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Form 990 Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TIGER WOODS FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1 TIGER WOODS WAY
Suite
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ANAHEIM, CA 92801

D Employer identification number
20-0677815

E Telephone number
(949) 725-3003

G Gross receipts $ 13,361,236

F Name and address of principal officer
RICK SINGER
121 INNOVATION DR SUITE 150
IRVINE, CA 92617

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW TIGERWOODSFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2004

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TIGER WOODS FOUNDATION, A NON-PROFIT PUBLIC BENEFIT CORPORATION, OPERATES SCHOOL FACILITIES THAT PROVIDE EDUCATIONAL OPPORTUNITIES FOR YOUTH

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)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	56
6	Total number of volunteers (estimate if necessary)	6	85
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	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,625,153	6,445,576
	9	Program service revenue (Part VIII, line 2g)	208,900	267,850
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,927,121	1,462,633
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,566	13,454
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,812,740	8,189,513
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,260,405	562,426
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,460,899	3,609,570
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶698,812		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,734,756	4,367,017
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,456,060	8,539,013
	19	Revenue less expenses Subtract line 18 from line 12	-3,643,320	-349,500
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	107,134,869	108,043,659
	21	Total liabilities (Part X, line 26)	13,240,839	13,256,655
	22	Net assets or fund balances Subtract line 21 from line 20	93,894,030	94,787,004

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

2015-08-16
Date

RICK SINGER PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
CAREY MCKEE				P01280167

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 550 S Hope St Suite 1500
Los Angeles, CA 90071

Phone no (949) 725-3003

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AT THE TIGER WOODS FOUNDATION ("TWF"), WE BELIEVE EVERY CHILD DESERVES THE OPPORTUNITY TO ATTEND COLLEGE DESIGNED TO BREAK THROUGH A CULTURE OF LOW EXPECTATIONS, TWF'S COLLEGE-ACCESS PROGRAMS REACH UNDERSERVED YOUTH IN ALL STAGES OF ACADEMIC LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,365,472 including grants of $) (Revenue $ 260,924)

TWLC-FLAGSHIP (ORANGE COUNTY, CA) THE TIGER WOODS LEARNING CENTER (TWLC) HAS PROVIDED ONE-OF-A-KIND, HANDS-ON ENRICHMENT PROGRAMS FOR YOUTH THE UNIQUE LEARNING ENVIRONMENT AT THE TWLC WAS INSPIRED BY THE VISION OF TIGER WOODS TO PROVIDE YOUNG PEOPLE WITH A SAFE PLACE TO LEARN, OPPORTUNITIES TO IDENTIFY THEIR INTERESTS, RECOGNIZE THEIR POTENTIAL, CREATE POSITIVE CHANGE, AND CREATE A ROADMAP TO COLLEGE THE PROGRAM PHILOSOPHY IS BASED ON POSITIVE YOUTH DEVELOPMENT AND HIGH-QUALITY EDUCATION CONTINUED SCHEDULE O

4b (Code) (Expenses $ 2,784,568 including grants of $ 451,775) (Revenue $)

TIGER WOODS FOUNDATION GRANT-MAKING PROGRAM THE TIGER WOODS FOUNDATION GRANT-MAKING PROGRAM PRIMARILY FOCUSES ON PROVIDING FUNDING TO ORGANIZATIONS THAT SPECIALIZE IN EDUCATION AND YOUTH DEVELOPMENT SPECIFICALLY, THE GRANT PROGRAM SERVES 501(C)(3) ORGANIZATIONS THAT ENHANCE THE LEARNING PROCESS FOR YOUTH THIS PROGRAM SUPPORTS ORGANIZATIONS, PROGRAMS AND PROJECTS BY INVITATION ONLY AND SUBJECT TO PRE AND POST QUALIFICATIONS SUBJECT TO APPLICABLE 501(C)(3) GUIDELINES

4c (Code) (Expenses $ 194,315 including grants of $ 110,651) (Revenue $)

EARL WOODS SCHOLARSHIP PROGRAM IN CELEBRATION OF TIGER'S FATHER EARL AND HIS LIFELONG DEDICATION TO HELPING YOUNG PEOPLE ACHIEVE THEIR DREAMS, THE TIGER WOODS FOUNDATION (TWF) CREATED THE EARL WOODS SCHOLARS PROGRAM (EWS) NEARLY 130 SCHOLARS ARE MATRICULATING THROUGH THE PROGRAM SCHOLARS ARE ANNUALLY AWARDED A FOUR-YEAR RENEWABLE SCHOLARSHIP UP TO $20,000 FOR THE TERM TO QUALIFY, STUDENTS MUST DEMONSTRATE OUTSTANDING ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND A COMMITMENT TO COMMUNITY CONTINUED SCHEDULE O

(Code) (Expenses $ 298,354 including grants of $) (Revenue $ 6,926)

OTHER PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 298,354 including grants of $) (Revenue $ 6,926)

4e **Total program service expenses ▶** 6,642,709

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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		No
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? *If "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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
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		No
e	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? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	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)			
a	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 direct or indirect 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 M*	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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a** 25			
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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 56			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		

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 response or note to any line in this Part VI . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32		
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?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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 this 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?			
a	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶CA

18 Section 6104 requires an organization to make its 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 Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶HOOD BURCH INC 10833 VALLEY VIEW STREET SUITE 470
CYPRESS, CA 90630 (714) 995-4833

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	684,142	285,367	128,162

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALGONQUIN ADVISORS LLC, 2 GREENWICH OFFICE PARK 2ND FLOOR GREENWICH CT 06831	INVESTMENT ADVISOR	172,500
MLB ADVANCED MEDIA LP, PO BOX 417171 BOSTON MA 022417171	WEBSITE/MEDIA SVC	200,000

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

Part VIII **Statement of Revenue**

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

Section	Line	Description			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a	1,275				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d	4,702,198				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,742,103				
	g	Noncash contributions included in lines 1a-1f $		78,236				
	h	**Total.** Add lines 1a-1f . . . . ▶			6,445,576			
Program Service Revenue				Business Code				
	2a	SUMMER ACADEMY FEES		611600	211,150	211,150		
	b	SYMPOSIUM INCOME		611600	6,926	6,926		
	c	CLASS REGISTRATION		611600	49,774	49,774		
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f . . . . ▶			267,850			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶			710,737			710,737
	4	Income from investment of tax-exempt bond proceeds . . ▶			0			
	5	Royalties . . . . ▶			0			
			(i) Real	(ii) Personal				
	6a	Gross rents	2,050					
	b	Less rental expenses						
	c	Rental income or (loss)	2,050	0				
	d	Net rental income or (loss) . . . . ▶			2,050			2,050
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	5,923,619					
	b	Less cost or other basis and sales expenses	5,171,723					
	c	Gain or (loss)	751,896					
	d	Net gain or (loss) . . . . ▶			751,896			751,896
	8a	Gross income from fundraising events (not including $ ____________ of contributions reported on line 1c) See Part IV, line 18 . .	a					
	b	Less direct expenses . . .	b					
	c	Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a					
	b	Less direct expenses . . .	b					
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances .	a					
	b	Less cost of goods sold . .	b					
	c	Net income or (loss) from sales of inventory . . ▶			0		0	
		Miscellaneous Revenue		Business Code				
	11a	MEMBERSHIP REWARDS		900099	7,319			7,319
	b	VENDING MACHINE		900099	2,119			2,119
	c	GOLF TOKENS		900099	1,280			1,280
	d	All other revenue			686			686
	e	**Total.** Add lines 11a–11d . . . . ▶			11,404			
	12	**Total revenue.** See Instructions . . . . . ▶			8,189,513	267,850	0	1,476,087

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	450,775	450,775		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	111,651	111,651		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	805,538	465,472	110,488	229,578
6 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	2,087,452	1,776,917	179,379	131,156
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,009	77,886	9,228	11,895
9 Other employee benefits	393,595	310,619	35,559	47,417
10 Payroll taxes	223,976	176,508	21,170	26,298
11 Fees for services (non-employees)				
a Management	0			
b Legal	57,848	41,817	5,856	10,175
c Accounting	212,167	13,028	196,083	3,056
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	383,661	10,992	372,669	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	357,072	260,222	35,847	61,003
12 Advertising and promotion	113,058	84,342	10,605	18,111
13 Office expenses	150,541	109,444	22,819	18,278
14 Information technology	282,942	200,509	40,050	42,383
15 Royalties . .	0			
16 Occupancy	507,914	457,774	18,283	31,857
17 Travel	205,107	148,432	28,110	28,565
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	105,046	77,815	9,946	17,285
20 Interest	439,888	435,152	4,509	227
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	703,092	634,691	68,401	
23 Insurance	182,209	146,852	14,890	20,467
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM SUPPLIES	190,937	190,937		
b STUDENT TRANSPORTATION	57,735	57,735		
c LOSS ON ABANDONED ASSETS	13,022		13,022	
d TAXES AND FEES	6,162	4,523	578	1,061
e All other expenses	398,616	398,616		
25 **Total functional expenses.** Add lines 1 through 24e	8,539,013	6,642,709	1,197,492	698,812
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,764	1	2,758
	2	Savings and temporary cash investments		9,027,790	2	3,094,381
	3	Pledges and grants receivable, net		5,918,437	3	7,755,632
	4	Accounts receivable, net		4,901	4	2,265
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		48,808	9	116,214
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 18,464,525			
	b	Less accumulated depreciation	10b 7,858,428	11,087,618	10c	10,606,097
	11	Investments—publicly traded securities		43,649,631	11	53,489,181
	12	Investments—other securities See Part IV, line 11		36,812,052	12	32,147,460
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		583,868	15	829,671
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		107,134,869	16	108,043,659
Liabilities	17	Accounts payable and accrued expenses		337,794	17	342,303
	18	Grants payable		252,835	18	0
	19	Deferred revenue		0	19	825
	20	Tax-exempt bond liabilities		10,775,000	20	10,414,936
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	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 D		1,875,210	25	2,498,591
	26	**Total liabilities.** Add lines 17 through 25		13,240,839	26	13,256,655
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		77,579,030	27	81,056,230
	28	Temporarily restricted net assets		16,315,000	28	13,730,774
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		93,894,030	33	94,787,004
	34	Total liabilities and net assets/fund balances		107,134,869	34	108,043,659

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,189,513
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,539,013
3	Revenue less expenses Subtract line 2 from line 1	3	-349,500
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,894,030
5	Net unrealized gains (losses) on investments	5	1,660,937
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-418,463
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,787,004

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ___________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 20-0677815
Name: TIGER WOODS FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GREGORY T MCLAUGHLIN PRES/SEC/CEO (THRU 06/2014)	25 0 40 0	X		X				121,150	285,367	53,145
RICK SINGER PRES/SEC/CEO (AS OF 06/2014)	25 0 40 0	X		X				0	0	0
MICHAEL D MCKEE CHAIRMAN	1 0 0 0	X		X				0	0	0
RICHARD BAILY DIRECTOR	1 0 0 0	X						0	0	0
SANDRA BARRY DIRECTOR	1 0 0 0	X						0	0	0
KENNETH W BENTLEY DIRECTOR	1 0 0 0	X						0	0	0
RAJ S BHATHAL DIRECTOR	1 0 0 0	X						0	0	0
AVERY BROWN DIRECTOR	1 0 0 0	X						0	0	0
RONALD CONWAY DIRECTOR	1 0 0 0	X						0	0	0
DALE L DYKEMA DIRECTOR	1 0 0 0	X						0	0	0
KARINA HAMILTON DIRECTOR	1 0 0 0	X						0	0	0
PAUL HEGNESS DIRECTOR	1 0 0 0	X						0	0	0
CHRISTOPHER J HUBMAN DIRECTOR	1 0 0 0	X						0	0	0
GREG JONES DIRECTOR	1 0 0 0	X						0	0	0
DENNIS KUHL DIRECTOR	1 0 0 0	X						0	0	0
ROB LIGHT DIRECTOR	1 0 0 0	X						0	0	0
ED MACHIR DIRECTOR	1 0 0 0	X						0	0	0
JERRY E MANDEL DIRECTOR	1 0 0 0	X						0	0	0
JERRY MATTES DIRECTOR	1 0 0 0	X						0	0	0
JASON MOONEYHAM DIRECTOR	1 0 0 0	X						0	0	0
JONATHAN ORSZAG DIRECTOR	1 0 0 0	X						0	0	0
THOMAS PARHAM PHD DIRECTOR	1 0 0 0	X						0	0	0
TIM J RYAN DIRECTOR	1 0 0 0	X						0	0	0
SUDHAKAR V SHENOY DIRECTOR	1 0 0 0	X						0	0	0
RONALD SPEARS DIRECTOR	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
MARK STEINBERG DIRECTOR	1 0 0 0	X						0	0	0
TOM TAIT DIRECTOR	1 0 0 0	X						0	0	0
TODD C THEODORA DIRECTOR	1 0 0 0	X						0	0	0
PAT TRAMMELL DIRECTOR	1 0 0 0	X						0	0	0
LEO TUCKER DIRECTOR	1 0 0 0	X						0	0	0
PETER V UEBERROTH DIRECTOR	1 0 0 0	X						0	0	0
BOB WALTOS DIRECTOR	1 0 0 0	X						0	0	0
BILL WOODLEY DIRECTOR	1 0 0 0	X						0	0	0
KUTILDA WOODS DIRECTOR	1 0 0 0	X						0	0	0
JIN THATCHER VP OPERATIONS & ADMINISTRATION	49 0 1 0			X				161,507	0	36,110
KATHERINE BIHR VP PROGRAMS & EDUCATION	40 0 0 0				X			164,086	0	15,413
MICHELLE S KIM VP STRATEGIC PARTNERSHIPS	40 0 0 0					X		136,909	0	11,499
GYLA BELL SR DIRECTOR LEARNING CENTERS	40 0 0 0					X		100,490	0	11,995

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document? Yes	No	**(v)** Did you notify the organization in col **(i)** of your support? Yes	No	**(vi)** Is the organization in col **(i)** organized in the U S ? Yes	No	**(vii)** Amount of monetary support
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,507,777	2,833,512	4,505,376	3,625,153	6,445,576	20,917,394
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	3,507,777	2,833,512	4,505,376	3,625,153	6,445,576	20,917,394
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,198,841
6 **Public support.** Subtract line 5 from line 4						12,718,553

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,507,777	2,833,512	4,505,376	3,625,153	6,445,576	20,917,394
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	533,303	628,891	2,792,134	2,730,158	712,787	7,397,273
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	6,220	317,794	28,973	49,816	11,404	414,207
11 **Total support** (Add lines 7 through 10)						28,728,874

12 Gross receipts from related activities, etc (see instructions) | 12 | 587,900

13 **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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	44 271 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	56 459 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

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

		(a) Donor advised funds	(b) Funds 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

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

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

			Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		11,576,075	2,880,124	8,695,951
c Leasehold improvements		2,572,248	1,109,707	1,462,541
d Equipment		2,817,048	2,394,011	423,037
e Other		1,499,154	1,474,586	24,568
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				10,606,097

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FUND - BLUE ORCHID	6,871,242	F
(B) FUND - GLOBAL EQUITY	15,563,397	F
(C) FUND - ALGONQUIN FUND	9,330,727	F
(D) FUND - TUDOR BVI	39,324	F
(E) FUND - AMMOF LTD	342,770	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	32,147,460	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
INTEREST RATE SWAP	1,812,876
DUE TO AFFILIATES	685,715
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,498,591

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	9,732,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,660,937		
b	Donated services and use of facilities	2b	30,734		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-78,236		
e	Add lines **2a** through **2d**			2e	1,613,435
3	Subtract line **2e** from line **1**			3	8,119,359
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	70,154		
c	Add lines **4a** and **4b**			4c	70,154
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,189,513

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	8,839,821
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	30,734		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	340,228		
e	Add lines **2a** through **2d**			2e	370,962
3	Subtract line **2e** from line **1**			3	8,468,859
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	70,154		
c	Add lines **4a** and **4b**			4c	70,154
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	8,539,013

Part XIII Supplemental Information

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

Return Reference	Explanation
FIN 48 FOOTNOTE (ASC 740)	SCHEDULE D, PART X, LINE 2 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 PROVISION 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, 2014 OR 2013
REVENUE INCLUDED ON AUDITED FINANCIAL STATEMENTS, NOT ON FORM 990	SCHEDULE D, PART XI, LINE 2D UNREALIZED LOSS ON INTEREST RATE SWAP NOT REPORTED ON FORM 990 -$ 78,236
REVENUE INCLUDED ON FORM 990, NOT ON AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 4B GROSS-UP MISC REVENUE, NETTED WITH EXPENSES ON FINANCIALS $ 70,154
EXPENSES INCLUDED ON AUDITED FINANCIALS, NOT ON FORM 990	SCHEDULE D, PART XII, LINE 2D UNCOLLECTIBLE PLEDGES NOT REPORTED ON FORM 990 $ 247,793 PRIOR YEAR CONTRIBUTION REFUND $ 100,000 PRIOR YEAR GRANT REFUND NOT REPORTED ON FORM 990 -$ 7,565 ------- TOTAL $ 340,228
EXPENSES INCLUDED ON FORM 990, NOT ON AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 4B GROSS-UP EXPENSES, NETTED WITH MISC REVENUE ON FINANCIALS $70,154

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Return Reference	Explanation
Form Sch E Part I Line 3	THE TIGER WOODS FOUNDATION PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY IN ALL STUDENT APPLICATION FORMS AND ON THE ORGANIZATION'S WEBSITE

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 22

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

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EWSP-UNIVERSITY STUDENT SCHOLARSHIPS	22	93,351		N/A	N/A
(2) EWSP-INTERNSHIP PROGRAM	15	18,300		N/A	N/A

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

Return Reference	Explanation
GRANT MONITORING PROCEDURES	FORM 990, SCHEDULE I, PART I, LINE 2 DUE TO THE SIZE OF GRANTS MADE TO UNRELATED CHARITABLE ORGANIZATIONS, GENERALLY UNDER $25,000, THE FOUNDATION RELIES ON PRE-GRANT PROCEDURES AND INQUIRIES TO ENSURE THE GRANTEE ORGANIZATION MEETS THE REQUIREMENTS FOR APPROVED PROGRAMMATIC AREAS OF FUNDING

Additional Data

Software ID:
Software Version:
EIN: 20-0677815
Name: TIGER WOODS FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Adat Shalom Reconstructionis Congregation 7727 PERSIMMON TREE LANE BETHESDA,MD 20817	52-1763027	501(C)(3)	14,955		N/A	N/A	RELIGIOUS SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boston Red Sox Foundation 4 Yawkey Way BOSTON,MA 02215	33-1007984	501(C)(3)	75,000		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Connelly School of the Holy Child 9029 Bradley Blvd SUITE B POTOMAC,MD 20854	52-0743609	501(C)(3)	21,550		N/A	N/A	EDUCATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Francis Ouimet Scholarship Fund 300 Arnold Palmer Blvd NORTON,MA 02766	04-2234126	501(C)(3)	7,800		N/A	N/A	EDUCATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gar-Field High School 14000 Smoketown Road SUITE 330 WOODBRIDGE, VA 22193	54-6001533	PRNC WILLM CITY	12,000		N/A	N/A	EDUCATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hockomock Area YMCA 300 Elmwood St NATTLEBORRO,MA 02760	04-2131749	501(C)(3)	30,000		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
K9S for Warriors 88 CAT ROAD PONTE VEDRA, FL 32082	27-5219467	501(C)(3)	10,000		N/A	N/A	MILITARY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Massachusetts Golf Association Inc 300 Arnold Palmer Blvd SUITE 200 NORTON,MA 02766	04-2487562	501(C)(3)	15,000		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Norton Public Schools 64 West Main StreeT NORTON,MA 02766	04-6001252	TOWN OF NORTON	17,500		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
On Course Foundation USASimpson Cup ONE CHASE MANHATTAN PLAZA NY,NY 10005	45-3780269	501(C)(3)	10,000		N/A	N/A	MILITARY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Pebble Beach Company Foundation PO BOX 1767 PEBBLE BEACH, CA 93953	51-0189888	501(C)(3)	5,950		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sbonelo Scholarship Foundation 5605 Carnegie Blvd CHARLOTTE,NC 28209	26-1822173	501(C)(3)	10,000		N/A	N/A	EDUCATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN CALIFORNIA GOLF ASSOCIATION 3740 CAHUENGA BLVD STUDIO CITY,CA 91604	95-1240720	501(C)(6)	5,893		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Andrew Romanian Church 9111 RIVER ROAD POTOMAC,MD 20854	26-4570443	501(C)(3)	8,000		N/A	N/A	RELIGIOUS SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The American Ireland Fund 1501 BROADWAY STE 1808 NY, NY 10036	25-1306992	501(C)(3)	6,000		N/A	N/A	CHILDREN'S MEDICAL RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Club Foundation 8500 River Road BETHESDA,MD 20817	52-1642692	501(C)(3)	10,000		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Shepherd Foundation LTD PO BOX 50 KENSINGTON,MD 20895	52-1613402	501(C)(3)	10,000		N/A	N/A	EDUCATIONAL AID SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Town of Mansfield Six Park Row MANSFIELD,MA 02048	04-6001209	TOWN MANSFIELD	25,000		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Town of Norton 70 East Main Street NORTON,MA 02766	04-6001252	TOWN OF NORTON	25,000		N/A	N/A	COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UC IRVINE FDNSAGE School 469 SOCIAL SCIENCE TOWER IRVINE,CA 92697	95-2540117	UNIV OF CA	18,877		N/A	N/A	EDUCATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
US Challenge Cup 21 Agnes StreeT EAST PROVIDENCE,RI 02914	22-3019734	501(C)(3)	10,000		N/A	N/A	YOUTH RECREATION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yellow Ribbon Fund 10415 Armory Avenue KENSINGTON,MD 20895	36-4567583	501(C)(3)	10,000		N/A	N/A	SUPPORT INJURED SERVICE MEMBERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA of Attleboro 63 North Main Street Attleboro, MA 02703	04-2255819	501(C)(3)	10,000		N/A	N/A	COMMUNITY SUPPORT

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☑ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)GREGORY T MCLAUGHLIN PRES/SEC/CEO (THRU 06/2014)	**(i)**	121,150	0	0	10,000	0	131,150	0
	(ii)	257,444	0	27,923	0	43,145	328,512	0
(2)JIN THATCHER VP OPERATIONS & ADMINISTRATION	**(i)**	153,866	0	7,641	6,155	29,955	197,617	0
	(ii)	0	0	0	0	0	0	0
(3)KATHERINE BIHR VP PROGRAMS & EDUCATION	**(i)**	152,366	0	11,720	5,841	9,572	179,499	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
COMPENSATION FROM RELATED ORGANIZATIONS	THE PRESIDENT, SECRETARY AND CEO, GREGORY T MCLAUGHLIN WHO RESIGNED IN JUNE 2014, WAS COMPENSATED THROUGH TIGER WOODS FOUNDATION, INC , AND A RELATED 501(C)(3) ORGANIZATION, TIGER WOODS CHARITY EVENT CORPORATION, WHERE HE DEVOTED A COMBINED TOTAL OF 65 HOURS PER WEEK IN CONJUNCTION WITH HIS DUTIES AS PRESIDENT AND CEO OF THE TIGER WOODS FOUNDATION, HE OVERSAW ALL FIVE TIGER WOODS LEARNING CENTERS AND ALL THE NATIONAL SCHOLARSHIP PROGRAMS
FIRST CLASS TRAVEL	SCHEDULE J, PART I, LINES 1A AND 2 THE FOUNDATION PERMITS THE PRESIDENT/CEO TO FLY FIRST CLASS IN LIMITED CIRCUMSTANCES WHERE THERE IS A BONA FIDE BUSINESS PURPOSE THERE IS NO FORMAL WRITTEN POLICY, HOWEVER, APPROVALS ARE GRANTED BY THE EXECUTIVE COMMITTEE BASED ON THE FACTS AND CIRCUMSTANCES THE EXPENSE PAID FOR FORMER PRESIDENT/CEO WAS TREATED AS A NON-TAXABLE BENEFIT

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466		04-05-2013	10,775,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	360,064			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	10,775,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	0			
12	Other unspent proceeds	10,775,000			
13	Year of substantial completion	2013			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X						

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	BANK OF AMERICA							
c	Term of hedge	15							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (F)	REFINANCED THE OUTSTANDING PRINCIPAL OF THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS (TIGER WOODS LEARNING CENTER FOUNDATION) SERIES 2006 (THE "REFUNDED BONDS") WHICH WERE ISSUED TO PROVIDE FUNDS TO THE BORROWER TO REPAY A CONSTRUCTION LOAN INCURRED BY THE BORROWER TO FUND THE COSTS OF ACQUISITION, CONSTRUCTION, IMPROVEMENT, RENOVATION, FURNISHING AND EQUIPPING OF ALL OF THE REAL AND PERSONAL PROPERTY CONSTITUTING THE "TIGER WOODS LEARNING CENTER," A TWO-STORY, 35,000 SQUARE FOOT BUILDING, INCLUDING A MULTIMEDIA CENTER, AN AUDITORIUM, CLASSROOMS, A COMPUTER LAB, A STUDENT LOUNGE AND CAFE, A PUTTING COURSE AND DRIVING RANGE, AND OTHER AMENITIES

Return Reference	Explanation
SCHEDULE K, PART III, LINE 9, PART IV, LINE 7, AND PART V	THE ORGANIZATION FOLLOWS PROCESSES AND PROCEDURES TO MONITOR THE COMPLIANCE WITH REQUIREMENTS OF SECTION 148 AND, AS NEEDED, CONSULTS BOND COUNSEL AND/OR THIRD PARTY ADVISORS REGARDING THESE REQUIREMENTS THESE PROCEDURES HAVE RESULTED IN COMPLIANCE WITH SECTION 148 FOR ALL YEARS SINCE THE BONDS WERE PLACED REQUIRING NO REMEDIATION OR USE OF THE VOLUNTARY CLOSING AGREEMENT PROGRAM HOWEVER, THE POLICIES AND PROCEDURES ARE NOT FORMALLY DOCUMENTED THE ORGANIZATION IS FORMALIZING THESE PROCEDURES IN THE FORM OF WRITTEN DOCUMENTATION WHICH WILL BE APPLICABLE TO FUTURE TAX YEARS

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods	X		6,533	RETAIL PRICE
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ► (GOLF SUPPLIES)	X	1	53,135	RETAIL PRICE
26 Other ► (LAB EQUIPMENT)	X	2	15,368	RETAIL PRICE
27 Other ► (GIFT CARDS)	X	1	3,200	RETAIL PRICE
28 Other ► (____________)				

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

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

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

Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, COLUMN B FOR PART I, COLUMN B, THE FOUNDATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED FROM DONORS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493229045845

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
TIGER WOODS FOUNDATION INC	20-0677815

Return Reference	Explanation
ORGANIZATION'S MISSION, CONTINUED	FORM 990, PART III, LINE 1 THE GROUNDBREAKING TIGER WOODS LEARNING CENTER ("TWLC") IN ORANGE COUNTY, CA, WASHINGTON, D C , PHILADELPHIA, PA, QUANTICO, VA AND STUART, FL, AND THE EARL WOODS SCHOLARSHIP PROGRAM PROVIDES A WEALTH OF EDUCATIONAL OPPORTUNITIES TO YOUNG PEOPLE NATIONWIDE TWLC'S OPERATE SCHOOL FACILITIES THAT MAINTAIN REGULAR FACULTY, CURRICULUM, AND HAVE A REGULARLY ENROLLED STUDENT BODY OF STUDENTS IN ATTENDANCE, WITHIN THE MEANING OF SECTION 170 (B)(1)(A)(II) OF THE CODE

Return Reference	Explanation	
	PROGRAM SERVICE ACTIVITIES	FORM 990, PART III, LINE 4A, CONTINUED BUILDING ON THESE TENETS, THE TIGER WOODS LEARNING CENTER HAS INTEGRATED RESEARCH ON WHAT YOUNG PEOPLE NEED TO BECOME HEALTHY AND THRIVING AD ULTS THE PROGRAM SUPPORTS 15,000 UNIQUE STUDENTS PER YEAR CURRICULUM OFFERED - CAREER O RIENTATION PROGRAM ELEMENTARY SCHOOL - WEEK-LONG STUDENT/TEACHER ENRICHMENT DURING SCHOOL DAY STUDENT CURRICULUM FOCUSED ON FORENSIC SCIENCE/MARINE SCIENCE. TEACHER PROFESSIONAL DEVELOPMENT - STANDARDS-BASED SCIENCE, AND TECHNOLOGY INTEGRATION - CAREER EXPLORATION PR OGRAM MIDDLE/HIGH SCHOOL AFTER-SCHOOL ENRICHMENT OVER 50 STEM FOCUSED MODULES EXAMPLES INCLUDE. BIOTECHNOLOGY, ENGINEERING, ROBOTICS, VIDEO PRODUCTION, VIDEO GAME DESIGN, NUTRIT ION/FITNESS, ENTREPRENEURSHIP AND AEROSPACE. TWLC-EXPANSION IN 2008, THE TIGER WOODS FOUN DATION LAUNCHED ITS FIRST EXPANSION TWLC CAMPUS IN WASHINGTON, DC IN PARTNERSHIP WITH A LO CAL CHARTER SCHOOL TWO ADDITIONAL CAMPUSES WERE ADDED IN PHILADELPHIA, PA AND STUART, FL THE FOLLOWING YEAR TO PROVIDE YOUTH WITH AUTHENTIC LEARNING EXPERIENCES IN ONE OR MORE TWL C SIGNATURE PROGRAMS FOCUSED ON SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) CAREER EX PLORATION AND COLLEGE PREPARATION A SECOND CAMPUS WAS OPENED IN PHILADELPHIA, PA IN 2013 AT THE CRISTO REY PHILADELPHIA HIGH SCHOOL A CAMPUS WAS ALSO DEVELOPED IN COOPERATION WIT H MARINE CORPS COMMUNITY SERVICES AT MCB-QUANTICO IN 2014, TWF PROVIDED LIMITED PROGRAM S UPPORT A ROBOTICS PROGRAM AT ACHIEVEMENT FIRST, UNIVERSITY PREP HIGH SCHOOL IN NEW YORK, N Y TWLC CAMPUS STUDENTS HAVE ACCESS TO STATE-OF-THE-ART TECHNOLOGY AND LEARN HOW TO USE TO OLS VITAL TO WORKPLACE PRODUCTIVITY IN THE 21ST CENTURY ALL EXPANSION LOCATIONS ARE SUPPO RTED WITH ONGOING TRAINING, CURRICULUM MATERIALS, RESOURCE SUPPORT AND FUNDING CAMPUS MOD EL 1 - WASHINGTON, DC - CESAR CHAVEZ CHARTER SCHOOL TWLC MAINTAINS TWO DC LOCATIONS IN PAR TNERSHIP WITH THE CESAR CHAVEZ PUBLIC CHARTER SCHOOL FOR PUBLIC POLICY PATTERNED AFTER TH E TWLC FLAGSHIP, THE CAMPUS MODEL 1 IS PROVIDED DEDICATED SPACE AT TWO CHAVEZ SCHOOLS, ONE ON CAPITOL HILL (GRADES 9-12) AND THE OTHER IN THE KENILWORTH NEIGHBORHOOD (GRADES 6-8 AN D 9-12) TWF STAFF SERVES OVER 1,000 STUDENTS ANNUALLY IN ONSITE AND OUTREACH PROGRAMS WHE RE STUDENTS CAN EARN HIGH SCHOOL CREDIT CURRICULUM OFFERED - CAPITOL HILL HIGH SCHOOL S TUDENTS - AFTER SCHOOL ENRICHMENT COMMUNICATIONS, VIDEO GAME DESIGN, COLLEGE ACCESS, AND FILMMAKING, SCHOOL DAY ELECTIVE COURSE. ROBOTICS AND VIDEO JOURNALISM - PARKSIDE. MIDDLE S CHOOL STUDENTS - AFTER SCHOOL ENRICHMENT GOING GREEN IN SCIENCE AND ENGINEERING, FIRST LE GO LEAGUE ROBOTICS CLUB, GRAPHIC DESIGN, VIDEO GAME DESIGN - SCHOOL DAY ELECTIVE COURSE. H IGH SCHOOL ROBOTICS - STEM CAREER CONFERENCE - SATURDAY HANDS-ON WORKSHOP FOR MIDDLE/HIGH SCHOOL STUDENTS FROM THE DC METRO AREA SPECIFIC FOCUS ON CAREER EXPLORATION FOR STUDENTS AND COLLEGE PREPARATION FOR FAMILIES - SUMMER DAY CLASSES OPEN TO STUDENTS THROUGHOUT DC METRO AREA - ONE-WEEK CONTENT INTENSIVE WORKSHOPS EXAMPLES INCLUDE. TWLC CURRICULUM IN FO RENSIC SCIENCE, INTRO TO COMPUTER PROGRAMMING, ASTRONOMY, VIDEO GAME DESIGN, COMMUNICATION S, ROCKETRY AND VIDEO PRODUCTION CAMPUS MODEL 2 - PHILADELPHIA, PA, STUART, FL A SECOND EX PANSION MODEL INVOLVES TWF PROVIDING FUNDING AND PROGRAM RESOURCES TO LOCAL SCHOOLS AND/OR COMMUNITY BASED ORGANIZATIONS ASSISTING WITH THE SET-UP OF A TWLC-BRANDED ENVIRONMENT WIT HIN ONE CLASSROOM OR DESIGNATED SPACE. FUNDING COVERS CURRICULUM, FACILITY INFRASTRUCTURE AND SUPPORTS A DEDICATED PROFESSIONAL DEVELOPMENT AND EVALUATION PROGRAM, WHICH INCLUDES S PECIALIZED TRAINING AT THE FLAGSHIP FACILITY IN ANAHEIM KEY COMPONENTS TO IDENTIFYING AN ACADEMIC PARTNER INCLUDE. RESEARCH ON LOCAL DEMOGRAPHICS, SCHOOL PERFORMANCE ON STATE/NATI ONAL ASSESSMENTS, AND A SHARED COMMITMENT TO DEVELOPING A COLLABORATIVE RELATIONSHIP WHERE BOTH TWF AND THE LOCAL ENTITY CAN LEARN AND GROW TOGETHER IN THIS MODEL SITE-BASED STAFF ADMINISTERS THE PROGRAM WHILE TWF PROGRAM STAFF PROVIDES BOTH CONSULTATION AND EXTERNAL S UPPORT TO ENSURE FIDELITY OF IMPLEMENTATION STUART, FL - MURRAY MIDDLE SCHOOL OFFERED AS AN AFTER-SCHOOL PROGRAM, TEACHERS AT MURRAY MIDDLE SCHOOL HAVE DELIVERED TWF FORENSIC SCIE NCE, UNIVERSAL SCIENCE AND VIDEO GAME DESIGN TO THEIR STUDENTS IN ADDITION, SCHOOL STAFF HAS BEEN TRAINED IN POSITIVE YOUTH DEVELOPMENT METHODS AND HAVE INTEGRATED ACTIVITIES INTO THEIR ADVISORY CLASSES AT ALL GRADE LEVELS PHILADELPHIA, PA - KIPP - DUBOIS COLLEGIATE P REPARATORY ACADEMY OFFERS THEIR HIGH SCHOOL STUDENTS THE OPPORTUNITY TO DO HANDS-ON ACTIVI TIES LIKE DISSECTION, VIDEO GAME DESIGN, BIOTECHNOLOGY, ENGINEERING AND CRIME SCENE INVEST IGATION DELIVERED AS A FOR-CREDIT CLASS, STUDENTS PARTICIPATE IN A SATURDAY ENRICHMENT WO RKSHOP WHERE THEY ARE ABLE TO SPEND MORE TIME EXPLORING SCIENTIFIC CONCEPTS PHILADELPHIA, PA - CRISTO REY PHILADELPHIA HIGH SCHOOL THROUGH A PARTNERSHIP WITH USLI AND CRISTO REY P HILADELPHIA, THE TWLC CAMPUS AT CRISTO REY OFFERS

Return Reference	Explanation	
	PROGRAM SERVICE ACTIVITIES	UNIQUE STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH) PROGRAMMING COURSES INCLUDE TETRIX R OBOTICS, WHERE STUDENTS USE THEIR CREATIVITY TO BUILD ROBOTS WHILE EXPLORING THE WORLD OF ENGINEERING, AND UNIVERSAL SCIENCE, WHICH FOCUSES ON CHEMISTRY AND BIOLOGY ADDITIONALLY T HE TWLC CAMPUS PROVIDES MENTORING AND TEACHER-DEVELOPMENT TRAINING QUANTICO, VA - QUANTIC O MIDDLE-HIGH SCHOOL THROUGH A PARTNERSHIP WITH MARINE CORPS COMMUNITY SERVICES, THE TWLC CAMPUS AT MCB-QUANTICO OFFERS FORENSIC SCIENCE TO MIDDLE SCHOOL STUDENTS ATTENDING QUANTI CO MIDDLE HIGH SCHOOL ADDITIONALLY, THE TWLC CAMPUS PROVIDES MENTORING, TEACHER DEVELOPME NT, AND COLLEGE ACCESS TRAINING FOR STUDENTS AND PARENTS NEW YORK, NY - ACHIEVEMENT FIRST , UNIVERSITY PREP HIGH SCHOOL THROUGH A PARTNERSHIP WITH ACHIEVEMENT FIRST SCHOOLS, THE TW F PROVIDES EQUIPMENT, INSTRUCTOR TRAINING AND SUPPORT FOR A ROBOTICS TEAM AT UNIVERSITY PR EP HIGH SCHOOL SUMMER CLASSES AND OUTREACH SIX ONE-WEEK CLASSES AT THE TWLC-OC AND TWLC-DC ELEMENTARY/MIDDLE/HIGH SCHOOL, SUMMER ACADEMY RESIDENTIAL PROGRAM FOCUSED ON STEM AND G OLF FOR CHILDREN FROM MILITARY FAMILIES, COLLEGE BOUND ACADEMY GOLF OUTREACH TWLC-OC HOS TS WEEKLY CLINICS EACH SATURDAY AT THE TWLC GOLF FACILITY THE MOBILE GOLF PROGRAM TAKES T HE TWLC GOLF PROGRAM ON THE ROAD TO LOCAL ELEMENTARY SCHOOLS OFFERED TO ORANGE COUNTY STU DENTS IN GRADES 5-6, THIS THREE-PHASE PROGRAM EMPHASIZES THE FUNDAMENTALS OF PUTTING, PITC HING AND THE FULL SWING

Return Reference	Explanation
FORM 990, PART III, LINE 4C, CONTINUED	FUNDING TUITION IS JUST ONE OF THE MANY HURDLES FACING FIRST-GENERATION COLLEGE STUDENTS MANY ARE LEAVING HOME FOR THE FIRST TIME, ATTEMPTING TO JUGGLE WORK AND CLASS WHILE SCRAPING TOGETHER ENOUGH MONEY FOR BOOKS AND OTHER SUPPLIES MORE THAN 90% OF OUR SCHOLARS ARE FIRST-GENERATION COLLEGE STUDENTS, NAVIGATING THROUGH COLLEGE ON THEIR OWN EWS IS AN INCREDIBLE SUPPORT NETWORK THAT INCLUDES ADMISSIONS COUNSELING, DEDICATED MENTORS, SPECIALIZED INTERNSHIPS, FINANCIAL ASSISTANCE, PROFESSIONAL WORKSHOPS, AND CAREER DEVELOPMENT SERVICES FOR EACH SCHOLAR ACCEPTED INTO THE PROGRAM WORKSHOPS INCLUDE RESUME-WRITING, MOCK INTERVIEWS, INFORMATION ABOUT GRADUATE SCHOOL AND BEGINNING THE CAREER SEARCH IT IS IMPORTANT TO UNDERSCORE THAT SCHOLARS RECEIVE TWF FINANCIAL ASSISTANCE FOR TUITION, BOOKS, AND TRAVEL HOME AS WELL AS FOR TWF WORKSHOPS AND WINTER CLOTHING ANOTHER ASPECT OF THE EWS ARE PRE-COLLEGE WORKSHOPS DESIGNED TO GET YOUNG PEOPLE TO UNDERSTAND THAT IT IS NOT TOO EARLY TO START THINKING ABOUT COLLEGE AND THE BENEFITS OF A COLLEGE EDUCATION THE WORKSHOPS ARE DESIGNED TO HELP STUDENTS FINISH HIGH SCHOOL PREPARED FOR POSTSECONDARY EDUCATION AND WITH A CLEAR IDEA ON HOW TO BEST APPROACH THE APPLICATION PROCESS AND SECURE FINANCIAL AID THE PROGRAM ALSO ENGAGES PARENTS WITH INFORMATION REGARDING THE PROCESS THEIR STUDENTS ARE GOING THROUGH DURING MIDDLE AND HIGH SCHOOL, AND HOW TO BE ADVOCATES FOR THEIR STUDENTS' EDUCATIONAL SUCCESS THIS COLLEGE ACCESS PROGRAM IS OFFERED FOR FREE TO STUDENTS AND THEIR FAMILIES WHO ARE INTERESTED IN HIGHER EDUCATION AND HELPS INFORM THEM OF ITS IMPORTANCE AND AFFORDABILITY

Return Reference	Explanation
FORM 990, PART III, LINE 4D	TWLC OFFERS VARIOUS COMMUNITY OUTREACH PROGRAMS, INCLUDING TOWN HALL MEETINGS, GUEST SPEAKERS, AND COLLEGE PREPARATION WORKSHOPS FOR FAMILIES AND STUDENTS THROUGHOUT SOUTHERN CALIFORNIA COLLEGE ACCESS PROGRAMS INCLUDE FOR MIDDLE/HIGH SCHOOL STUDENTS AND FAMILIES, THE TWF OFFERS WORKSHOPS ON NAVIGATING THE COLLEGE APPLICATION PROCESS AND FINANCIAL AID, COLLEGE ADMISSIONS INTERVIEWS AND INFORMATION SESSIONS FOR TOP UNIVERSITIES NATIONWIDE (BROWN, HARVARD, YALE, GEORGETOWN, FRANKLIN & MARSHALL, REED AND MORE), AND A PRE-COLLEGE BOOTCAMP FOR HIGH SCHOOL SENIORS STEM CAREER CONFERENCE - SATURDAY HANDS-ON WORKSHOP FOR MIDDLE/HIGH SCHOOL STUDENTS FROM THE DC METRO AREA WITH A SPECIFIC FOCUS ON STEM CAREER AND COLLEGE PREPARATION FOR FAMILIES

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

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 ITS OVERSIGHT OF THE FORM 990 AND THE FINAL DRAFT IS PROVIDED TO THE ENTIRE BOARD BEFORE THE RETURN IS FILED

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 THAT CANNOT BE RESOLVED IS REFERRED TO THE GOVERNANCE COMMITTEE, AND (6) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS

Return Reference	Explanation
OFFICER COMPENSATION DETERMINATION PROCESS	FORM 990, PART VI, LINE 15a 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 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 PACKAGE APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM AN INDEPENDENT EXPERT (I E., TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES THE COMPENSATION COMMITTEE APPROVES THE COMPENSATION ANNUALLY 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 THE DATE IT WAS APPROVED, (B) THE MEMBERS OF THE AUTHORIZED BODY WHO WERE PRESENT DURING DEBATE ON 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

Return Reference	Explanation
OTHER OFFICER COMPENSATION DETERMINATION POLICY	FORM 990, PART VI, LINE 15B THE FOUNDATION FOLLOWS THE SAME PROCESS FOR DETERMINING COMPENSATION PACKAGES FOR OTHER OFFICERS AND KEY EMPLOYEES AS IT DOES FOR THE CEO

Return Reference	Explanation
DOCUMENTS AVAILABLE TO THE PUBLIC	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

Return Reference	Explanation
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, HIGHEST	Compensated Employees, and Independent Contractors FORM 990, Part VII Although the new President/CEO, Rick Singer, joined the Foundation during June 2014, no compensation is reported on the 2013 Form 990 since he did not receive a W-2 for that tax year

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 UNREALIZED LOSS ON INTEREST RATE SWAP (78,235) PRIOR YEAR GRANT REFUNDS 7,565 UNCOLLECTIBLE PLEDGE WRITEOFFS (247,793) PRIOR YEAR CONTRIBUTION REFUND (100,000) --------- TOTAL (418,463)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TIGER WOODS LEARNINGS CENTER DC CAMPUSES 121 INNOVATION DR SUITE 150 IRVINE, CA 92617 45-3467705	EDUCATION	DC	108,235	6,556,424	TWF

Part II **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) TIGER WOODS CHARITY EVENT CORPORATION 121 INNOVATION DR SUITE 150 IRVINE, CA 92617 06-1554474	FUNDRAISING	CA	501(C)(3)	11	TWF	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) TIGER WOODS CHARITY EVENT CORPORATION	c	4,702,198	SEE PART VII

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)	(e) Are all partners section 501(c)(3) organizations?		(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 or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
Form Sch R Part V Line 2	GRANT RECEIVED (C) THE CASH GRANTS FROM THE TIGER WOODS CHARITY EVENT CORPORATION WERE DETERMINED BASED ON THE RECIPIENT CHARITABLE ORGANIZATION'S OPERATIONAL NEEDS AND WAS APPROVED BY THE FOUNDATION'S BOARD DURING THE ANNUAL BUDGETING PROCESS FOR 2013-2014