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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 *www IRS gov/form990*

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017**

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

**C** Name of organization
TIGER WOODS FOUNDATION INC

% HOOD & BURCH INC
Doing business as

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

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

**D Employer identification number**
20-0677815

E Telephone number
(949) 725-3003

**G** Gross receipts $ 45,517,923

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

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No
**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
**H(c)** Group exemption number ▶

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

**J Website: ▶** WWW TIGERWOODSFOUNDATION ORG

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

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

## Part I Summary

Activities & Governance

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 22 |
| 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 59 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 53 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 6,760,534 | 5,322,003 |
| | 9 | Program service revenue (Part VIII, line 2g) | 33,162 | 30,685 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 2,383,360 | 2,912,714 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,923 | 7,838 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,181,979 | 8,273,240 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 1,007,657 | 1,161,095 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 3,789,575 | 4,134,124 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 199,317 | 219,784 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶867,082 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 5,179,583 | 5,520,523 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 10,176,132 | 11,035,526 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -994,153 | -2,762,286 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 106,716,566 | 106,877,627 |
| | 21 | Total liabilities (Part X, line 26) | 14,815,541 | 11,676,229 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 91,901,025 | 95,201,398 |

## Part II Signature Block

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

**Sign Here**

****** 2018-08-14
Signature of officer | Date

RICK SINGER PRES/SEC/CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| CAREY MCKEE | CAREY MCKEE | | | P01281067 |

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 550 S Hope St Suite 1500
Los Angeles, CA 90071 | Phone no (213) 972-4000

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

**Part III** **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses $ 6,324,549 including grants of $ ) (Revenue $ 30,685 )

See Additional Data

**4b** (Code ) (Expenses $ 2,052,904 including grants of $ 957,758 ) (Revenue $ )

See Additional Data

**4c** (Code ) (Expenses $ 231,548 including grants of $ 153,187 ) (Revenue $ )

See Additional Data

(Code ) (Expenses $ 73,624 including grants of $ 50,150 ) (Revenue $ )

LEARNING CENTER OUTREACH PROGRAMS

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

(Expenses $ 73,624 including grants of $ 50,150 ) (Revenue $ )

**4e** **Total program service expenses ▶** 8,682,625

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?*If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | Yes | |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 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 | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | Yes | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |

**Part IV** **Checklist of Required Schedules** *(continued)*

| | | | Yes | 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 | | |
| 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? *If "Yes," complete Schedule J* | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | **Section 501(c)(3), 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) | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | Yes | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | **1a** | 28 | | | |
| **b** | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | **1b** | 0 | | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | **1c** | Yes | |
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 59 | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | **2b** | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | **3b** | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | **4a** | | No |
| **b** | If "Yes," enter the name of the foreign country ▶<br>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** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | **5c** | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | **6a** | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | **6b** | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | **7a** | | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** 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 | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | **11b** | | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | **13a** | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | **14b** | | |

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

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year | **1a** 23 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent | **1b** 22 | | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | Yes | |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

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

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

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed▶ CA , CT , DC , FL , GA , MD , MA , NY , OR , PA , SC , VA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

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

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

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |

| | | (D) | (E) | (F) |
|---|---|---|---|---|
| **1b Sub-Total** | ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** | ▶ | | | |
| **d Total (add lines 1b and 1c)** | ▶ | 1,064,730 | 431,475 | 177,889 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 7

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| ALGONQUIN ADVISORS LLC,<br>2 GREENWICH OFFICE PARK 2ND FLOOR<br>GREENWICH, CT 06831 | INVESTMENT ADVISOR | 179,750 |
| MLB ADVANCED MEDIA LP,<br>PO BOX 417171<br>BOSTON, MA 022417171 | WEBSITE/MEDIA SVC | 150,000 |
| EXCEL SPORTS MANAGEMENT,<br>1700 BROADWAY 29TH FLOOR<br>NEW YORK, NY 10019 | MARKETING | 160,142 |
| KPMG LLP,<br>PO BOX 120922<br>DALLAS, TX 75312 | ACCOUNTING | 161,557 |
| | | |

**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 ▶ 4

**Part VIII Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d 3,032,050 | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 2,289,953 | | | | |
| | g Noncash contributions included in lines 1a-1f $ 47,076 | | | | | |
| | h **Total.** Add lines 1a-1f ▶ | | 5,322,003 | | | |
| **Program Service Revenue** | | Business Code | | | | |
| | 2a CLASS REGISTRATION | 611600 | 30,685 | 30,685 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f ▶ | | 30,685 | | | |

| | | (i) Real | (ii) Personal | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|---|
| **Other Revenue** | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 1,950,579 | | | 1,950,579 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | 0 | | | |
| | 5 Royalties ▶ | | | 0 | | | |
| | 6a Gross rents | 750 | | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | 750 | 0 | | | | |
| | d Net rental income or (loss) ▶ | | | 750 | | | 750 |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 38,206,818 | | | | | |
| | b Less cost or other basis and sales expenses | 37,244,683 | | | | | |
| | c Gain or (loss) | 962,135 | | | | | |
| | d Net gain or (loss) ▶ | | | 962,135 | | | 962,135 |
| | 8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 | a | 0 | | | | |
| | b Less direct expenses | b | 0 | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | 0 | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | 0 | | | | |
| | b Less direct expenses | b | 0 | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | 0 | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | 0 | | | | |
| | b Less cost of goods sold | b | 0 | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | 0 | | | |
| | Miscellaneous Revenue | | Business Code | | | | |
| | 11a VENDING MACHINE | | 900099 | 686 | | | 686 |
| | b REBATES | | 900099 | 5,572 | | | 5,572 |
| | c GOLF TOKENS | | 900099 | 830 | | | 830 |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a–11d ▶ | | | 7,088 | | | |
| | 12 **Total revenue.** See Instructions ▶ | | | 8,273,240 | 30,685 | | 2,920,552 |

## Part IX Statement of Functional Expenses

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

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

| **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.** | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
|---|---|---|---|---|
| **1** Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 958,858 | 958,858 | | |
| **2** Grants and other assistance to domestic individuals See Part IV, line 22 | 202,237 | 202,237 | | |
| **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 0 | | | |
| **4** Benefits paid to or for members | 0 | | | |
| **5** Compensation of current officers, directors, trustees, and key employees . . . . | 907,463 | 568,665 | 144,682 | 194,116 |
| **6** Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | 0 | | | |
| **7** Other salaries and wages | 2,364,295 | 1,993,544 | 220,903 | 149,848 |
| **8** Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . | 93,379 | 72,602 | 10,719 | 10,058 |
| **9** Other employee benefits . . . . . . . . | 527,718 | 422,038 | 54,070 | 51,610 |
| **10** Payroll taxes . . . . . . . . . . . . | 241,269 | 191,790 | 25,527 | 23,952 |
| **11** Fees for services (non-employees) | | | | |
| **a** Management . . . . . . . | 0 | | | |
| **b** Legal . . . . . . . . . | 46,157 | 33,118 | 6,665 | 6,374 |
| **c** Accounting . . . . . . . . . . . . | 224,488 | 14,490 | 207,248 | 2,750 |
| **d** Lobbying . . . . . . . . . . . . . | 0 | | | |
| **e** Professional fundraising services See Part IV, line 17 | 219,784 | | | 219,784 |
| **f** Investment management fees . . . . . . . | 341,923 | | 341,923 | |
| **g** Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 94,550 | 66,937 | 14,291 | 13,322 |
| **12** Advertising and promotion . . . . | 120,595 | 93,157 | 14,013 | 13,425 |
| **13** Office expenses . . . . . . . . | 157,734 | 131,622 | 17,723 | 8,389 |
| **14** Information technology . . . . . . | 1,365,772 | 1,259,561 | 53,727 | 52,484 |
| **15** Royalties . . | 0 | | | |
| **16** Occupancy . . . . . . . . . . . . . | 841,377 | 655,037 | 118,932 | 67,408 |
| **17** Travel . . . . . . . . . . . . . | 151,429 | 96,562 | 31,931 | 22,936 |
| **18** Payments of travel or entertainment expenses for any federal, state, or local public officials . | 0 | | | |
| **19** Conferences, conventions, and meetings . . . . | 75,100 | 49,522 | 16,241 | 9,337 |
| **20** Interest . . . . . . . . . . . . . | 412,771 | 408,643 | 4,128 | |
| **21** Payments to affiliates . . . . . . . . | 0 | | | |
| **22** Depreciation, depletion, and amortization . . | 701,346 | 601,062 | 100,284 | |
| **23** Insurance . . . | 195,474 | 151,316 | 22,869 | 21,289 |
| **24** Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| **a** TWLC LEARNING LABS | 180,479 | 180,479 | | |
| **b** PROGRAM SUPPLIES | 107,440 | 107,440 | | |
| **c** TWLC EXPANSION EXPENSES | 98,648 | 98,648 | | |
| **d** EWS EXPENSES | 77,461 | 77,461 | | |
| **e** All other expenses | 327,779 | 247,836 | 79,943 | |
| **25 Total functional expenses.** Add lines 1 through 24e | 11,035,526 | 8,682,625 | 1,485,819 | 867,082 |
| **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 IX . . . . . ☐

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 2,442 | 1 | 1,133 |
| | 2 | Savings and temporary cash investments | | 11,574,279 | 2 | 3,233,503 |
| | 3 | Pledges and grants receivable, net | | 1,498,127 | 3 | 409,000 |
| | 4 | Accounts receivable, net | | 2,105 | 4 | 0 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 100,816 | 9 | 99,794 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 16,211,158 | | | |
| | b | Less accumulated depreciation | 10b 7,019,923 | 9,868,853 | 10c | 9,191,235 |
| | 11 | Investments—publicly traded securities | | 57,123,710 | 11 | 44,718,010 |
| | 12 | Investments—other securities See Part IV, line 11 | | 26,053,164 | 12 | 48,294,353 |
| | 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 | | 493,070 | 15 | 930,599 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 106,716,566 | 16 | 106,877,627 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 374,578 | 17 | 357,925 |
| | 18 | Grants payable | | 234,500 | 18 | 0 |
| | 19 | Deferred revenue | | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 9,650,499 | 20 | 9,244,921 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 4,555,964 | 25 | 2,073,383 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 14,815,541 | 26 | 11,676,229 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 82,238,121 | 27 | 86,340,714 |
| | 28 | Temporarily restricted net assets | | 9,662,904 | 28 | 8,860,684 |
| | 29 | Permanently restricted net assets | | 0 | 29 | 0 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 91,901,025 | 33 | 95,201,398 |
| | 34 | Total liabilities and net assets/fund balances | | 106,716,566 | 34 | 106,877,627 |

## Part XI Reconcilliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 8,273,240 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,035,526 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -2,762,286 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 91,901,025 |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,560,219 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 502,440 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 95,201,398 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-0677815

**Name:** TIGER WOODS FOUNDATION INC

Form 990 (2016)

## Form 990, Part III, Line 4a:

SCHOOL DAY EACH WEEK AT THE TGR LEARNING LAB, OUR 35,000-SQUARE-FOOT INNOVATION LAB OPENS ITS DOORS TO FIFTH GRADERS AND THEIR CLASSROOM TEACHERS FROM ACROSS SOUTHERN CALIFORNIA WHAT AWAITS STUDENTS AND TEACHERS BOTH IS AN EXCITING WEEK OF IMMERSIVE, HANDS-ON STEM LEARNING WHETHER STUDENTS PARTICIPATE IN OUR FORENSIC SCIENCE OR MARINE SCIENCE CLASSES, ONE THING IS CERTAIN - WE DON'T TEACH FROM A TEXTBOOK OUR AWARD WINNING PROGRAM WITH LESSONS DESIGNED IN-HOUSE BY OUR TEAM OF DYNAMIC LEARNING FACILITATORS, ENCOURAGES STUDENTS TO LEARN THROUGH INTERACTION AND ENGAGEMENT CONTINUED ON SCHEDULE O

**Form 990, Part III, Line 4b:**

TIGER WOODS FOUNDATION COMMUNITY GRANTS PROGRAM THE FOUNDATION ALSO PROVIDES SUPPORT TO LOCAL COMMUNITIES BY PROVIDING FUNDING TO ORGANIZATIONS THAT SPECIALIZE IN EDUCATION AND YOUTH DEVELOPMENT  SPECIFICALLY, THE GRANT PROGRAM SERVES ORGANIZATIONS THAT ENHANCE THE YOUTH LEARNING PROCESS  THIS PROGRAM SUPPORTS ORGANIZATIONS, PROGRAMS AND PROJECTS BY INVITATION ONLY AND ALL GRANTS ARE SUBJECT TO PRE- AND POST-QUALIFICATIONS SUBJECT TO APPLICABLE FEDERAL GUIDELINES

**Form 990, Part III, Line 4c:**

EARL WOODS SCHOLARSHIP PROGRAM SUPPORTING HIGH-POTENTIAL STUDENTS WITH DEMONSTRATED NEED AND A COMMITMENT TO COMMUNITY SERVICE, THE EARL WOODS SCHOLAR PROGRAM GOES FAR BEYOND FINANCIAL ASSISTANCE  EACH EARL WOODS SCHOLAR ALSO RECEIVES MENTORING SUPPORT, SPECIALIZED INTERNSHIP OPPORTUNITIES, CAREER DEVELOPMENT AND ENRICHMENT WORKSHOPS  TO ENCOURAGE PERSONAL GROWTH AND ENHANCE PROFESSIONAL DEVELOPMENT, THE EARL WOODS SCHOLAR PROGRAM PROVIDES AN ARRAY OF INTERACTIVE LEARNING AND ENGAGEMENT OPPORTUNITIES FOR SCHOLARS ON AN ANNUAL BASIS  CONTINUED ON SCHEDULE O

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| RICK SINGER<br>PRES/SEC/CEO | 25 0<br>40 0 | X | | X | | | | 150,000 | 431,475 | 53,883 |
| MICHAEL D MCKEE<br>CHAIRMAN | 1 0<br>0 0 | X | | X | | | | 0 | 0 | 0 |
| RICHARD BAILY<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| SANDRA BARRY<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| KENNETH W BENTLEY<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| AVERY BROWN<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| DANNY CONWAY<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| DALE L DYKEMA<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| KARINA HAMILTON<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| PAUL HEGNESS<br>DIRECTOR (THRU 12/2016) | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| CHRISTOPHER J HUBMAN<br>DIRECTOR | 1 0<br>1 0 | X | | | | | | 0 | 0 | 0 |
| GREG JONES<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| DENNIS KUHL<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| ROB LIGHT<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| ED MACHIR<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| JASON MOONEYHAM<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| JONATHAN ORSZAG<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| THOMAS PARHAM PHD<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| SUDHAKAR V SHENOY<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| MARK STEINBERG<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| TOM TAIT<br>DIRECTOR (THRU 12/2016) | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| TODD C THEODORA<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| PAT TRAMMELL<br>DIRECTOR (THRU 12/2016) | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| LEO TUCKER<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| PETER V UEBERROTH<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| BOB WALTOS<br>DIRECTOR (THRU 12/2016) | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| BILL WOODLEY<br>DIRECTOR | 1 0<br>0 0 | X | | | | | | 0 | 0 | 0 |
| JIN THATCHER<br>VP OPERATIONS & ADMINISTRATION | 49 0<br>1 0 | | | X | | | | 213,872 | 0 | 33,256 |
| KATHERINE BIHR<br>VP PROGRAMS & EDUCATION | 40 0<br>0 0 | | | | X | | | 199,771 | 0 | 16,489 |
| MICHELLE S KIM<br>VP STRATEGIC PARTNERSHIPS | 40 0<br>0 0 | | | | | X | | 177,895 | 0 | 12,591 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| GYLA BELL<br>SR DIRECTOR LEARNING CENTERS | 40 0<br>0 0 | | | | | X | | 113,530 | 0 | 11,674 |
| CRISTINA L FERNANDEZ<br>SR DIRECTOR PROGRAMS | 40 0<br>0 0 | | | | | X | | 103,669 | 0 | 21,728 |
| STACY STARK<br>VP EVENTS | 40 0<br>0 0 | | | | | X | | 105,993 | 0 | 28,268 |

**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*.**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization**
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

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

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

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

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

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

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

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | **14** |

15 Public support percentage for 2015 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from **2015** Schedule A, Part III, line 17 | 18 | |

19a **331/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

**Section A. All Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain* | 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 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below* | 3a | | |
| 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* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below* | 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)? *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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)* | 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 I of Schedule L (Form 990 or 990-EZ)* | 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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 | | |

**Part IV** **Supporting Organizations** (continued)

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

## Section B. Type I Supporting Organizations

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

## Section C. Type II Supporting Organizations

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

## Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally-Integrated Supporting Organizations

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

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

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

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

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

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

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2016 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-2016 | (iii) Distributable Amount for 2016 |
|---|---|---|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2016 | | | |
| a | | | |
| b | | | |
| c From 2013. . . . . . . . | | | |
| d From 2014. . . . . . . . | | | |
| e From 2015. . . . . . . . | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7 $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 **Excess distributions carryover to 2017.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013. . . . . . . . | | | |
| c Excess from 2014. . . . . | | | |
| d Excess from 2015. . . . . . . . | | | |
| e Excess from 2016. . . . . . . . | | | |

**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 |
|---|
| |

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

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

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ______

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ______

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

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

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

| | | | Amount |
|---|---|---|---|
| b | If "Yes," explain the arrangement in Part XIII and complete the following table | | |
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

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

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

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

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

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | 11,581,225 | 3,455,544 | 8,125,681 |
| c Leasehold improvements | | 2,121,661 | 1,544,008 | 577,653 |
| d Equipment | | 2,333,694 | 1,845,793 | 487,901 |
| e Other | | 174,578 | 174,578 | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 9,191,235 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) FUND - BLUE ORCHID | 181,701 | F |
| (B) FUND - GLOBAL EQUITY | 33,236,610 | F |
| (C) FUND - ALGONQUIN FUND | 9,639,763 | F |
| (D) FUND - TUDOR BVI | 12,505 | F |
| (E) FUND - AMMOF LTD | 2,719,780 | F |
| (F) FUND - PRIDEROCK | 2,503,994 | F |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 48,294,353 | |

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

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

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

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

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | 0 |
| INTEREST RATE SWAP | 1,642,651 |
| DUE TO AFFILIATES | 430,732 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 2,073,383 |

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 14,582,287 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,560,219 | | |
| b | Donated services and use of facilities | 2b | 38,054 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 710,774 | | |
| e | Add lines **2a** through **2d** | | | 2e | 6,309,047 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 8,273,240 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 8,273,240 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 11,281,914 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 38,054 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 208,334 | | |
| e | Add lines **2a** through **2d** | | | 2e | 246,388 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 11,035,526 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 11,035,526 |

**Part XIII** **Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

**Part XIII** **Supplemental Information** ***(continued)***

| Return Reference | Explanation |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-0677815

**Name:** TIGER WOODS FOUNDATION INC

### Supplemental Information

| Return Reference | Explanation |
|---|---|
| REVENUE INCLUDED ON AUDITED FINANCIAL STATEMENTS, NOT ON FORM 990 | SCHEDULE D, PART XI, LINE 2D UNREALIZED LOSS ON INTEREST RATE SWAP NOT REPORTED ON FORM 990 $710,774 |

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| EXPENSES INCLUDED ON AUDITED FINANCIAL STATEMENTS, NOT ON FORM 990 | SCHEDULE D, PART XII, LINE 2D UNCOLLECTIBLE PLEDGE ADJUSTMENTS $208,334 |

**SCHEDULE E**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Schools

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

**Part I**

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

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also 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 F
(Form 990)

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

| **(a)** Region | **(b)** Number of offices in the region | **(c)** Number of employees, agents, and independent contractors in region | **(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | **(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region | **(f)** Total expenditures for and investments in region |
|---|---|---|---|---|---|
| (1) Central America and the Caribbean | | | INVESTMENTS | N/A | 12,541,245 |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| **3a** Sub-total | | | | | 12,541,245 |
| **b** Total from continuation sheets to Part I | | | | | |
| **c** **Totals** (add lines 3a and 3b) | | | | | 12,541,245 |

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . ▶

3 Enter total number of other organizations or entities . . . . . . . . . . . . . . . . . . . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

## Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☑ No

# Additional Data

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



**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public Inspection**

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☐ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| 1 JENNIFER WATTS 3039 BANCROFT DRIVE SPRING VALLEY, CA 91977 | GRANT WRITING | | No | | 11,000 | |
| 2 ODELL SIMMS LYNCH INC 1593 SPRING HILL ROAD STE 150 TYSONS CORNER, VA 22182 | FUNDRAISING CONSULTANT | | No | | 113,114 | |
| 3 ELEVATE 2314 18TH ST NW 2ND FL WASHINGTON, DC 20009 | GRANT WRITING | | No | | 62,500 | |
| 4 CHILDREN FIRST-AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 600 CHANTILLY, VA 20151 | CAMPAIGN MEMBERSHIP | | No | | 5,170 | |
| 5 COMMUNITY COUNSELING SERVICE CO LLC 300 SPECTRUM CTR DRIVE STE 110 IRVINE, CA 92618 | CAMPAIGN STRATEGY | | No | | 28,000 | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| **Total** ▶ | | | | | 219,784 | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AZ, AR, CA, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, MD, MA, MS, MT, NE, NV, NJ, NY, OH, OK, OR, PA, RI, SC, SD, TX, VA, WV

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | **(a)** Event #1<br>(event type) | **(b)** Event #2<br>(event type) | **(c)** Other events<br>(total number) | **(d)** Total events (add col **(a)** through col **(c)**) |
|---|---|---|---|---|---|
| Revenue | **1** Gross receipts | | | | |
| | **2** Less Contributions | | | | |
| | **3** Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | **4** Cash prizes | | | | |
| | **5** Noncash prizes | | | | |
| | **6** Rent/facility costs | | | | |
| | **7** Food and beverages | | | | |
| | **8** Entertainment | | | | |
| | **9** Other direct expenses | | | | |
| | **10** Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | |
| | **11** Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | |

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

| | | **(a)** Bingo | **(b)** Pull tabs/Instant bingo/progressive bingo | **(c)** Other gaming | **(d)** Total gaming (add col **(a)** through col **(c)**) |
|---|---|---|---|---|---|
| Revenue | **1** Gross revenue | | | | |
| Direct Expenses | **2** Cash prizes | | | | |
| | **3** Noncash prizes | | | | |
| | **4** Rent/facility costs | | | | |
| | **5** Other direct expenses | | | | |
| | **6** Volunteer labor | ☐ **Yes** _____ %<br>☐ **No** | ☐ **Yes** _____ %<br>☐ **No** | ☐ **Yes** _____ %<br>☐ **No** | |
| | **7** Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | **8** Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

**9** Enter the state(s) in which the organization conducts gaming activities ____________

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

**b** If "No," explain ____________

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

**b** If "Yes," explain ____________

**11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

**13** Indicate the percentage of gaming activity conducted in

| | | | |
|---|---|---|---|
| **a** | The organization's facility | **13a** | % |
| **b** | An outside facility | **13b** | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________

**c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

| Return Reference | Explanation |
|---|---|
| SCHEDULE G, PART I, LINE 2B, COLUMN (IV) | DURING 2017, THE FOUNDATION CONTINUED THE UNEXPECTED CHAMPIONS FUNDS CAMPAIGN TO RAISE NEW FUNDS AND TO PROMOTE GROWTH BY 2020, THUS REQUIRING ADDITIONAL FUNDRAISING CONSULTANTS AND EXPLORATION |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| (1) EARL WOODS SCHOLARSHIPS | 41 | 147,687 | | N/A | N/A |
| (2) EARL WOODS INTERNSHIPS | 7 | 5,500 | | N/A | N/A |
| (3) O C CAN SCHOLARS | 30 | 49,050 | | N/A | N/A |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|---|---|
| GRANT MONITORING PROCESS | SCHEDULE I, PART I, LINE 2 GENERALLY GRANTS ARE MADE IN CONNECTION WITH OTHER PROGRAMMTIC ACTIVITIES AND CONSEQUENTLY SUBJECT TO THE BROAD BASED CONTROL FRAMEWORK UNDER WHICH THE FOUNDATION GOVERNS PROGRAMMATIC ACTIVITIES GRANTS MADE TO OTHER CHARITABLE ORGANIZATIONS ARE GENERALLY UNDER $25,000 AND CONSEQUENTLY THE FOUNDATION RELIES ON PRE-GRANT PROCEDURES AND INQUIRIES TO ENSURE THE GRANTEE ORGANIZATION MEETS THE REQUIREMENTS FOR APPROVED PROGRAMMATIC AREAS OF FUNDING |

## Additional Data

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

### Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Chris Paul Family Foundation<br>269 S Beverly Dr 338<br>Beverly Hills, CA 90212 | 47-2373649 | 501(C)(3) | 25,000 | | N/A | N/A | COMMUNITY SUPPORT THE CITY OF ANAHEIM FOR MEMBERS |
| Connelly School of the Holy Child<br>9029 Bradley Blvd<br>SUITE 433<br>Potomac, MD 20854 | 52-0743609 | 501(C)(3) | 15,050 | | N/A | N/A | TO PROMOTE CHARITABLE ACTIVITIES FOR THE PEOPLE 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 section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Envision Excellence in STEM Education<br>2108 Lamberton Road<br>Cleveland Heights, OH 44118 | 20-8622102 | 501(C)(3) | 10,000 | | N/A | N/A | TO SUPPORT ACTIVITIES OF THE ANAHEIM PUBLIC LIBRARY SYSTEM THROUGH THE BOOKMOBILE PROGRAM AND COMMUNITY SUPPORT |
| J Paul Getty Trust<br>1200 Getty Center Dr Suite 400<br>Los Angeles, CA 90049 | 95-1790021 | 501(C)(3) | 250,000 | | N/A | N/A | TO GIVE CHILDREN IN AN URBAN, LOW SOCIO-ECONOMIC SETTING THE OPPORTUNITY TO ATTEND FOUR DAY AND FIVE DAY OUTDOOR SCIENCE SCHOOL EXPERIENCES IN COMMUNITY SUPPORT GEOLOGY, BOTANY, AND OTHER ENVIRONMENTAL AND LIFE SCIENCES HOPEFULLY, CHILDREN WILL GAIN AN APPRECIATION OF THE ENVIRONMENT THAT WILL BENEFIT NATIONAL CONSERVATION AND RECYCLING EFFORTS |

**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 section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| LA Jr Chamber of Commerce Charity Foundation<br>18720 Oxnard St Suite 101<br>SUITE B<br>Tarzana, CA 91356 | 95-6051006 | 501(C)(3) | 200,000 | | N/A | N/A | TO PROVIDE SUPPORT FOR BLIND CHILDREN AND THEIR FAMILIES |
| Our Military Kids<br>6861 Elm Street Suite 2A<br>McLean, VA 22101 | 56-2483648 | 501(C)(3) | 10,000 | | N/A | N/A | TO PROMOTE THE GENERAL WELFARE OF FOSTER CHILDREN 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 section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PRIDE Booster Club Inc Paul Revere Middle School<br>1450 Allenford Avenue<br>SUITE 330<br>Los Angeles, CA 90049 | 95-3815710 | 501(C)(3) | 115,000 | | N/A | N/A | TO PROMOTE THE GENERAL WELFARE OF FOSTER CHILDREN |
| Pepperdine University<br>24255 Pacific Coast Highway<br>Malibu, CA 90263 | 95-1644037 | 501(C)(3) | 50,000 | | N/A | N/A | TO PROMOTE SCIENCE, CONSERVATION, AND EDUCATION SUPPORT GOLF PROGRAMS |

**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 section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| The First Tee<br>425 South Legacy Trail<br>St Augustine, FL 32092 | 59-3577327 | 501(C)(3) | 142,858 | | N/A | N/A | COMMUNITY SUPPORT |
| UCI Foundation<br>120 Theory Suite 150<br>Irvine, CA 926172505 | 95-2540117 | 501(C)(3) | 11,000 | | N/A | N/A | 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 section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| World Golf Foundation Inc<br>1 World Golf Place<br>St Augustine, FL 320922727 | 59-2998925 | 501(C)(3) | 100,000 | | N/A | N/A | COMMUNITY SUPPORT |

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**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" on 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*.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | **4c** | | No |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III | **5b** | | No |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III | **6b** | | No |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 RICK SINGER PRES/SEC/CEO | (i) | 150,000 | 0 | 0 | 0 | 0 | 150,000 | 0 |
| | (ii) | 348,800 | 82,675 | 0 | 10,600 | 43,283 | 485,358 | 0 |
| 2 JIN THATCHER VP OPERATIONS & ADMINISTRATION | (i) | 183,872 | 30,000 | 0 | 7,404 | 25,852 | 247,128 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 KATHERINE BIHR VP PROGRAMS & EDUCATION | (i) | 174,408 | 25,363 | 0 | 7,000 | 9,489 | 216,260 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 MICHELLE S KIM VP STRATEGIC PARTNERSHIPS | (i) | 157,895 | 20,000 | 0 | 6,342 | 6,249 | 190,486 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Part III Supplemental Information**

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

| Return Reference | Explanation |
| --- | --- |
| Compensation from Related Organizations | THE PRESIDENT, SECRETARY AND CEO, 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 K (Form 990)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

## Part I Bond Issues

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No | (i) Pool financing Yes | (i) Pool financing No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | CALIFORNIA MUNICIPAL FINANCE AUTHORITY | 20-1563466 | 1309114R8 | 04-05-2013 | 10,775,000 | SEE PART VI | | X | X | | | X |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 1,530,079 | | | |
| 2 | Amount of bonds legally defeased | 0 | | | |
| 3 | Total proceeds of issue | 10,775,000 | | | |
| 4 | Gross proceeds in reserve funds | 0 | | | |
| 5 | Capitalized interest from proceeds | 0 | | | |
| 6 | Proceeds in refunding escrows | 0 | | | |
| 7 | Issuance costs from proceeds | 0 | | | |
| 8 | Credit enhancement from proceeds | 0 | | | |
| 9 | Working capital expenditures from proceeds | 0 | | | |
| 10 | Capital expenditures from proceeds | 0 | | | |
| 11 | Other spent proceeds | 10,775,000 | | | |
| 12 | Other unspent proceeds | 0 | | | |
| 13 | Year of substantial completion | 2013 | | | |

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

## Part III Private Business Use

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

**Part III** **Private Business Use** (Continued)

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

**Part IV** **Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# Noncash Contributions

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

OMB No 1545-0047

2016

**Open to Public Inspection**

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

**Part I Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 900 | RETAIL VALUE |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 1 | 10,194 | AVG VAL DONATN DATE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ ( COMPUTER EQUIPMENT ) | X | 40 | 35,182 | RETAIL VALUE |
| 26 Other ▶ ( COOLER BAGS ) | X | 148 | 800 | RETAIL VALUE |
| 27 Other ▶ ( ) | | | | |
| 28 Other ▶ ( ) | | | | |

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

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

**Part II** **Supplemental Information.**

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

| Return Reference | Explanation |
|---|---|
| Schedule M, Part I, Line (b) | FOR PART I, COLUMN B, THE FOUNDATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

## 990 Schedule O, Supplemental Information

| 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 COMMUNIITES 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, D C , PHILADELPHIA, PA, QUANTICO, VA AND STUART, FL, AND THE EARL WOODS SCHOLARSHIP PROGRAM PROVIDES A WEALTH OF EDUCATIONAL OPPORTUNITIES TO YOUNG PEOPLE NATIONWIDE TWLC'S OPERATE SCHOOL FACILITIES THAT MAINTAIN REGULAR FACULTY, CURRICULUM, AND HAVE A REGULARLY ENROLLED STUDENT BODY OF STUDENTS IN ATTENDANCE, WITHIN THE MEANING OF SECTION 170(B)(1)(A)(II) OF THE CODE |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PROGRAM SERVICE ACTIVITIES | FORM 990, PART III, LINE 4A, CONTINUED WITHIN THE FORENSIC SCIENCE CLASS, OUR JUNIOR CRIME SOLVERS LEARN REAL-WORLD TECHNIQUES, INCLUDING FINGERPRINTING, DNA ANALYSIS AND CHROMATOG RAPHY THE BUDDING BIOLOGISTS ENROLLED IN OUR MARINE SCIENCE CLASS TAKE A DEEP DIVE TO THE BOTTOM OF THE SEA TO EXPLORE OCEANIC REGIONS, GET THEIR HANDS DIRTY WITH A SQUID DISSECTI ON, ANALYZE SAND SAMPLES AND LEARN ABOUT MARINE-LIFE CLASSIFICATIONS BUT ITS NOT JUST THE STUDENTS WHO RECEIVE A WEEK OF EXPERIENTIAL LEARNINGTHEIR CLASSROOM TEACHERS ALSO BENEFIT FROM OUR UNIQUE STEM PROFESSIONAL DEVELOPMENT PROGRAM THIS WEEK-LONG TRAINING EQUIPS TEA CHERS WITH A NEW ARSENAL OF STANDARDS-ALIGNED, GRADE-SPECIFIC STEM LESSONS THAT CAN BE IMP LEMENTED IN THEIR OWN CLASSROOMS OUR SCHOOL DAY PROGRAM OPERATES AT OUR FLAGSHIP LOCATION IN SOUTHERN CALIFORNIA THE FOUNDATION HAS SERVED NEARLY 50,000 STUDENTS THROUGH ITS SCHO OL DAY PROGRAMS, INCLUDING 4,500 THIS YEAR EXPANDED LEARNING IMPLEMENTING TWO KEY STRATEG IES, THE TGR LEARNING LAB OFFERS EXPANDED LEARNING PROGRAMS TO UNLEASH THE FULL CAPACITY O F UNDERREPRESENTED MIDDLE AND HIGH SCHOOL STUDENTS FIRST, WE STRIVE TO FOSTER A GROWTH MI NDSET WITHIN EVERY STUDENT THAT WALKS THROUGH OUR DOORS OUR TOP PRIORITY IS TO BUILD STRO NG RELATIONSHIPS WITH OUR KIDS, ENCOURAGING THEM TO CHALLENGE THEMSELVES AND BUILD SELF-CO NFIDENCE IT IS OUR PHILOSOPHY THAT THE PATH TO GREATNESS BEGINS WHEN STUDENTS BELIEVE IN THEIR OWN ABILITY TO SUCCEED SECOND, WE CONNECT SCHOOL AND CAREER, PREPARING STUDENTS FOR TODAYS JOBS AND THE ONES THAT DONT EXIST YET WITH OVER 50 AREAS OF STUDY WITHIN STEM-REL ATED FIELDS, OUR CLASSES OFFER STUDENTS HANDS-ON LEARNING EXPERIENCES, ALLOWING THEM TO RE COGNIZE THEIR POTENTIAL AND IDENTIFY THEIR INTERESTS WITH A FUTURE CAREER IN MIND UTILIZI NG STATE-OF-THE-ART TECHNOLOGY AND PROJECT-BASED LEARNING, STUDENTS TAKE CLASSES IN A VARI ETY OF DISCIPLINES, INCLUDING VIDEO GAME DESIGN, CODING, ROCKETRY, ROBOTICS, CIVIL ENGINE ERING, URBAN PLANNING AND WEARABLE ELECTRONICS TO HELP STUDENTS GAIN INFORMATION ON POST- SECONDARY EDUCATIONAL OPTIONS, WE PROVIDE OVER 30 COLLEGE-ACCESS AND FINANCIAL AID WORKSHO PS ANNUALLY BY OFFERING STUDENTS EXPERIENCES THAT FAR SURPASS WHAT IS OFFERED IN A TRADIT IONAL CLASSROOM SETTING, WE STRIVE TO PROVIDE THEM WITH TOOLS FOR SUCCESS WHILE CULTIVATIN G THEIR ASPIRATIONS FOR HIGHER EDUCATION AND A CAREER OUR EXPANDED LEARNING OPPORTUNITIES SPAN ACROSS THE NATION, WITH SATELLITE PROGRAMS IN WASHINGTON, D C , SOUTH FLORIDA, PHILA DELPHIA, NEW YORK, MCB QUANTICO AND OUR FLAGSHIP LOCATION IN SOUTHERN CALIFORNIA THE FOUN DATION HAS SERVED NEARLY 25,000 STUDENTS THROUGH ITS EXPANDED LEARNING PROGRAMS, INCLUDING 1,500 THIS YEAR COLLEGE ACCESS OUR COLLEGE-ACCESS PROGRAM PROVIDES WORKSHOPS, GROUP SESS IONS AND PRESENTATIONS ON TOPICS RANGING FROM WRITING A PERSONAL STATEMENT AND MAKING A CO LLEGE LIST TO UNDERSTANDING FINANCIAL AID AND FINDING SCHOLARSHIPS, DESIGNED TO HELP ALL S TUDENTS, ESPECIALLY LOW-INCOME |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| PROGRAM SERVICE ACTIVITIES | AND FIRST-GENERATION STUDENTS, PLAN A ROADMAP TO COLLEGE OUR COLLEGE RECRUITMENT EVENTS BRING DOZENS OF COLLEGES AND UNIVERSITIES TO THE TGR LEARNING LAB, ALLOWING STUDENTS TO ME ET FACE-TO-FACE WITH REPRESENTATIVES OUR COLLEGE-ACCESS PROGRAM ALSO PROVIDES ENGAGEMENT WITH PARENTS TO TEACH THEM HOW TO ADVOCATE FOR THEIR CHILDS EDUCATIONAL SUCCESS, SCHOLARSH IPS WHICH ALLOW TGR LEARNING LAB STUDENTS TO EXPERIENCE REAL UNIVERSITY LIFE FOR A PORTION OF THEIR SUMMER AND ACT AND SAT PREPARATION COURSES REACHING STUDENTS AND FAMILIES ACROS S THE NATION, OUR COLLEGE-ACCESS PROGRAMMING CAN BE FOUND IN COMMUNITIES WITHIN WASHINGTON , D C , BOSTON, SOUTH FLORIDA, MCB QUANTICO AND SOUTHERN CALIFORNIA THE FOUNDATION HAS SE RVED NEARLY 12,000 STUDENTS AND FAMILIES THROUGH ITS COLLEGE ACCESS PROGRAMS, INCLUDING 1, 600 THIS YEAR SUMMER WE BELIEVE THAT STUDENTS CAN AND SHOULD LEARN EVERYDAY - SUMMER IS N O EXCEPTION WITHOUT THE STRUCTURE OF THE SCHOOL DAY, ITS EASY FOR KIDS TO LOSE MOTIVATION AND MOMENTUM THIS IS WHY THE TGR LEARNING LAB CONTINUES TO OFFER INTERACTIVE, CAREER-FOC USED EXPERIENCES WITHIN STEM FIELDS DURING THOSE CRITICAL SUMMER MONTHS OUR SUMMER PROGRA MS OPERATED AT OUR FLAGSHIP LOCATION IN SOUTHERN CALIFORNIA ARE OPEN TO STUDENTS THROUGHOU T SOUTHERN CALIFORNIA DURING SELECTED WEEKS WE OFFER CLASSES FROM 9 A M 12 P M FOR RISIN G 5TH AND 6TH GRADE STUDENTS AND 14 P M FOR RISING 7TH THROUGH 12TH GRADE STUDENTS SUMME R CLASSES RUN MONDAY THROUGH FRIDAY THE FOUNDATION HAS SERVED NEARLY 15,000 STUDENTS THRO UGH ITS SUMMER PROGRAMS, INCLUDING 1,200 THIS YEAR GOLF THE GOLF PROGRAM AT THE TGR LEARN ING LAB IS DESIGNED TO PROMOTE GOLF TO UNDERREPRESENTED YOUTH, PROVIDE GOLF-COURSE ACCESS AND EXPOSE KIDS TO CAREERS IN THE GOLF INDUSTRY STUDENTS GAIN AN UNDERSTANDING OF THE BIO MECHANICAL MOTIONS OF GOLF SWINGS AND KINESTHETIC MOVEMENTS DURING A SWING, AS WELL AS COU RSE-MANAGEMENT STRATEGIES TO LOWER SCORES WORKING WITH TOP-NOTCH INSTRUCTORS, STUDENTS BU ILD SELF-CONFIDENCE WHILE LEARNING THE GAME IN A SAFE, SUPPORTIVE ENVIRONMENT GOLF PROGRA MS ARE OFFERED YEAR-ROUND FOR STUDENTS OF ALL SKILL LEVELS ADDITIONALLY, OUR PLAYER DEVEL OPMENT PROGRAM BUILDS HONESTY, INTEGRITY AND SPORTSMANSHIP WHILE HONING GOLF KNOWLEDGE AND SKILLS WE TAKE STUDENT GOLFERS THROUGH THREE LEVELS OF THE PROGRAM LEVEL 1-TOUR CLASS, LEVEL 2-PLAYERS CLASS, AND LEVEL 3-MASTERS CLASS EACH LEVEL CONTAINS PROGRESSIVE MILESTON ES FOR STUDENTS TO REACH THE FOUNDATION HAS SERVED NEARLY 50,000 STUDENTS THROUGH ITS GOL F PROGRAMS, INCLUDING 1,200 THIS YEAR TGR EDU EXPLORE DRIVEN BY OUR BELIEF IN THE TRANSF ORMATIVE POWER OF EDUCATION, WE SCALED, DIGITIZED AND PROVIDED GREATER ACCESS TO OUR AWARD -WINNING STEM CURRICULA AND COLLEGE-ACCESS PROGRAMS IN AN EFFORT TO REACH MILLIONS OF UNDE RREPRESENTED STUDENTS WORLDWIDE BORN FROM TIGERS VISION TO CHANGE THE LIVES OF MILLIONS O F STUDENTS WORLDWIDE, WE PARTNERED WITH DISCOVERY EDUCATION TO DEVELOP TGR EDU EXPLORE T HIS ONLINE PLATFORM PROVIDES S |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| PROGRAM SERVICE ACTIVITIES | TUDENTS AND EDUCATORS FREE ACCESS TO OUR AWARD-WINNING STEM CURRICULA, COLLEGE-ACCESS PROG RAMS AND CAREER DEVELOPMENT THE FOUNDATION HAS SERVED NEARLY 582,000 STUDENTS THROUGH ITS EXPLORE PROGRAM, INCLUDING 200,000 THIS YEAR TGR EDU CREATE FULFILLING TIGERS VISION TO REACH MORE STUDENTS THROUGHOUT THE WORLD, TGR EDU CREATE IS A PROGRAM AIMED AT PROVIDING PROFESSIONAL DEVELOPMENT AND RESOURCES FOR EDUCATORS INVOLVED WITH THE VITAL SUBJECT OF S TEM EDUCATION AND COLLEGE ACCESS TGR EDU CREATE HAS REACHED THOUSANDS OF EDUCATORS BOTH NATIONALLY AND INTERNATIONALLY THROUGH UNIQUE PROFESSIONAL DEVELOPMENT OPPORTUNITIES IN ST EM EDUCATION AND COLLEGE ACCESS THROUGH INNOVATIVE LESSON DESIGNS AND HANDS-ON, PROJECT-B ASED LEARNING ACTIVITIES, EDUCATORS EXPLORE STRATEGIES TO ENHANCE THEIR CURRICULA AND PREP ARE THEIR STUDENTS FOR FUTURE STEM CAREERS AS WELL AS NAVIGATE THEM THROUGH THE COLLEGE AP PLICATION PROCESS OUR GOAL IS FOR 270,000 STUDENTS TO BENEFIT FROM ENHANCED TEACHING PRAC TICES BY 2020, AFTER 5,000 EDUCATORS RECEIVE STRATEGIES AND RESOURCES FOR DELIVERING QUALI TY STEM EDUCATION AND COLLEGE-ACCESS PROGRAMMING IN THEIR CLASSROOMS WE OFFER A RANGE OF PROSFESSIONAL DEVELOPMENT EOPPORTUNITIES - FROM A COMPREHENSIVE ONE-WEEK IMMERSION TO ONE- DAY WORKSHOPS AND SEMINARS TGR EDU CREATE TRAINS 200 HIGH SCHOOL COUNSELORS BIENNIALLY 94% OF EDUCATORS WHO PARTICIPATED IN OUR PROFESSIONAL DEVELOPMENT PROGRAM, STEM STUDIO, RE PORTED INCREASED CONFIDENCE IN DELIVERING POWERFUL STEM ACTIVITIES TO STUDENTS THE FOUNDA TION HAS SERVED NEARLY 3,400 EDUCATORS THROUGH ITS TGR EDU CREATE PROGRAMS, INCLUDING 1,5 00 THIS YEAR |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4C, CONTINUED | BEFORE BEGINNING THEIR FIRST YEAR OF COLLEGE, ALL INCOMING SCHOLARS ARE WELCOMED INTO THE PROGRAM THROUGH THE PRE-COLLEGE RETREAT, WHICH COVERS A SERIES OF TOPICS THAT HELP PREPARE STUDENTS FOR COLLEGE LIFE ONE OF THE PROGRAMS STAPLES IS THE WINTER WORKSHOP, HELD ANNUALLY AT THE FLAGSHIP TGR LEARNING LAB IN ANAHEIM, CALIFORNIA OVER THE COURSE OF THE THREE-DAY EVENT, SCHOLARS FROM AROUND THE COUNTRY PARTICIPATE IN INFORMATIVE WORKSHOPS THAT INCLUDE RESUME WRITING, INTERVIEW TRAINING, GRADUATE SCHOOL AND HUMAN RESOURCES PREPARATION, INDUSTRY PANELS AND NETWORKING EVENTS ALONG WITH WORKSHOPS, THIS PARTICULAR EVENT HONORS OUR GRADUATING SCHOLARS WITH A SPECIAL LUNCHEON TO CELEBRATE THEIR ACCOMPLISHMENTS WITH FAMILY, MENTORS AND FELLOW SCHOLARS THE CORNERSTONE OF THE EARL WOODS SCHOLAR PROGRAM IS ITS MENTOR NETWORK THESE VALUABLE RELATIONSHIPS ARE LIFE-CHANGING FOR THE SCHOLARS, MANY OF WHOM ARE FIRST-GENERATION STUDENTS WITH LITTLE OR NO PRACTICAL GUIDANCE ON COLLEGE LIFE AND CAREER PLANNING EACH EARL WOODS SCHOLAR IS PARTNERED WITH A DEDICATED MENTOR WHO SERVES AS AN ADVOCATE, CAREER COACH, PERSONAL ADVISOR AND ROLE MODEL THROUGHOUT THEIR COLLEGE EXPERIENCE THE MENTORS PROVIDE THEIR SCHOLAR WITH ADVICE AND RESOURCES NEEDED TO HELP THEM SUCCEED WITHIN THEIR CHOSEN DEGREE AND DEVELOP SKILLS NECESSARY FOR THEIR PROFESSIONAL CAREER AN EMPHASIS ON REAL-LIFE WORK AND CULTURAL EXPERIENCES ARE HIGHLY ENCOURAGED AMONG THE EARL WOODS SCHOLARS AS AN AVENUE TO BUILD POWER SKILLS, PREPARE FOR THE WORKPLACE AND FOSTER KNOWLEDGE OF A SPECIALIZED CAREER THROUGH PROFESSIONAL ENRICHMENT OPPORTUNITIES, SUCH AS JOB SHADOWING, INTERNSHIPS, FELLOWSHIPS AND STUDY ABROAD, THE PROGRAM PROVIDES VALUABLE RESOURCES AND INFORMATION THAT ASSISTS SCHOLARS IN BUILDING THEIR RESUME AS THEY PURSUE THEIR CAREER ASPIRATIONS THE EARL WOODS SCHOLAR PROGRAM SUPPORTS ITS SCHOLARS BEYOND OBTAINING A COLLEGE DEGREE TO ENSURE EACH SCHOLAR HAS A CLEAR AND FOCUSED EXIT STRATEGY UPON GRADUATION, WE HELP CREATE A PERSONALIZED CAREER PLAN THAT SUPPORTS THEIR DEFINITION OF SUCCESS EARLY IN THEIR COLLEGE CAREER, WE INTEGRATE KEY ELEMENTS, SUCH AS SELF-ASSESSMENTS, CAREER EXPLORATION, DECISION MAKING AND ACTION STEPS THAT CONTRIBUTE TO THE NEXT STAGES OF THEIR CAREER PATHS STARTING IN THEIR THIRD YEAR OF COLLEGE, SCHOLARS ENGAGE IN MONTHLY COACHING CALLS TO DEVELOP PRACTICAL SKILLS AND CREATE STRATEGIES TAILORED TO THEIR INDIVIDUAL NEEDS THIS IS A CRUCIAL COMPONENT OF THE PROGRAM THAT HELPS EACH SCHOLAR NAVIGATE ENTRY INTO THE WORKFORCE OR GRADUATE SCHOOL SCHOLARS ARE AWARDED A FOUR-YEAR RENEWABLE SCHOLARSHIP WITH EDUCATIONAL RESOURCES SUMMING UP TO A TOTAL OF $25,000 THE FOUNDATION HAS PROVIDED SCHOLARSHIPS TO OVER 190 INDIVIDUALS, INCLUDING 104 IN THE CURRENT YEAR |

## 990 Schedule O, Supplemental Information

| 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 |

**990 Schedule O, Supplemental Information**

| 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 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| CONFLICT OF INTEREST POLICY | FORM 990, PART VI, LINE 12C PURSUANT TO THE CONFLICT OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIP TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I E , BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES) COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICT OF INTEREST QUESTIONNAIRE THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED, (5) ANY CONFLICTING ISSUES DURING THE COURSE OF A BOARD MEETING THAT CANNOT BE RESOLVED IS REFERRED TO THE GOVERNANCE COMMITTEE, AND (6) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| OFFICER COMPENSATION DETERMINATION | FORM 990, PART VI, LINE 15a THE BOARD APPOINTS A COMPENSATION COMMITTEE, NONE OF WHICH HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT, TO BE ACCOUNTABLE FOR SETTING REASONABLE COMPENSATION PACKAGES FOR THE CEO THE COMPENSATION COMMITTEE DEVELOPS, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES THE COMPENSATION COMMITTEE ALSO HIRES A QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALIST (INDEPENDENT EXPERT) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGE APPROPRIATE COMPARABILITY DATA IS OBTAINED FROM AN INDEPENDENT EXPERT (I E , TOTAL ECONOMIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT) FOR SIMILAR JOB RESPONSIBILITIES THE COMPENSATION COMMITTEE APPROVES THE COMPENSATION ANNUALLY INCENTIVE COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE AT THE END OF THE CALENDAR YEAR BASED ON THE EMPLOYEE'S PERFORMANCE AGAINST STATED GOALS FOR THAT YEAR THE COMMITTEE'S WRITTEN RECORDS INCLUDE THE (1) TERMS OF THE ARRANGEMENT WITH THE DISQUALIFIED PERSON (INCLUDING THE DATE THE ARRANGEMENT WAS APPROVED), AND (2) A DESCRIPTION OF THE COMPARABLE DATA RELIED ON BY THE COMMITTEE KEY DELIBERATIONS OF THE COMMITTEE, INCLUDING (A) THE TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE DATE IT WAS APPROVED, (B) THE MEMBERS OF THE AUTHORIZED BODY WHO WERE PRESENT DURING DEBATE ON THE TRANSACTION THAT WAS APPROVED AND THOSE WHO VOTED ON IT, (C) THE COMPARABILITY DATA OBTAINED AND RELIED UPON BY THE AUTHORIZED BODY AND HOW THE DATA WAS OBTAINED, AND (D) ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE TRANSACTION BY ANYONE WHO IS OTHERWISE A MEMBER OF THE AUTHORIZED BODY BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION ARE ALSO DOCUMENTED IN MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING |

## 990 Schedule O, Supplemental Information

| 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 |

**990 Schedule O, Supplemental Information**

| 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 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
| --- | --- |
| RECONCILIATION OF NET ASSETS | FORM 990, PART XI, LINE 9 UNREALIZED GAIN ON INTEREST RATE SWAP 710,774 UNCOLLECTIBLE PLEDGE ADJUSTMENTS (208,334) ----------- TOTAL 502,440 |

# 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*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
TIGER WOODS FOUNDATION INC

**Employer identification number**
20-0677815

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| **(1)** TIGER WOODS LEARNINGS CENTER DC CAMPUSES<br>121 INNOVATION DR SUITE 150<br>IRVINE, CA 92617<br>45-3467705 | EDUCATION | DC | 51,534 | 4,744,468 | TWF |
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**Part II** **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| **(1)**TIGER WOODS CHARITY EVENT CORPORATION<br>121 INNOVATION DR SUITE 150<br><br>IRVINE, CA 92617<br>06-1554474 | FUNDRAISING | CA | 501(C)(3) | 11 | TWF | Yes | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | **Yes** | **No** | | **Yes** | **No** | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | **Yes** | **No** |
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**Part V** **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| **(a)** Name of related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|
| **(1)**TIGER WOODS CHARITY EVENT CORPORATION | c | 3,032,050 | SEE PART VII |
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**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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**Part VII** **Supplemental Information**

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

| Return Reference | Explanation |
| --- | --- |
| METHOD OF DETERMINING 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 2016-2017 |