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DLN: 93493228073736

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

		2014	and a second of the second of	- 40 04 0044	20 2015				
		2014 ca l ipplicable	endar year, or tax year beginning C Name of organization	g 10-01-2014 , and ending 09-	30-2015		D Emplo	ver iden	itification number
	ress ch		TIGER WOODS FOUNDATION INC					77815	
	ne cha		% HOOD & BURCH INC Doing business as				20-06	7/015	•
	ıal retu		Doing Dusiness as						
Fina				nail is not delivered to street address)	Room/suite		E Telepho	ne numb	per
		mınated	1 TIGER WOODS WAY				(949)	725-3	003
_	ended i	return n pending	City or town, state or province, cou ANAHEIM, CA 92801	ntry, and ZIP or foreign postal code			G Gross re	eceıpts \$	42,377,666
, ,,,,,	, ileaction	i penang	E Name and address of pru	nounal officer					_
			F Name and address of pru RICK SINGER	ncipal officer		H(a) Is th subo	ıs a group rdınates?	return	for ┌ Yes ┌ No
			121 INNOVATION DR STE IRVINE,CA 92617	150					
			IRVINE, CA 92017			H(b) Are a		nates	Γ Y es Γ No
Ta:	x-exem	npt status	▼ 501(c)(3)	insert no)	.7			a list ((see instructions)
	ebsite	e:▶ WV	W TIGERWOODSFOUNDATIO	 N ORG		W-> Grou	ıp exempt	ion num	aher 🌬
						(-)	<u> </u>		
	n of org rt I		Corporation Trust Association	on Other F		L Year of fo	mation 20	04 M :	State of legal domicile CA
Fa			escribe the organization's mission						
Activities & Governance	7	TIGER		-PROFIT PUBLIC BENEFIT CO	RPORAT	ION, THAT	OPERAT	ES SC	HOOL FACILITIES
80S	2 (Check t	nis box ► if the organization di	scontinued its operations or dis	posed of r	more than 2	5% of its	net ass	sets
න් රෙ	1 E	Number	of voting members of the govern	ing body (Part VI, line 1a) .				3	30
Ħ.				of the governing body (Part VI,				4	29
ŧ				calendar year 2014 (Part V, line				5	60
⋖			·	necessary)				6	81
	l			art VIII, column (C), line 12 . rom Form 990-T, line 34				7a	С
	B	Net unite	lated business taxable income i	10111 F01111 9 9 0 - 1 , 1111e 3 4				7b 	Current Year
	I								
	8	Contr	butions and grants (Part VIII. li	ne 1 h)		- 110	6.445.5	76	
ile E	8 9			ne 1h)			6,445,5	-	5,774,263
enue		Progra	m service revenue (Part VIII, li					350	5,774,263 281,702
Revenue	9	Progra Inves Other	m service revenue (Part VIII, li ment income (Part VIII, columr revenue (Part VIII, column (A),	ne 2g)	 .e)		6,445,5 267,8	350	5,774,263 281,702 3,650,843
Rayente	9 10	Progra Inves Other Total	m service revenue (Part VIII, li ment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11	ine 2g)	 .e) (A), line		6,445,5 267,8 1,462,6 13,4	350 333 154	5,774,263 281,702 3,650,843 5,994
Revenue	9 10 11 12	Progra Inves Other Total 12)	m service revenue (Part VIII, li ment income (Part VIII, columi revenue (Part VIII, column (A), revenue—add lines 8 through 11	ine 2g)	 .e) (A), line		6,445,5 267,8 1,462,6 13,4	350 533 454 513	5,774,263 281,702 3,650,843 5,994 9,712,802
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Revenue	9 10 11 12	Progra Inves Other Total 12) Grant Benef	m service revenue (Part VIII, li ment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 	ine 2g)			6,445,5 267,8 1,462,6 13,4 8,189,5 562,4	350 533 454 513 426 0	5,774,263 281,702 3,650,843 5,994 9,712,802 878,146
	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grant Benef Saları 5-10	m service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	Ine 2g)			6,445,5 267,8 1,462,6 13,4	350 533 454 513 426 0	5,774,263 281,702 3,650,843 5,994 9,712,802 878,146 0
	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grant Benef Salari 5-10 Profes	m service revenue (Part VIII, liment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ine 2g)			6,445,5 267,8 1,462,6 13,4 8,189,5 562,4	350 533 454 513 426 0	5,774,263 281,702 3,650,843 5,994 9,712,802 878,146 0
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Not Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Inves Other Total 12) Grant: Benef Salari 5-10 Profes Total for Other Total Rever Total Net as Sigr	m service revenue (Part VIII, liment income (Part VIII, column (A), revenue—add lines 8 through 11	Ine 2g)		Beginnin	6,445,5 267,8 1,462,6 13,4 8,189,5 562,4 3,609,5 4,367,0 8,539,0 -349,5 g of Currer ear 108,043,6 13,256,6 94,787,0	350 333 454 513 426 0 0 570 0 0 0 0 17 0 13 500 nt 559 555 004	5,774,263 281,702 3,650,843 5,994 9,712,802 878,146 0 3,530,408 0 4,438,603 8,847,157 865,645 End of Year 102,670,602 13,365,243 89,305,359
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Los Angeles, CA 90071

✓ Yes ☐ No

art IV	Check	dist 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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</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		Νo
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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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 χ^{\bullet}	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 $11e^{\gamma}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	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		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? 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 or for domestic individuals 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? <i>If "Yes," complete Schedule J.</i>	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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
С	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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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?	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			厂_
4	Enter the number reported in Box 2 of Form 1006 Enter 0 if not applicable 15		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 26 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
Ĭ	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	ı		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
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		
	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		N o
	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).	7a		No
	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 7b		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	\vdash		
Ī	file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. 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			
c	In which the organization is licensed to issue qualified health plans	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	No
	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														. \to
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<u> </u>	ection A. Governing Body and Management							
			Yes	No				
1 a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo				
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							
а	The governing body?	8a	Yes					
b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)				
			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			Yes					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes					
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes Yes					
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a						
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	11a 12a 12b	Yes Yes					
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes					
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes					
b 12a b c 13	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13	Yes Yes Yes					
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes					
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes					
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes					
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No				
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No				
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No				

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►HOOD BURCH INC
 10833 VALLEY VIEW STREET STE 470

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
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Form 990 (2014)

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

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

.b	Sub-Total	Ŧ			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	•	1,025,554	558,203	159,661

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►6

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes			
4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	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

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	186,375
MLB ADVANCED MEDIA LP, PO BOX 417171 BOSTON, MA 022417171	WEBSITE/MEDIA SVC	200,000
EXCEL SPORTS MANAGEMENT, 1700 BROADWAY 29TH FLOOR NEW YORK, NY 10019	MARKETING	140,000

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 ►3

		Check if Schedu	ile O contains a respor	ise or note to any lir	ne in this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a	5,784				
ons, Gifts, Grants Similar Amounts	b	Membership du						
Contributions, Giffs, Grants and Other Similar Amounts	c	Fundraising eve						
ffs,	d		ations 1d	4,030,748				
, Gř	e	Government grants						
ons Sir	f	-	ons, gifts, grants, and 1f	1,737,731				
tributic Other	•	sımılar amounts no	t included above					
ntri Y Q t	g	Noncash contribution 1a-1f \$	ons included in lines					
Con1 and	h	Total. Add lines	31a-1f		5,774,263			
le				Business Code				
ven	2a	SUMMER ACADEMY		611600	236,106	236,106		
<u>22</u>	b	CLASS REGISTRATI	<u>ION</u>	611600	45,596	45,596		
, M C	c d		_					
<u>%</u>	e							
Program Service Revenue	f	All other progra	m service revenue					
Š	g	Total. Add lines	; 2a-2f		281,702			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest,	2,043,359			2,043,359
	4		ar amounts) tment of tax-exempt bond		2,043,339			2,043,339
	5			·	0			
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	250					
	b	expenses Rental income	250	0				
	ن ب	or (loss)		<u> </u>	250			250
	d	Net rental incor	me or (loss) (ı) Securities	► - (II) Other	230			230
	7a	Gross amount from sales of	34,272,348	,				
		assets other than inventory	31,272,310					
	b	Less cost or other basis and	32,664,864					
	С	sales expenses Gaın or (loss)	1,607,484					
	d	Net gain or (los			1,607,484			1,607,484
	8a	Gross income fi						
Other Revenue		events (not incl						
eve		of contributions See Part IV, lin	reported on line 1c)					
ř. π			a					
)th.	b		penses b		0		I	
٠ ا	c 9a		loss) from fundraising rom gaming activities	events 🛌	0			
	-	See Part IV, lin	e 19					
	ь	less direct avi	apenses b					
			loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo	wances .					
	ь	Less cost of go	a pods sold b					
			loss) from sales of inve	entory ⊨	0			
		Miscellaneous	s Revenue	Business Code				
	11a	REBATES		900099	4,105			4,105
	b	VENDING MAC	_	900099	1,225 390			1,225
	c d	GOLF TOKENS All other revenu	-	900099	390			24
	e	Total. Add lines		🕨				
	12		See Instructions .	🕨	5,744			
				F-	9,712,802	281,702		3,656,837

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	All other organizations must complete column (/	Allother	t complete all columns	organizations must	c)(4)	and 501(c	n 501(c)(3	Sectio
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36000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this		•		
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	756,106	756,106		
2	Grants and other assistance to domestic individuals See Part IV, line 22	122,040	122,040		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	842,374	530,654	112,209	199,511
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	1,975,417	1,672,221	172,103	131,093
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,518	66,982	7,678	8,858
9	Other employee benefits	416,079	335,423	35,929	44,727
10	Payroll taxes	213,020	169,740	19,984	23,296
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	14,306	10,065	1,847	2,394
c	Accounting	211,398	3,856	206,767	775
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	322,900		322,900	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	613,055	545,730	30,672	36,653
12	Advertising and promotion	132,566	96,364	15,251	20,951
13	Office expenses	169,624	132,881	24,297	12,446
14	Information technology	301,519	210,579	49,710	41,230
15	Royalties	0			
16	Occupancy	681,917	579,070	49,837	53,010
17	Travel	145,270	103,484	25,713	16,073
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	53,100	39,248	5,947	7,905
20	Interest	423,693	419,456	4,237	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	717,652	657,675	59,977	
23	Insurance	193,991	154,198	18,224	21,569
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)				_
а	PROGRAM SUPPLIES	153,726	153,726		
b	SUMMER ACADEMY	90,503	90,503		
c	EWS PROGRAM	74,710	74,710		
d	STUDENT TRANSPORTATION	48,170	48,170		
e	All other expenses	90,503	90,503		
25	Total functional expenses. Add lines 1 through 24e	8,847,157	7,063,384	1,163,282	620,491
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
	1	Cash-non-interest-bearing	2,758	1	5,448
	2	Savings and temporary cash investments	3,094,381	2	6,022,583
	3	Pledges and grants receivable, net	7,755,632	3	5,115,584
	4	Accounts receivable, net	2,265	4	2,179
	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
ts	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		0
Assets	7	Notes and loans receivable, net	0	7	
AS	7 8	Inventories for sale or use	0		
	9	Prepaid expenses and deferred charges	116,214		125,575
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 19,156,483	,	-	120,070
	ь	Less accumulated depreciation 10b 8,569,897	10,606,097	10c	10,586,586
	11	Investments—publicly traded securities	53,489,181	11	55,401,312
	12	Investments—other securities See Part IV, line 11	32,147,460	12	24,365,777
	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	829,671	15	1,045,558
	16	Total assets. Add lines 1 through 15 (must equal line 34)	108,043,659	16	102,670,602
	17	Accounts payable and accrued expenses	342,303	17	619,849
	18	Grants payable	0	18	272,500
	19	Deferred revenue	825	19	0
	20	Tax-exempt bond liabilities	10,414,936	20	10,040,299
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ab		persons Complete Part II of Schedule L	О	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	2,400,504		0.400.505
		D	2,498,591	25	2,432,595
- S	26	Total liabilities. Add lines 17 through 25	13,256,655	26	13,365,243
Fund Balances	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	81,056,230	27	74,762,911
<u>a a</u>			13,730,774	28	14,542,448
8	28	Temporarily restricted net assets	13,730,774	29	14,342,440
ŭr	29	Permanently restricted net assets		29	
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	94,787,004	33	89,305,359
	34	Total liabilities and net assets/fund balances	108,043,659	34	102,670,602

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,7	712,802
2	Total expenses (must equal Part IX, column (A), line 25)	2		g g	347,157
3	Revenue less expenses Subtract line 2 from line 1				
	Not contain the large of horizon of year (much any I Dort V. line 22, column (A.))	3		3	365,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		94,7	787,004
5	Net unrealized gains (losses) on investments	5		-6.0	13,783
6	Donated services and use of facilities				
7	Investment expenses	6			
,	Threstment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9		-:	333,507
	column (B))	10		89,3	305,359
Par	t 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				
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 revie a separate basis, consolidated basis, or both	wed or	ן ר		
	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 sepa basis, consolidated basis, or both	ırate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	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 III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	380,938	including grants of \$	9,750) (Revenue \$)
OTHER PROGRAMS					

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

Compensated Employees, and Inde	ependent Cor	ntracto	rs			•	-		•	1 1	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th person and a	ion (d nan o n is b	ne booth a	ox, u an of trus	inless fficer tee)	_	(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	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
(1) RICK SINGER	25 0	X		х				77,188	309,604	21,343	
PRESIDENT, SECRETARY, & CEO (1) MICHAEL D MCKEE	40 0										
CHAIRMAN	0 0	х		х				0	0	0	
(2) RICHARD BAILY	1 0										
DIRECTOR	0 0	X						0	0	0	
(3) SANDRA BARRY	1 0	х						0	0	0	
DIRECTOR	0.0	^						Ů			
(4) KENNETH W BENTLEY	1 0	X						0	0	0	
DIRECTOR (5) AVERY BROWN	0 0										
		х						0	0	0	
DIRECTOR (6) DANNY CONWAY	0 0										
DIRECTOR	0 0	Х						0	0	0	
(7) DALE L DYKEMA	1 0							_		_	
DIRECTOR	0 0	X						0	0	0	
(8) KARINA HAMILTON	1 0	x						0	0	0	
DIRECTOR	0.0	_ ^						Ů	Ů		
(9) PAUL HEGNESS	1 0	X						0	0	0	
DIRECTOR (10) CHRISTOPHER J HUBMAN	0 0										
DIRECTOR	0 0	×						0	0	0	
(11) GREG JONES	1 0										
DIRECTOR	0 0	X						0	0	0	
(12) DENNIS KUHL	1 0	x						0	0	0	
DIRECTOR	0 0	_ ^						Ů	0	0	
(13) ROB LIGHT	1 0	×						0	0	0	
DIRECTOR (14) ED MACHIR	0 0										
		×						0	0	0	
DIRECTOR (15) JERRY MATTES	1 0										
DIRECTOR	0 0	X						0	0	0	
(16) JASON MOONEYHAM	1 0	, , ,									
DIRECTOR	0 0	Х						0	0	0	
(17) JONATHAN ORSZAG	1 0	l x						0	0	0	
DIRECTOR	0 0									_	
(18) THOMAS PARHAM PHD	1 0	x						0	0	0	
DIRECTOR (19) TIM J RYAN	0 0										
DIRECTOR	0 0	×						0	0	0	
(20) SUDHAKAR V SHENOY	1 0							_			
DIRECTOR	0 0	X						0	0	0	
(21) MARK STEINBERG	1 0	x						0	0	0	
DIRECTOR	0 0							<u> </u>			
(22) TOM TAIT	1 0	x						0	0	0	
DIRECTOR (23) TODD C THEODORA	0 0										
DIRECTOR	0 0	x						0	0	0	
(24) PAT TRAMMELL	10										
DIRECTOR	0 0	X						0	0	0	
	•	-			-			•			

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

Compensated Employees, and Inde	1	iti acto	15					ı	1	
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (d ian oi i is b	ne bo oth a	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) LEO TUCKER	1 0	х						0	0	0
DIRECTOR	0.0									
(1) PETER V UEBERROTH DIRECTOR	0 0	Х						0	0	0
(2) BOB WALTOS	1 0									
DIRECTOR	0 0	Х						0	0	0
(3) BILL WOODLEY	1 0	×						0	0	0
DIRECTOR	0 0	^						J J	ŷ	
(4) KUTILDA WOODSDIRECTOR	1 0	х						0	0	0
(5) JIN THATCHER	49 0									
VP OPERATIONS & ADMINISTRATION	1 0			Х				200,068	0	34,679
(6) KATHERINE BIHR	40 0				х			192,368	0	12,918
VP PROGRAMS & EDUCATION	0 0									
(7) MICHELLE S KIMVP STRATEGIC PARTNERSHIPS	40 0					х		184,015	0	9,713
(8) GYLA BELL	40 0									
SR DIRECTOR LEARNING CENTERS	0 0					Х		110,118	0	10,518
(9) CRISTINA FERNANDEZ	40 0					x		101,598	0	19,087
SR DIRECTOR PROGRAMS	0 0					^		101,398	O .	19,007
(10) STACY STARK	40 0					Х		107,751	0	28,130
ASST VP EVENTS	0 0					_^_		107,731		20,130
(11) GREGORY T MCLAUGHLIN	40 0						х	52,448	248,599	23,273
FORMER PRESIDENT/SECRETARY/CEO	25 0							32,140	210,333	23,213

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As Filed Data -

DLN: 93493228073736

OMB No 1545-0047

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.

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

Open to Public Inspection

		e organization					Employer identification	Employer identification number		
LIGER	. WOOD:	S FOUNDATION INC					20-0677815			
Pa	rt I	Reason for Publi	ic Charity S	Status (All organiza	tions must co	mplete this n		ns		
		zation is not a private fo								
1	Ť	A church, convention		•	= '	· ·	•			
2	<u></u>	A school described in				•	,,,,,,			
3	,	A hospital or a cooper				tion 170(b)(1)	(A)(iii).			
4	Ė	A medical research or		-				i). Enter the		
	_	hospital's name, city,								
5	ı	An organization opera			versity owned o	or operated by a	a governmental unit d	escribed in		
	_	section 170(b)(1)(A)		·						
6		A federal, state, or loc	cal governmen	t or governmental unit	described in se	ection 170(b)(1	.)(A)(v).			
7	Г	An organization that n	•	•	• •	om a governme	ntal unit or from the o	general public		
8	\vdash	described in section 1 A community trust des			•	+				
9	<u>'</u>	An organization that n					autions momborshin	food and gross		
9	,									
		receipts from activitie								
		its support from gross						i busillesses		
10	_	acquired by the organ								
10	<u> </u>	An organization organ	•	·	•	· ·				
11	ı	An organization organ one or more publicly s								
		the box in lines 11a th			•					
а	Γ	Type I. A supporting of	organization op	perated, supervised, o	r controlled by 1	ts supported o	ganization(s), typica	lly by giving the		
		supported organization				ty of the direct	ors or trustees of the	supporting		
b	\vdash	organization You mus Type II. A supporting				with its suppo	rtod organization(s)	ay haying control or		
U	,	management of the su	_							
		must complete Part I								
C	Γ	Type III functionally	_		•		•	grated with, its		
	_	supported organization								
d	ı	Type III non-function not functionally integr								
		(see instructions) Yo					inene and an accentiv	eness requirement		
e	Γ	Check this box if the o	organization re	ceived a written deter	mination from t	he IRS that it is	s a Type I, Type II, T	ype III functionally		
_		integrated, or Type II								
f		Enter the number of su								
g		Provide the following i	nformation ab	out the supported orga	inization(s)					
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	anization	(v) A mount of	(vi) A mount of		
		organization		organization	listed in your	governing	monetary support	other support (see		
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)		
				section (see instructions))						
				,,	Yes	No				
Tota			1					i		

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.)

S	ection A. Public Support	action to qui	amy and the	10010 110104 2010	my produce com						
	endar year (or fiscal year beginning in) 🏲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,833,512	4,505,376	3,625,153	6,445,576	5,77	4,263	23,183,880			
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							0			
4 5	to the organization without charge Total. Add lines 1 through 3 The portion of total contributions	2,833,512	4,505,376	3,625,153	6,445,576	5,77	4,263	23,183,880			
-	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							12,620,304			
6	(f) Public support. Subtract line 5 from line 4							10,563,576			
S	ection B. Total Support	•	•	•	•						
	endar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total			
7	A mounts from line 4	2,833,512	4,505,376	3,625,153	6,445,576	5,774	4,263	23,183,880			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	628,891	2,792,134	2,730,158	712,787	2,04	3,609	8,907,579			
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 VI)	317,794	28,973	49,816	11,404	!	5,720	413,707			
11	Total support Add lines 7 through 10							32,505,166			
12	Gross receipts from related activit	es, etc (see inst	ructions)			12		869,602			
13	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>					· —			
	ection C. Computation of Pul										
14	Public support percentage for 2014	·	•	11, column (f))		14		32 498 %			
15	Public support percentage for 2013	3 Schedule A, Par	t II, line 14			15		44 270 %			
16a	33 1/3% support test—2014. If the	_			ine 14 is 33 1/3%	or more, c	neck t				
17a	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. 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 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.										
ь 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organization part VI how the organization Private foundation. If the organizationstructions	nization meets the tion meets the "fa	e "facts-and-circu acts-and-circums	ımstances" test, tances" test The	check this box ar e organization qua	nd stop here ilifies as a p	e. oublicl	y ▶⊏			

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493228073736

OMB No 1545-0047

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	me of the organization	Employer identification number						
IGI	ER WOODS FOUNDATION INC		20-0677815					
Pa	rt I Organizations Maintaining Donor Adv		Funds	or Accounts	. Comple	te ıf the		
	organization answered "Yes" to Form 990,	(a) Donor advised funds		(b) Funds and	other accou	ınts		
	Total number at end of year	(a) Donor advised failes		(b) I alias alia	other decor	41103		
	Aggregate value of contributions to (during year)							
	Aggregate value of grants from (during year)							
	Aggregate value at end of year							
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the organization's property.	<u> </u>	onor advi	sed	┌ Yes	┌ No		
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefit conferring impermissible private benefit?				┌ Yes	┌ No		
aı	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.			
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation in Protection of natural habitat in Preservation of open space	or education) Preservation of a	a certifie	d historic struc	ture			
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	n the forn	n or a conserva	tion			
				Held at the	End of the	Year		
1	Total number of conservation easements		2a					
)	Total acreage restricted by conservation easements		2b					
	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c					
	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d					
	Number of conservation easements modified, transferre	ed, released, extinguished, or termina	ited by th	ie organization	during			
	the tax year 🗠							
	Number of states where property subject to conservati	on easement is located ►						
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, ha	ındlıng of	violations, and	│ ├ Yes	┌ No		
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation eas	ements o	luring the year				
	A mount of evenences incurred in monitoring increasing		ata duma	a the week				
	A mount of expenses incurred in monitoring, inspecting	, and emorcing conservation easemer	its during	g the year				
	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	ection 17	70(h)(4)(B)(ı)	☐ Yes	□ No		
	and section 170(h)(4)(B)(ii)?					1 140		
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financi	•	•				
li	Complete if the organization answered "Ye		, or Ot	her Similar	Assets.			
1	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its rev ts held for public exhibition, educatior	n, or rese	arch in furthera				
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	16 (ASC 958), to report in its revenu ts held for public exhibition, educatior	e statem	ent and balanc		lıc		
	(i) Revenue included in Form 990, Part VIII, line 1			► \$				
	(ii) Assets included in Form 990, Part X							
	If the organization received or held works of art, historic following amounts required to be reported under SFAS							
	Revenue included in Form 990, Part VIII, line 1			► \$				
)	Assets included in Form 990, Part X			- - \$				
				. +				

Par	TITLE Organizations Maintaining Col	lections of Art	HIS	<u>tori</u>	<u>caıı</u>	reasi	ures, or C	tne	r Sillilla	ASS	ets (co	<u>ontinuea)</u>
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	eck	any of	the fol	llowing that a	are a	sıgnıfıcan	t use o	of its	
а	Public exhibition		d	Γ	Loan	orexo	change progi	rams				
b	Scholarly research		e	\sqcap	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and explai	n how	v the	y furth	er the	organızatıor	ı's ex	cempt purp	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	be maintained as	part o	fthe	organ	ızatıor	n's collection	۱?			Yes	┌ No
Par	Part IV, line 9, or reported an am						n answere	d "Y	es" to Fo	rm 99	90,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other interme	dıary	for c	ontrib	utions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	able		_					
							_			Amo	ount	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a b	Did the organization include an amount on Fo									·	Yes	∏ No
	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Complete if									10	• •	•
Г С	Endownient i unus. complete ii	(a)Current year		Prior			Two years back				e) Four y	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships							T				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, colun	nn (a))	held as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ld equal 100%										
За	Are there endowment funds not in the posses	sion of the organiza	ition t	hat	are hel	d and	admınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•		•		•		3a(i)		<u> </u>
b	(ii) related organizations							•		3a(ii	<u> </u>	<u> </u>
4	Describe in Part XIII the intended uses of the	•				•		•		30		<u> </u>
	t VI Land, Buildings, and Equipme	nt. Complete if t				n ans	wered 'Yes	s' to	Form 990), Par	t IV, lı	ne
	11a. See Form 990, Part X, line 1 Description of property	0.			Cost or		(b)Cost or o basis (othe		(c) Accumi deprecia		(d) Bo	ok value
1a	Land											
	Buildings			<u> </u>			11,581	,225	3,2	63,302		8,317,923
	Leasehold improvements		•				2,726	•		36,686		1,489,380
	Equipment		•				3,350	•		70,754		779,283
				Щ			1,499	,155	1,4	99,155		
rota	I. Add lines 1a through 1e (Column (d) must ed	ulai Form 00/1 Dart \					.)					0,586,586

See Form 990, Part X, line 12.		inswered Yes to Form 990, Part IV, line 11b.
(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	297,197	F
(B) FUND - GLOBAL EQUITY	14,147,604	F
(C) FUND - ALGONQUIN FUND	9,032,180	F
(D) FUND - TUDOR BVI	31,770	F
(E) FUND - AMMOF LTD	857,026	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2 4,365,777	
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(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 (a) Description.		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 3	15.)	
		Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
INTEREST RATE SWAP	2,148,883	
DUE TO AFFILIATES	283,712	
	†	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,432,595	
2. Liability for uncertain tax positions. In Part XIII, provid		organization's financial statements that reports the

Part		evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 1		nts With Revenue p	er R	eturn Complete If
1	•	r support per audited financial statements			1	3,399,206
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a	-6,013,783		
b	=	acilities	2b	36,194		
С	Recoveries of prior year grants	5	2c	·		
d			2d	-336,007		
e	Add lines 2a through 2d .				2e	-6,313,596
3	Subtract line 2e from line 1 .				3	9,712,802
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				, ,
а		uded on Form 990, Part VIII, line 7b	4a			
b	·		4b			
c	Add lines 4a and 4b		<u> </u>		4c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	9,712,802
Part		xpenses per Audited Financial Sta			per	
	_	swered 'Yes' to Form 990, Part IV, line				
1	Total expenses and losses per	audited financial statements			1	8,880,851
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25		1		
а	Donated services and use of fa	icilities	2a	36,194		
b	Prior year adjustments		2b			
C			2c			
d	Other (Describe in Part XIII)		2d	-2,500		
е	Add lines 2a through 2d				2e	33,694
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	8,847,157
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b				4c	
5		nd 4c. (This must equal Form 990, Part I, lin	ne 18)		5	8,847,157
Part	XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
FIN 4	3 FOOTNOTE (ASC 740)	SCHEDULE D, PART X, LINE 2 THE FOUR ACCOUNTING STANDARDS CODIFICAT PRESCRIBES A RECOGNITION THRESH FINANCIAL STATEMENT RECOGNITION OR EXPECTED TO BE TAKEN IN A TAXIDERECOGNITION, I TRANSITION MANAGEMENT ASSERTS REQUIRING ACCRUAL OR DISCLOSURE	TION (OLD A N AND RETUR NTERE THAT	ASC) TOPIC 740, INCO ND MEASUREMENT AT MEASUREMENT OF A T N AND PROVIDES GUI ST AND PENALTIES, D NO SUCH UNCERTAIN	OME T TRIB FAX P DANC ISCL TAX	TAXES, WHICH UTE FOR THE ROVISION TAKEN CE ON OSURE, AND POSITIONS EXIST
	NUE INCLUDED ON AUDITED ICIAL STATEMENTS, NOT ON 990	SCHEDULE D, PART XI, LINE 2D UNREA ON FORM 990 -\$336,007	LIZED	LOSS ON INTEREST R	ATE S	SWAP NOT REPORTED
	ISES INCLUDED ON ED FINANCIALS, NOT ON 990	SCHEDULE D, PART XII, LINE 2D PRIOF \$ 2,500	RYEAR	GRANT REFUND NOT	REPO	RTED ON FORM 990 -

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493228073736

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

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.

Open to Public Inspection

		Employer identification number				
Part I 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? 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? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the peniod 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 Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Records indicating the racial composition of the student body, faculty, and administrative staff? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? C Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities?		20-0677815				
Pa	rtI	r		YES	NO	
1	• • • • • • • • • • • • • • • • • • • •	:s charter, bylaws,	1	Yes		
2	brochures, catalogues, and other written communications with the public dealing with student adr		2	Yes		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadd the period of solicitation for students, or during the registration period if it has no solicitation properties that makes the policy known to all parts of the general community it serves? If "Yes," please des	gram, in a way	3	Yes		
			3	165		
	•		4a	Yes		
Ь		nondiscriminatory	4b	Yes		
c		blic dealing	4c	Yes		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes		
			F-		No	
			5a		No	
D	Admissions policies?	-	5b		No	
c	Employment of faculty or administrative staff?		5c		Νo	
d	Scholarships or other financial assistance?	_	5d		No	
e	Educational policies?	-	5e		No	
f	Use of facilities?	-	5f		No	
g	Athletic programs?	-	5g		Νo	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No	
	Does the organization receive any financial aid or assistance from a governmental agency?		6a		No	
	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa	- I	6b 7	Yes	No	

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

Return Reference	Explanation
PUBLICIZING OF RACIALLY NONDISCRIMINATORY POLICY	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 E (Form 990 or 990-EZ) (2014)

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General Information on Grants and Assistance

the selection criteria used to award the grants or assistance?

DLN: 93493228073736

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

See Additional Data Table

(Form 990)

Part I

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Open to Public **Inspection**

Name o	the organization	
TIGEF	WOODS FOUNDATION INC	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Employer identification number 20-0677815

2 Describe in Part IV the organiza	tion's procedures for	monitoring the use of	grant funds in the Unite	d States			
Part II Grants and Other As Form 990, Part IV, line							s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

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Part III Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) EWSP-UNIVERSITY STUDENT SCHOLARSHIPS	23	102,114		N/A	N/A
(2) EWSP-INTERNSHIP PROGRAM	13	10,176		N/A	N/A
(3) OC CAN SCHOLARSHIPS	7	9,750		N/A	N/A

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
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

Schedule I (Form 990) 2014

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON RED SOX FOUNDATION4 YAWKEY WAY BOSTON, MA 02215	33-1007984	501(C)(3)	75,000		N/A	'	YOUTH DEVELOPMENT
BILL HILLARY & CHELSEA CLINTON FOUNDATION 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	31-1580204	501(C)(3)	30,000		N/A	'	YOUTH DEVLOPMENT
HOCKOMOCK AREA YMCA 300 ELMWOOD STREET NORTH ATTLEBORRO,MA 02760	04-2131749	501(C)(3)	30,000		N/A		YOUTH DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KIDS ON THE HILL230 MARTER AVENUE SUITE 410 MOORESTOWN,NJ 08057	31-1784865	501(C)(3)	10,000		N/A	1	YOUTH DEVELOPMENT		
MASSACHUSETTS GOLF ASSOCIATION INC64 WEST MAIN STREET NORTON,MA 02766	04-2487562	501(C)(3)	15,000		N/A	1	COMMUNITY SUPPORT		
RTJGC CHARITABLE FOUNDATION1 TURTLE POINT DRIVE GAINESVILLE,VA 20155	26-0000367	501(C)(3)	50,000		N/A	1	COMMUNITY SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TAVISTOCK FOUNDATION 9350 CONROY WINDERMERE RD WINDERMERE,FL 347868411	59-3249459	501(C)(3)	258,163		N/A	<i>'</i>	COMMUNITY SUPPORT		
FUTURE CITIZENS FOUNDATION (AKA THE FIRST TEE OF1551 BEACON HILL SALINAS, CA 93905	29-3577327	501(C)(3)	142,858		N/A	F - 7	YOUTH DEVELOPMENT		
THE FRANCIS OUIMET SCHOLARSHIP FUND300 ARNOLD PALMER BLVD NORTON,MA 02766	04-2234126	501(C)(3)	11,900		N/A	[····	YOUTH DEVELOPMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
TOWN OF MANSFIELDSIX PARK ROW MANSFIELD,MA 02048	04-6001209	TOWN MANSFIELD	25,000		N/A	1	COMMUNITY SUPPORT				
TOWN OF NORTON70 EAST MAIN STREET NORTON,MA 02766	04-6001252	TOWN OF NORTON	25,000		N/A	1	COMMUNITY SUPPORT				
UNIVERSITY OF CALIFORNIA IRVINE FDN 469 SOCIAL SCIENCE TOWER IRVINE,CA 92697	95-2540117	UNIV OF CA	17,500		N/A	1 '	SAGE SCHOLARS FUND				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
US CHALLENGE CUP21 AGNES STREET EAST PROVIDENCE,RI 02914	22-3019734	501(C)(3)	10,000		N/A	1	YOUTH RECREATION SUPPORT				
USO OF METROPOLITAN WASHINGTON2014 LEE AVENUE BLDG 59 FORT MEYER, VA 22211	53-0204665	501(C)(3)	10,000		N/A	1	INJURED SERVICE MEMBERS				
YMCA OF ATTLEBORO63 NORTH MAIN STREET ATTLEBORO,MA 02703	04-2255819	501(C)(3)	10,000		N/A	1	YOUTH DEVELOPMENT				

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DLN: 93493228073736

OMB No 1545-0047

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization TIGER WOODS FOUNDATION INC

Employer identification number

20-0677815

Pa	rt I Questions Regarding Compensation	1				
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compensa	at appl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	✓ Independent compensation consultant	<u></u>	Compensation survey or study			
	Form 990 of other organizations	I⁻	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	oaymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ital non	nqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					110
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	a, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		Νo
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in	Regula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & (iii) Other other deferred neentive reportable compensation compensation		benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990		
1 RICK SINGER, PRESIDENT, SECRETARY, & CEO	(i) (ii)	77,188 179,604	0 130,000	0	0 2,600	0 18,743	77,188 330,947	0	
2 JIN THATCHER, VP OPERATIONS & ADMINISTRATION	(i) (ii)	164,955 0	30,000 0	5,113	6,647 0	28,032	234,747	0	
3 KATHERINE BIHR, VP PROGRAMS & EDUCATION	(i) (ii)	155,413 0	25,000 0	11,955 0	5,957 0	6,961 0	205,286	0	
4 MICHELLE S KIM, VP STRATEGIC PARTNERSHIPS	(i) (ii)	150,309 0	25,000 0	8,706 0	6,036 0	3,677 0	193,728	0	
5 GREGORY T MCLAUGHLIN, FORMER PRESIDENT/SECRETARY/CEO	(i) (ii)	52,448 115,390	90,000	0 43,209	4,167 0	0 19,106	56,615 267,705	0	

Schedule J (Form 990) 2014

Part IIII 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

The state of the s	
Return Reference	Explanation
O rganizations	THE PRESIDENT, SECRETARY AND CEO, RICK SINGER, 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
	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 J (Form 990) 2014

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(Form 990)

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.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493228073736 OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** TIGER WOODS FOUNDATION INC 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 (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No CALIFORNIA MUNICIPAL 20-1563466 1309114R8 04-05-2013 10,775,000 SEE PART VI Χ Х Χ FINANCE AUTHORITY **Proceeds** Part II В C Α D Amount of bonds retired 737,701 Amount of bonds legally defeased 2 Total proceeds of issue 3 10,775,000 Gross proceeds in reserve funds 4 5 Capitalized interest from proceeds 0 Proceeds in refunding escrows 6 Issuance costs from proceeds 7 0 Credit enhancement from proceeds 8 0 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 Other spent proceeds 10,775,000 11 Other unspent proceeds 12 Year of substantial completion 13 2013 Yes No Yes No Yes Yes No No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Χ allocation of proceeds? **Private Business Use** Part III Α В C D Yes No No No No Yes Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned Χ property financed by tax-exempt bonds?

financed property?

Are there any lease arrangements that may result in private business use of bond-

Χ

Par	Private Business Use (Continued)									
		Α		A		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private busing bond-financed property?	iness use		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?										
С	Are there any research agreements that may result in private business use of financed property?	bond-		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth outside counsel to review any research agreements relating to the financed pro									
4	Enter the percentage of financed property used in a private business use by enother than a section $501(c)(3)$ organization or a state or local government	ntities F		0 %		•				
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another se 501(c)(3) organization, or a state or local government			0 %						
6	Total of lines 4 and 5			0 %						
7	Does the bond issue meet the private security or payment test?			Х						
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?				х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disp	posed of								•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	tions		Х						
9	Has the organization established written procedures to ensure that all nonqual bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	lıfıed	Х							
Par	t IV Arbitrage									
		Α			В		С		D	
	<u>_</u>	Yes	No	Yes	No	\	'es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
c	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed		•	•	•		•	<u>'</u>	•	
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х								
ь	Nume of provider	NKOFAM	ERICA							
С	Term of hedge		15							
d	Was the hedge superintegrated?		Х							
e	Was the hedge terminated?		Х							

Part IV Arbitrage (Continued	J)
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		Α		В		С		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							
С	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	X					
7	Has the organization established written procedures to monitor the requirements of section 148?	Х							

Part V Procedures To Undertake Corrective Action

	Α		В		С		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 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

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493228073736

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

Name of the organization
TIGER WOODS FOUNDATION INC

Employer identification number
20-0677815

Return Reference	Explanation
ORGANIZATION'S MISSION CONTINUED	FORM 990, PART III, LINE 1 THE TIGER WOODS FOUNDATION ("TWF") HAS A SIMPLE, UNIVERSAL VISION TO HELP STUDENTS IN NEED THRIVE IN SCHOOL, THEIR COMMUNITES AND THE WORKING WORLD DESIGNED TO EQUIP STUDENTS WITH THE ABILITY TO EXCEED ANY AND ALL EXPECTATIONS, TWF'S COLLEGE-ACCESS PROGRAMS REACH UNDERSERVED YOUTH IN ALL STAGES OF ACADEMIC LIFE THE GROUNDBREAKING TIGER WOODS LEARNING CENTER ("TWLC") IN ORANGE COUNTY, CA, WASHINGTON, DC, 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 HEAL THY AND THRIVING AD ULTS THE PROGRAM SUPPORTS 15,000 UNIQUE STUDENTS PER YEAR CURRICULM OFFERED - CARBER OR RIBITATION PROGRAM BUENDERS 15,000 UNIQUE STUDENT CERVER OF CARBER OR RIBITATION PROGRAM SUPPORTS 15,000 UNIQUE STUDENT CERVER OF CARBER OR RIBITATION PROGRAM SCHOOL BAY STUDENT CERVER CLUB FOR CURRICULM PROCESS ON POPENIARIES SCHOOL BY CERVER TRACKED TO PROPEN SON CONTROL DEVELOPMENT - STANDARDS-BASED SCIENCE MATH, BIGINEERING AND TECHNOLOGY INTEGRATION - CAR BET PARCHARTON PROGRAM MIDDLEHICH SCHOOL AFTER-SCHOOL BRINGHANT OVER 50 STEM POCUSED MODULES EXAMINES IN MIDDLEHICH SCHOOL AFTER-SCHOOL TWICK OR AME USES IN NUTRITION/FITNESS, ENTERPHEALISH PAND ABROSPACE TRUC-CEPANISION IN 2008, THE TIERE WOODS FOUNDATION LAUNCHED ITS FIRST EXPANISION THAN C CAMPUS IN WASHINGTON, DC IN PART THERSHIP WITH A LOCAL CHARTER SCHOOL TWO ADDITIONAL CAMPUSS WEE ADDED IN PHILABELE HAND AND STUDENT, THE FOLLOWING YEAR TO PROVIDE YOUTHWITH AUTH-BITC LEARNING EXPERIENCES IN ONE OR MORE TRUC. SIGNATURE PROGRAMS FOCUSED ON SCIENCE TECHNOLOGY, ENCINEERING AND MATH HIS THE FOLLOWING YEAR TO PROVIDE YOUTHWITH AUTH-BITC LEARNING EXPERIENCES IN ONE OR MORE TRUC. SIGNATURE PROGRAMS FOCUSED ON SCIENCE TECHNOLOGY, ENCINEERING AND MATH HIS TECHNOLOGY, ENCINEERING EXPERIENCES IN ONE OR MORE TRUC. SIGNATURE PROGRAMS FOCUSED ON SCIENCE TECHNOLOGY, ENGINEERING AND MATH HIS THE FOLD ON THE CRISTOR REY PHILADEL PHA HIGH SCHOOL THE CRISTOR AND THE CRISTOR REY PHILADEL PHA HIGH SCHOOL

Return Reference	Explanation	
	PROGRAM SERVICE ACTIVITIES	WORLD OF ENGINEERING, AND UNIVERSAL SCIENCE, WHICH FOCUSES ON CHEMISTRY AND BIOLOGY ADDIT IONALLY, THE TWLC CAMPUS PROVIDES MENTORING AND TEACHER-DEVELOPMENT TRAINING QUANTICO, VA - DODEA SCHOOLS THROUGH A PARTNERSHIP WITH MARINE CORPS COMMUNITY SERVICES, THE TWLC CAM PUS AT MCB-QUANTICO OFFERS FORENSIC SCIENCE TO ELEMENTARY AND MIDDLE SCHOOL STUDENTS ATTEN DING DODEA SCHOOLS ON BASE ADDITIONALLY, THE TWLC CAMPUS PROVIDES MENTORING, TEACHER DEVE LOPMENT, 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 TWF PROVIDES EQUIPMENT, INSTRUCTOR TRAINING AND SUPPORT FOR A ROBOTICS TEAM AT UNIVERSITY PREP 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 GOLF FOR CHILDREN FROM MILITARY FAMILIES, COLLEGE BOUND ACADEMY GOLF OUTREACH TWLC-O C HOSTS WEEKLY CLINICS EACH SATURDAY AT THE TWLC GOLF FACILITY THE MOBILE GOLF PROGRAM TA KES THE TWLC GOLF PROGRAM ON THE ROAD TO LOCAL ELEMENTARY SCHOOLS OFFERED TO ORANGE COUNT Y STUDENTS IN GRADES 5-6, THIS THREE-PHASE PROGRAM EMPHASIZES THE FUNDAMENTALS OF PUTTING, PITCHING 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 BROUGH MONEY FOR BOOKS AND OTHER SUPPLIES MORE THAN 93% OF OUR SCHOLARS ARE FIRST-GENERATION COLLEGE STUDENTS, NAVIGATING THROUGH COLLEGE ON THEIR OWN, EWSP HAS A ONE-TO-ONE PHILOSOPHY, OFFERING 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 EWSP ARE FRE-COLLEGE WORKSHOPS DESIGNED TO GET YOUNG PEOPLE TO UNDERSTAND THAT IT IS NOT TOO EARLY TO STATT THINKING ABOUT COLLEGE AND THE BENIEFTS 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 BIGGGES PARENTS WITH INFORMATION REGARDING THE PROCESS THEIR STUDENTS ARE GOING THROUGH DURING MIDDLE AND HIGH SCHOOL, AND HOW TO BE ADVOCATES FOR THEIR FAMILIES WHO ARE INTERESTED IN HIGHER EDUCATION AND HELPS INFORM THEM OF ITS IMPORTANCE AND AFFORDABILITY FORM 990, PART III, LINE 4D TWILC OFFERS VARIOUS COMMUNITY OUTREACH PROGRAMS, INCLUDING TOWN HALL MEETINGS, GLEST SPEAKERS, AND COLLEGE PREPARATION WORKSHOPS FOR FAMILIES AND STUDENTS AND THEIR FAMILIES WHO ARE INTERESTED IN HIGHER EDUCATION AND HELPS INFORM THEM OF ITS IMPORTANCE AND AFFORDABILITY FORM 990, PART III, LINE 4D TWILC OFFERS VARIOUS COMMUNITY OUTREACH PROGRAMS, INCLUDING TOWN HALL MEETINGS, GLEST SPEAKERS, AND COLLEGE PREPARATION WORKSHOPS FOR FAMILIES AND STUDENTS

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.

CONFLICT OF OF OF OF INTEREST POLICY POLICY	Return Reference	Explanation
DISINTERESTED PERSONS	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

OFFICER COMPENSATION DETERMINATION DETERMINATION 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	Return Reference	Explanation
	COMPENSATION	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 TAXEXEMPT) 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 EMPLOYEES 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 COMPARABLITY 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

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
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 UNREALIZED LOSS ON INTEREST RATE SWAP (336,007) PRIOR YEAR GRANT REFUNDS 2,500 TOTAL (333,507)

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2014

OMB No 1545-0047

Open to Public Inspection

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization TIGER WOODS FOUNDATION INC **Employer identification number**

20-0677815

Identification of Disfegal ded Entitles Complete	il the organization a	iiswered les oii	TOTTI 330, Pai	t 1v, iiie 55.	
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state	Total income	End-of-year assets	Direct controlling

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(†) Direct controlling entity
(1) TIGER WOODS LEARNINGS CENTER DC CAMPUSES 121 INNOVATION DR SUITE 150 IRVINE, CA 92617 45-3467705	EDUCATION	DC	32,204	6,284,747	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	Section (13) co	5) 512(b) introlled ity?
						Yes	No
(1) TIGER WOODS CHARITY EVENT CORPORATION 121 INNOVATION DR SUITE 150	Fundraising	CA	501(C)(3)	11	TWF	Yes	
IRVINE, CA 92617 06-1554474							

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	۷, line 3	4
	because it had one or more related organizations treate	ed as a part	nership	during the	tax year.						
											С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

che	edule R (Form 990) 2014				
Pa	rt V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36				
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	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	Gıft, grant, or capıtal 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			
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)	<u>1j</u>		No	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		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		

p Reimbursement paid to related organization(s) for expenses

• Sharing of paid employees with related organization(s)

- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

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
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	, ,	<u>'</u>	
(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	С	4,030,748	SEE PART VII

10 Yes

1r

Yes Yes

No

No

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
/		 .	<u> </u>							

Part VII Supplemental Information

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

Return Reference	Explanation
AMOUNT INVOLVED	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 2014-2015

Schedule R (Form 990) 2014