes to be compensated at leas								
((i) Name and address of individual or entity (fundraiser)				(iv) Gross receipts from activity	(or r fundra	mount paid to etained by) liser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No					
			-						
Tota	al			.					
3	List all states in which the licensing	organization is regis	stered or	licensed t	o solicit funds or has b	een notif	ied it is exempt	from registration or	

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	(3),
₽ E	1	Gross receipts				
Revenue	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
္ပ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
<u>ဗို</u>	7	Food and beverages				
E E E	8	Entertainment				
5	9	Other direct expenses .				
	10	Direct expense summary Add lii	nes 4 through 9 in colu	mn (d)		()
	11	Net income summary Combine I	_			
20.5	ŧ II			ed "Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
ŒШ		\$15,000 on Form 990-EZ, li	пе ва.			
		\$15,000 ON FORM 990-EZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	\$15,000 ON FORM 990-EZ, II		1 3 5	(c) Other gaming	col (a) through col
Revenue				1 3 5		col (a) through col (c))
Revenue	2	Gross revenue		1 3 5		col (a) through col (c))
Expenses Reveilue	2	Gross revenue		1 3 5	130,000	col (a) through col (c)) 130,000
Revenue	2 3 4	Gross revenue Cash prizes Non-cash prizes		1 3 5	23,000	col (a) through col (c)) 130,000
Expenses Reveilue	2 3 4 5	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	(a) Bingo	bingo/progressive bingo	130,000 23,000 11,553 2,500	col (a) through col (c)) 130,000 23,000
Expenses Reveilue	2 3 4 5	Gross revenue Cash prizes Non-cash prizes Rent/facility costs		bingo/progressive bingo	130,000 23,000 11,553	col (a) through col (c)) 130,000 23,000
Expenses Reveilue	2 3 4 5	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	(a) Bingo Yes No	□ Yes	130,000 23,000 11,553 2,500 Yes	col (a) through col (c)) 130,000 23,000
Expenses Reveilue	2 3 4 5 6	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes No es 2 through 5 in colum	F Yes	130,000 23,000 11,553 2,500	23,000 11,553 2,500
Expenses Reveilue	2 3 4 5	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	(a) Bingo Yes No es 2 through 5 in colum	F Yes	130,000 23,000 11,553 2,500	col (a) through col (c)) 130,000 23,000 11,553 2,500
Expenses Reveilue	2 3 4 5 6 7 8	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Con	(a) Bingo Yes No es 2 through 5 in columnation operates gaming	bingo/progressive bingo	130,000 23,000 11,553 2,500 ✓ Yes	col (a) through col (c)) 130,000 23,000 11,553 2,500 (37,053)
Direct Expenses Reveilue	2 3 4 5 6 7 8 Entrist	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Con ter the state(s) in which the organize the organization licensed to operate	(a) Bingo Yes No es 2 through 5 in columnation operates gaming	bingo/progressive bingo	130,000 23,000 11,553 2,500 ✓ Yes	col (a) through col (c)) 130,000 23,000 11,553 2,500 (37,053)
Direct Expenses Reveilue	2 3 4 5 6 7 8 Entities If "Charter Charter Cha	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Con er the state(s) in which the organization discensed to operate No," Explain	(a) Bingo Yes No es 2 through 5 in column hbine lines 1 and 7 in column ation operates gaming e gaming activities in e	bingo/progressive bingo ☐ Yes ☐ No In (d)	130,000 23,000 11,553 2,500 Yes No vent gaming was operated	col (a) through col (c)) 130,000 23,000 11,553 2,500 (37,053) 92,947 ∴ Yes ✓ No
Direct Expenses Reveilue	2 3 4 5 6 7 8 Ent Ist If " Cha Man	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Con er the state(s) in which the organization discensed to operate No," Explain	(a) Bingo Yes No es 2 through 5 in column hbine lines 1 and 7 in column ation operates gaming e gaming activities in e	bingo/progressive bingo Yes No	130,000 23,000 11,553 2,500 ✓ Yes ✓ No ∴	(37,053 92,947 Yes No

Sche	dule G (Form	990 or 990-EZ) 20	11		Page 3
11	Does the org	janization operate ga	aming activities with nonmembers? .		··· Fyes Fno
12	Is the organ	ızatıon a grantor, bei	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	•
	formed to ad	mınıster charıtable (gaming?		· · · · · F Yes F No
13	Indicate the	percentage of gamır	ng activity operated in		1 1
а	The organiza	ition's facility			13a
b	An outside fa	acility			13b 100 000 %
14	Provide the records	name and address of	f the person who prepares the organıza	tion's gaming/special events book	s and
	Name 🟲	GREGORY T MCLA	AUGHLIN		
	Address 🟲	121 INNOVATIO IRVINE,CA 926	N DRIVE SUITE 150 17		
15a	Does the ord	ianization have a coi	ntract with a third party from whom the	organization receives gaming	
134					Vaa Ena
b			ning revenue received by the organizat		, , , , , , , , , , , , , , , , , , , ,
	•	-	ed by the third party 🟲 \$		
c		er name and addres:			
	Name 🟲	MANDALAY BAY I	RESORT AND CASINO		
16		3950 SOUTH Las Las Vegas,NV 89 ager information	Vegas Blvd 9119		
	Name 🟲				
	Gaming man		▶ \$		
	Description	of services provided	>		
17 a b	retain the st	istributions ization required unde ate gaming license?	Employee er state law to make charitable distribu		
,			activities during the tax year 🟲 💲	o other exempt organizations of sp	,
Par	t IV Com		provide additional information for	responses to quuestion on Sc	hedule G (see
	Ide	ntıfıer	ReturnReference	Explana	ation
			1		

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Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493227043613

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
Tiger Woods Charity Event Corporation

Employer identification number

06-1554474

Part I General Inforn	nation on Grants	and Assistance					
 Does the organization man the selection criteria used Describe in Part IV the or 	d to award the grants o	rassistance?					√ Yes
Part II Grants and Oth Form 990, Part I	ner Assistance to V, line 21 for any re	Governments and ecipient that received	Organizations in dimore than \$5,000.	the United States Check this box if n	o one recipient rec	rganization answered eived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Tiger Woods Foundation 121 Innovation Drive Suite 150 Irvine, CA 92617	20-0677815	501(C)(3)	1,525,000		N/A	N/A	YOUTH DEVELOPMENT
(2) World Golf Foundation Inc One World Golf Place St Augustine, FL 320922727	59-2998925	501(C)(3)	50,000		N/A	N/A	GOLF EDUCATION
(3) A dat Shalom Reconstructionist Congregation7727 Persimmon Tree Lane Bethesda, MD 20817	52-1763207	501(C)(3)	14,360	0	n/a	n/a	religious education
(4) Connelly School of the Holy Child9029 Bradley Blvd Potomac,MD 20854	52-0743609	501(C)(3)	12,500	0	n/a	n/a	sports education
(5) Gar-Field High School 14000 Smoketown Road Woodbridge, VA 22193	54-6001533	501(C)(3)	12,000	0	n/a	n/a	sports education
(6) ThanksUSA1390 Chain Bridge Road 260 McLean, VA 22101	20-3973151	501(c)(3)	7,500	0	n/a	n/a	scholarships
(7) Saint Andrew Romanian Orthodox Church9111 River Road Bethesda, MD 20854	22-4570443	501(C)(3)	16,000	0	n/a	n/a	religious education
2 Enter total number of sect	uon 501 (c)(3) and gov	vernment organizations	listed in the line 1 table				7

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2	AS A SECTION 509(a)(3) SUPPORTING ORGANIZATION, THE ORGANIZATION OPERATES EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTION OF, OR TO CARRY OUT THE EXEMPT PURPOSES OF THE TIGER WOODS FOUNDATION (PROGRAMS SUCH AS LEARNING CENTERS AND SCHOLARSHIPS), WHICH INCLUDE MAKING PAYMENTS DIRECTLY TO THE BENEFICIARY ORGANIZATION, TRANSFERRING AND MONITORING THAT RESTRICTIONS ARE MET BEFORE RELEASE AND EXPENDITURE OF SUCH FUNDS For grants to other organizations, the Foundation does require progress reports on select grants once the grant has been made Also, the Foundation utilizes pregrant procedures and inquiries to ensure the grantee organization meets the requirements for approved programmatic areas of funding

DLN: 93493227043613

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Tiger Woods Charity Event Corporation

Employer identification number

06-1554474

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee		y			
	·	 	Written employment contract			
	Independent compensation consultant	▽	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		No
С				4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p	oaid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) EMILY C ANDERSON-TAYLOR	(ı) (ıı)	144,400 0	18,000 0	0	6,624 0	22,977 0	192,001 0	
(2) MICHELLE A BEMIS	(ı) (ıı)	145,600 0	18,000 0	11,164 0	6,624 0	8,008 0	189,396 0	
(3) DANIEL F CALLAHAN	(ı) (ıı)	144,200 0	54,000 0	4,302 0	7,616 0	25,320 0	235,438 0	
(4) JIN C THATCHER	(ı) (ıı)	145,600	15,750	4,540	7,428	19,041	192,359	
(5) GREGORY T MCLAUGHLIN	(ı) (ıı)	252,396 118,875	111,320	27,352	9,800	30,984	422,052 128,675	
		<u>-</u>						-1- 1 (5 000) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Compensation from Related Organizations		THE PRESIDENT, SECRETARY AND CEO, GREGORY T MCLAUGHLIN, IS COMPENSATED THROUGH TIGER WOODS CHARITY EVENT CORPORATION AND A RELATED 501(C)(3) ORGANIZATION, TIGER WOODS FOUNDATION, INC, WHERE HE DEVOTES A COMBINED TOTAL OF 65 HOURS In conjunction with his duties as President and CEO of the Tiger Woods Foundation, he oversees all five tiger woods learning centers and all the national scholarship programs Mr Mclaughlin's total compensation for his services provided to the two 501(c)(3) affiliated public charities was paid as follows (b)(i) (b)(ii) (c) (d) Tiger Woods Foundation 118,875 NONE NONE 9,800 NONE Tiger Woods CEC 252,396 111,320 27,352 NONE 30,984
		organization, Tiger Woods Foundation, INC, that used one or more of the following methods described in Schedule J, Part I, Line 3, to establish the organization's top management official's compensation. Compensation committee Independent compensation consultant compensation survey and study approval by the board and compensation committee.

Schedule J (Form 990) 2011

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NonCash Contributions

DLN: 93493227043613

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization Tiger Woods Charity Event Corporation **Employer identification number**

				<u>L'</u>	06-1554474			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .							
	Securities—Closely held stock $. $							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
1/1	structures Q ualified conservation							
1-7	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							
	GOLF			60.750	DETAIL MALLE			
	Other ► (SUPPLIES)	X	1	68,/50	RETAIL VALUE			
	O ther ►()							
	O ther ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			0
					•		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PART I, COLUMN B		THE CORPORATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

Schedule M (Form 990) 2011

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493227043613

OMB No 1545-0047

2011

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

	Employer identifi	cation number
Tiger Woods Charity Event Corporation		
	06-1554474	

Identifier Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4	TIGER WOODS INVITATIONAL PRESENTED BY USIL 2011 THE TIGER WOODS INVITATIONAL PRESENTED BY USIL FEATURES ITHEE DAYS OF UNPARALLELED GOLF ON THE MONTERY PRINSULA. THIS UNIQUE EVENT RAISES FUNDS FOR THE TIGER WOODS INVITATIONAL FEATURED 120 AMATEUR COLFRS WHO COMPRETED ON SPY CLASS FULL GOLF COUNDATION AND ITS FRST-GENERATION SCHOLARS. HELD OCC 11-11-13, 2011, THE TIGER WOODS INVITATIONAL FEATURED 120 AMATEUR COLFRS WHO COMPRETED ON SPY CLASS FULL GOLF COUNDES MONTERY PRINSULA COLUNTRY CLUB AND PEBBLE BEACH GOLF LINKS IN AD DITION TO THE GOLF, GUESTS WERE ALSO TREATED TO AN EVENING RECEPTION, WHO HOF FEATURED BERMAR KIS FROM HOST TIGER WOODS. FEDILE BEACH FOUNDER PETER LEBERACH FOUNDER THE SECRET BY COLOR PROBLEM FOR THE FOUNDER FROM HOST TIGER WOODS FOR AN EXPONER BELEBRACH FOUNDER FETER LEBERS OF THE WOODS SCHOLARS LIKE VINA AND THE TIGER WOODS. FOR THE PREST-GENERATION SCHOLAR SUPPORTED BY THE TIGER WOODS FOUNDED TO THE TIGER WOODS FOR THE PREST-GENERATION SCHOLAR SUPPORTED BY THE TIGER WOODS FOR THE TIGER WOODS. THE FOUNDATION ANNOUNCED THE TIGER WOODS SCHOLARS LIKE VINA AND THE TIGER WOODS TO 120 12, THE FOUNDATION ANNOUNCED THE TIGER WOODS LEARNING CENTER HAD SERVED MORE THAN 100,000 STUDENTS SINCE 2006 CHEVRON WORLD CHALLENGE HELD NOW 31 - DEG 4, 2011, THE CHEVRON WORLD CHALLENGE THAN THOUGH AND ANNOUNCED THAT SHE ALD THE WOODS FOUNDATION ANNOUNCED THAN THE AND THE TIGER WOODS FOR THE TIGER WOODS CHARLENGE FROW THE TIGER WOODS CHARLENGE FROW THE TIGER FOR THE TITLE THAN THOUGH AND ANNOUNCED CHALLENGE FROW THE TIGER WOODS FOR THE TIGER THOUGH THOUGH AND ANNOUNCED THE TIGER WOODS CHARLENGE SHOW THE TIGER WOODS FROW TO COMPETITION FROM IT PRESENTS AND THE TIGER WOODS FROM THE WEIGHT AND THE TIGER WOODS CHARLENGE SHOW THE TIGER WOODS FROM THE WEIGHT THE STRUCE WITH TIGER WOODS FROM THE WOOD SHOULD THE THE STRUCE WITH TIGER WOODS SCHOLARS AND THE TIGER WOODS FROM THE WEIGHT SUPPORTED MORE THAN 100,000 STUDENTS SHOW THE WEIGHT SHOW THE WEIGHT SHOW THE SHARLENGE SHOW THE TIGER WOODS SCHOLARS AND THE TIGER WOODS SC

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4	FROM THE EVENT SUPPORTED MORE THAN 70 EARL WOODS SCHOLARS AND THE TIGER WOODS LEARNING CEN TERS IN ANAHEIM, CA, PHILADELPHIA, PA, STUART, FL AND WASHINGTON, DC MORE SPECIFICALLY, 2 012 MARKED THE GRADUATION OF THE FOUNDATION'S FIRST BOSTON SCHOLAR, VLADIMIR CASSEUS VLAD IMIR EARNED HIS BACHELOR OF SCIENCE IN PSYCHOLOGY FROM COLLEGE OF THE HOLY CROSS IN WORCES TER, MASS, AND DEDICATED HIS FIRST YEAR OF POST-COLLEGE LIFE TO CITY YEAR, AN ORGANIZATIO N THAT HELPS UNDERSERVED HIGH SCHOOL STUDENTS STAY ON TRACK FOR GRADUATION HE WILL PURSUE HIS MASTERS IN PSYCHOLOGY AT TUFTS UNIVERSITY IN FALL 2013

ldentifier	Return Reference	Explanation
MEMBERS OF THE ORGANIZATION	FORM 990, PART VI, LINE 7A	THE ORGANIZATION HAS a sole MEMBER THE MEMBER'S CLASS IS NONVOTING THE MEMBER ELECTS AND DESIGNATES THE BOARD OF GOVERNORS ALL CORPORATE POWERS ARE MANAGED UNDER THE DIRECTION OF THE BOARD OF governors

ldentifier	Return Reference	Explanation
PROCESS FOR REVIEW OF FORM 990	FORM 990, PART VI, LINE 11	The Board of governors has delegated the review of the Form 990 to the Audit Committee. The organization's Executive Staff works closely with the outside accounting firm it engages to review the return, and the final draft of Form 990 is also reviewed by the treasurer/CFO prior to providing the draft to the Audit Committee. In addition to consulting with the treasurer/CFO and Executive Staff, the Audit Committee also meets with the accounting firm hired to prepare the Form 990. Subsequent to its review, the Audit Committee reports back to the Board regarding its oversight of the Form 990 and the final draft is provided to the entire Board before the return is filed.

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	Pursuant to the Conflict of Interest Policy, an annual conflict of interest questionnaire, aimed at determining any family and business relationship transactions or other transactions that may pose a potential conflict, is distributed to all covered persons (i.e., board members, officers and executive leadership or key employees). Covered persons are required to disclose real or potential conflicts at the time when such conflicts arise. When someone becomes a covered person and annually thereafter, each covered person is required to sign a statement affirming that he/she. (1) has received a copy of the Conflict of Interest Policy, (2) has read the Policy and understands said Policy, and (3) agrees to comply with all requirements of the Policy, including completing the conflict of interest questionnaire. The procedures for addressing any conflict of interest includes, but is not limited to, the following (1) the conflicting interest is fully disclosed to the Board, (2) the interested person responds to factual questions related to the substance of the transaction or arrangement being considered, after which he/she shall leave the meeting, (3) the person with the conflict of interest is excluded from the discussion and approval of such transaction, (4) alternatives to the proposed transaction are investigated, competitive bids or comparable valuations are obtained, (5) any conflicting issues during the course of a Board meeting which cannot be resolved is referred to the Governance Committee, and (6) the transaction or action must be approved by a majority of disinterested persons

ldentifier	Return Reference	Explanation
COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, LINE 15	The Board appoints a COMPENSATION Committee, none of which have a conflict of interest with respect to the compensation arrangement, to be accountable for setting reasonable compensation packages for each officer or key employee, including the CEO. The COMPENSATION Committee develops, consistent with the organization's philosophy and principles, the annual performance goals and criteria to be used in determining merit increases and variable compensation criteria for officers and key employees. The COMPENSATION Committee also hires a qualified independent compensation and benefits specialist (independent expert) to review, analyze and provide benchmarking data for the total compensation and benefits packages of officers and key employees. Appropriate comparability data is obtained from the independent experts, (i.e., total economic benefits paid by similarly situated organizations, both taxable and tax-exempt) for similar job responsibilities. ANNUALLY THE COMPENSATION COMMITTEE APPROVES THE COMPENSATION FOR CEO, OFFICER AND ANY KEY EMPLOYEE. INCENTIVE COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE AT THE END OF THE CALENDAR YEAR BASED ON THE EMPLOYEE'S PERFORMANCE AGAINST STATED GOALS FOR THAT YEAR. The Committee's written records include the (1) terms of the arrangement with the disqualified person (including the date the arrangement was approved), and (2) a description of the comparable data relied on by the Committee. Key deliberations of the Committee, including. (A) The terms of the transaction that was approved and those who voted on it, (C) The comparability data obtained and relied upon by the authorized body and how the data was obtained, and (D). Any actions taken with respect to consideration of the transaction by anyone who is otherwise a member of the authorized body but who had a conflict of interest with respect to the transaction are also documented in minutes, which are approved at the next Committee meeting.

ldentifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, LINE 19	While federal tax laws do not mandate that the organization's governing documents, conflict of interest policy and financial statements be made available for public inspection, the organization makes its audited financial statements that were prepared in accordance with generally accepted accounting principles (GAAP) available upon request

ldentifier	Return Reference	Explanation
Audit of Financial Statements by Independent Accountant	i i	The Tiger Woods Charity Event Corporation's financial statements were included in the consolidated audited financial statements of The Tiger Woods Foundation Inc., and Affiliates The consolidated audited financial statements were audited by KPMG, an independent accounting firm, and were prepared in accordance with GAAP

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GREGORY T MCLAUGHLIN TITLE PRESIDENT/CEO/SECRETARY HOURS 20

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMELINDSAY MCCULLOUGH (thru 2/3/12) TITLE ASSISTANT SECRETARY HOURS 1

ldentifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JIN C THATCHER TITLE TREASURER HOURS 49

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

DLN: 93493227043613

OMB No 1545-0047

Open to Public

Inspection

Schedule R (Form 990) 2011

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization Tiger Woods Charity Event Corporation 06-1554474 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (b) (f) (c) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity controlled or foreign country) (if section 501(c)(3)) entity organization Yes No (1) TIGER WOODS FOUNDATION INC 121 INNOVATION DR STE 150 **EDUCATION** CA 501(C)(3) 2 No IRVINE, CA 92617 20-0677815

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity Activity (c) Legal domicil (state of foreign country		egal (d) Inicile Direct controlling (related, unrelated excluded from under sections.				(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV	011101111 990, 1 411	11, mic 31, 33, 3.		Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organiza	ations listed in Parts	II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No				
b	Gift, grant, or capital contribution to related organization(s)			1b	Yes					
С	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
е	Loans or loan guarantees by related organization(s)			1e		No				
f	Sale of assets to related organization(s)			1f		No				
g	Purchase of assets from related organization(s)			1 g		No				
h	Exchange of assets with related organization(s)			1h		No				
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		No				
j	Lease of facilities, equipment, or other assets from related organization(s)			1j		No				
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No				
ı	Performance of services or membership or fundraising solicitations by related organization(s)			11		No				
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Yes					
	Sharing of paid employees with related organization(s)			1n	Yes					
o	Reimbursement paid to related organization(s) for expenses			10	Yes					
р	Reimbursement paid by related organization(s) for expenses			1p	Yes					
q	O ther transfer of cash or property to related organization(s)			1q		No				
_	O ther transfer of cash or property from related organization(s)			1r		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, incl	luding covered relation	onships and transacti	on thresholds						
	(a)	(b)	(c)	(d) Method of determir	una ama	nt				
	Name of other organization	Transaction type(a-r)	Amount involved	involved		Juni				
1)										
2)										
- `										
3)										
4)										
+)										
5)										
٠,										

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General of managin partner?		eral or aging ener?		
			,	Yes	No			Yes	No		Yes	No		

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011