.	990-T	Ex	empt Orga	nization	Bu	siness Inc	ome	Tax Retu		OMB No	1545-0047
FOII		For caler	and) adar year 2019 or oth			der section 10/01 . 2019			009 20 2 0	୭୯	10
Done	rtment of the Treasury					instructions and				كال	פוש
	nal Revenue Service	▶ Do	not enter SSN numb	•					(c)(3)	Open to Put	olic Inspection for ganizations Only
Ā	Check box if address changed		Name of organizatio	_		me changed and se			D Emp!	oyer identifica oyees' trust, see	ition number
_	kempt under section	1	TIGER WOOL						ļ		
X	501(C XO 3)	Print or	Number, street, and	room or suite no	If a P C	box, see instruction	ns			677815	
	408(e) 220(e)	Туре								lated business hstructions)	activity code
	530(a)		1 TIGER WC						. `		
	529(a)		City or town, state of		ry, and	ZIP or foreign postal	code				
	ook value of all assets end of year		ANAHEIM, C	A 92801							
aı	end of year	F Gro	up exemption num	ber (See instruc	tions)	<u> </u>					
	09,486,598.		ck organization typ				501(c	trust	401(a)	trust	Other trust
H E	Inter the number of	the orga	nization's unrelated	trades or busine	esses	► NONE		Describ	e the only	y (or first) unr	elated
t	rade or business he	re ▶				If	only one,	complete Parts	I-V If mor	e than one, d	lescribe the ,
f	irst in the blank spa	ice at the	end of the previou	is sentence, co	mplet	e Parts I and II, co	mplete a S	chedule M for ea	ch additio	nal	
<u>t</u>	rade or business, th	en comple	ete Parts III-V	<u> </u>							
k / [During the tax year,	was the	corporation a subs	idiary in an affi	liated o	group or a parent-s	subsidiary o	controlled group?	`	▶ ∟_	Yes X No
	f "Yes," enter the n				orporat	ion 🕨					
7	The books are in car	e of ▶HC	OD & BURCH,	INC		. .	Telephor	e number ► 7	L4-995	-4833	<u> </u>
Pa	rt I Unrelated	Trade o	or Business Inc	ome	,	(A) Inco	ne	(B) Expe	nses	(C) Net
1 a	Gross receipts or	sales	<u></u>							1	
t				c Balance ▶	1c				/_		
2	Cost of goods so	ld (Sched	ule A, line 7)		2						•
3	Gross profit Sub	tract line	2 from line 1c	[3						
4 a	Capital gain net i	ncome (a	ttach Schedule D)	. .	4a						
t	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attac	h Form 4797)	4b	,					
ď	Capital loss dedu	ction for t	rusts		4c						
5	Income (loss) from a p	artnership oi	an S corporation (attach	statement)	5						
6	Rent income (Sch	nedule C)			6						
7	Unrelated debt-fi	nanced in	come (Schedule E)		7				<u> </u>		
8	Interest, annuities, roy	alties, and re	nts from a controlled orga	inization (Schedule F) 8 ,	<i>a a</i>					
9	Investment income of	a section 50	1(c)(7), (9), or (17) organ	ization (Schedule G)	/9						
10	Exploited exempt	activity in	ncome (Schedule I)	<i>./.</i>	10						
11	Advertising incon	ne (Sched	lule J)	<i>/</i>	11						
12			tions, attach schedi		12						
13	Total Combine li	nes 3 thr	ough 12	/ <u>.</u>	13		0.				
Pa	rt II Deductio	ns Not	Taken Elsewhe	r ře (See inst	ructi	ons for limitati	ons on c	leductions.) (Deducti	ons must	be directly
	connecte	d with th	ne unrelated bu	siness incon	1e.)						
14	Compensation of	officers,	directors, and truste	es (Schedule K)	<u></u>			14	1	
15			/ [-								
16	Repairs and mair	itenance	🔏 .		-				16	1	
17	Bad debts		see instructions	٠. حجم ج	ለ ጐ፦	22			17	1	
18	Interest (attach s	chedule) (see instructions	ṛ Ḥ Ḥ .l.	8 .20	الإلا الكلا			18	<u> </u>	
19	Taxes and license	s	 	<u> </u>			,		19		
	Depreciation (atta	ach Fórm	4562)	\cdots \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc	- M -	լ լդե <u> . Հ</u>	20			_	
`21			4562)						21b	·	
22									22		
23 E 24			compensation plans								
₹ 24			·								
25			Schedule I)								
26	Excess readership	costs (S	chedule J)						26		
26 27	Other deductions	(attach s	chedule)						27		
28	,		s 14 through 27								
29	Unrelated busine	ss taxab	le income before	net operating	loss	deduction Subt	ract line	28 from line	13 29		
30	Deduction for ne	t operatin	g loss arising in ta	x years beginni	ng on	or after January 1,	2018 (see	e instructions) .	30		
31/			e income Subtract		e 29 .		<u></u>	<u> </u>	31		
For	Paperwork Reduct	tion Act N	lotice, see instructi	ons.			<u></u>		 _	Form	990-T (2019
JSA 9X2740 1	000										
	48842X 163	39			V I	L9-8.5F	:	1149123			PAGE 1

	Form	990-T (2019) TIGER WOODS FOUNDATION, INC.	20-0677815		Page 2
	Par	rt III Total Unrelated Business Taxable Income			
	32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
		instructions)	32		
	33	Amounts paid for disallowed fringes	33		
	34	Charitable contributions (see instructions for limitation rules)	34		
	35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line			
		34 from the sum of lines 32 and 33	35		0.
	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	•••	instructions)	36		
	37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35			
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		
	39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	••		—
	00	enter the smaller of zero or line 37	39		0.
	Par	t IV Tax Computation	38		
	40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		
	41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on			
	41		41		
	40		42		
	42	Proxy tax. See instructions			
	43	Alternative minimum tax (trusts only)	43		
١١١	44	Tax on Noncompliant Facility Income. See Instructions			
1, 1	45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
		Tax and Payments			
		Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
		Other credits (see instructions)			
		General business credit. Attach Form 3800 (see instructions) , , , , ,	† †		•
		Credit for prior year minimum tax (attach Form 8801 or 8827)	40-		
		Total credits. Add lines 46a through 46d			-
	47	Subtract line 46e from line 45	47		
	48	Other taxes, Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		10.
	49	Total tax Add lines 47 and 48 (see instructions)	49		
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column(k), line 3	50		—
		a, included to the second to t			
		2019 estimated tax payments	<u> </u>		
		Tax deposited with Form 8868			
		Foreign organizations: Tax paid or withheld at source (see instructions)	ľ		
	_	Backup withholding (see instructions)			
	f -	Credit for small employer health insurance premiums (attach Form 8941)			
	g				
		Form 4136 Other Total ▶ 51g		η.	116.
	52	Total payments. Add lines 51a through 51g	53		<u> </u>
	53	Estimated tax penalty (see instructions) Check if Form 2220 is attached			
	54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		116.
	55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
	56	Enter the amount of line 55 you want: Credited to 2020 estimated tax		2,1	116.
	Par			Van	No
	57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	-	Yes	No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-		
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	toreign country		v
		here ▶		├	X
	58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	 ∔	<u>^</u>
		If "Yes," see instructions for other forms the organization may have to file.			
	<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury, if declare that I have examined this return, including accompanying schedules and statements, and to the be	nt of my knowledge :		
	C1	true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my knowledge a	IIIO DEIN	д, п. 15 ————————————————————————————————————
	Sign		the IRS discuss		
	Here	Will Color C	the preparer sh	ow <u>n_b</u>	7 B
		Pront/Type emerger's name Prent/Estanguire 6 /4 Date	instructions)?X Ye	3	No
	Paid	Check 102/10/22 Check	L-J# 501.0	0100	7
	Prep	arer	nployed P012		<u>'</u>
•	Use	Firm's name PAPING LLDP			
	ASL		no. 213-972-4	_	2015
9X2	JSA 741 1.00	v 19-8.5F 1149123	Form 99	•	
		48842X 1639 V 19-8.5F 1149123		PAGI	≟ 2

Form 990-T (2019)

Total dividends-received deductions included in column 8.

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Schedule F - Interest, Ann	uities, itoyaitie			ntrolled Or			Latit	7113 (36)	= msnacac	J113 <i>)</i>	.
Name of controlled organization	2 Employer identification numb	per	3 Net unrelated (loss) (see instruc				.	5 Part of column 4 that is included in the controlling organization's gross incom		lling	6 Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations	1									
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specifical ayments made		inc	luded	of column I in the co tion's gross	ntrolling		Deductions directly nected with income in column 10
(1)						ļ					
(2)											
(3)											
(4)								lumns 5 a			dd columns 6 and 11
Totals	ncome of a Sec		 :)(7),			En Pa	iter he art I, Ii	re and on ne 8, colui	page 1, mn (A)	Ent	ter here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	f income		3 Deduction directly contact (attach sci	nnected				t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			1								
(2)					•••••						
(3)											
(4)							-			_	F
Totals ▶	Enter here and Part I, line 9, c			-	,				•		Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Exe	mpt Activity In	come, Oth	er Th	an Advert	ising Ir	ncom	e (se	e instru	ctions)	<u>-</u>	
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es with n of d	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thm	ne (loss) ted trade (column lumn 3) ompute	5 G from	Gross i activ	income vity that related income	6 Exper attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,			ı					Enter here and on page 1, Part II, line 25
Totals	100mo / :=	uotions\		<u>L</u>	<u> </u>		٥				L
Schedule J- Advertising In			.me -!	lalada d D =							
Part I Income From Per	lodicals Report	ed on a Co	onsoi	idated Ba	SIS	Ι			1		
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Adver gain or (los 2 minus ci a gain, co cols 5 thr	ss) (col ol 3) If mpute	5	Circu incor		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)		_									
(3)		_		1							
(4)											
Totals (carry to Part II, line (5))					<u>-</u>						Form 990-T (2019

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						<u> </u>

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
()		%	
)		%	
otal Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)