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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	For the	2015 cal	endar year, or tax	year beginnin	g 12/	1/2015	, and ei	nding	1	1/30/201	6	
В	Check if a	applicable	C Name of organiza	tion TCH S	UDEKUM MEMO	RIAL TRUS	ST		D Emplo	yer identif	ication number	_
_].	Address o	change	Doing business a	s								
$\overline{}$			Number and street	et (or PO box if m	all is not delivered to s	treet address)	Room/suite		62-61779	958		
	Name cha	ange	P.O BOX 1908						E Teleph	one numbe	er	_
	Initial retu	ım	City or town			State	ZIP code					
=			ORLÁNDO			FL	32802-1908	3				
	Final return	/terminated	Foreign country	name	Foreign province/state	county	Foreign postal	code				
_].	Amended	i return							G Gross	receipts \$	2,002,92	24
\neg	Anniontin	n nondina	F Name and addres	ss of nuncinal offic	er			111-1 1- 11-			dinates? Yes X N	_
	Аррисацо	on pending	1	•		ANDO EL	00000 4000		s a group retu		=	
				NKS, INC P.C	BOX 1908, ORI	ANDO, FL	32802-1908	H(b) Are	all subordi	nates inclu	ded? Yes N	0
1	Tax-exem	pt status	X 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1)	or 527	If "	No," attach	a list (see	instructions)	
J	Nebsite	: ► N/A		<u></u> ::				H(c) Gro	oup exempti	on number	•	
				X Trust	A		1					
_		rganization		LA] Irust L	Association Oth	ner ▶	L Yea	r of forma	ation	1985 M S	State of legal domicile TI	<u>N</u> _
j	art I		mmary						<u></u>			
_	1	Briefly o	lescribe the orga	nızatıon's miss	sion or most signi	ficant activiti	es		. 			
ဦ	1	TO SUF	PORT THE ADV	/ENTURE SC	IENCE CENTER							
ā												
Governance	2	Check t	his box ▶☐ if	the organizati	on discontinued i	ts operations	s or dispose	d of mo	re than 2	5% of its	net assets	
Ô	3				erning body (Part					3		5
ග්	4				rs of the governin				•	4		5
es	5				n calendar year 2				一 ·	5		0
<u> </u>	3					.015 (Faitiv	.'Thie ₹a\/, ©		. .	6		
Activities &	0		imber of voluntee		rilecessary) Part VIII, column	(0)(2)			ပ္ကု			<u>~</u>
⋖	7a	lotal ur	irelated business	revenue from	Part VIII, column		H 1 8 20	17	SO .	7a		0
e	<u> b</u>	Net unr	elated business t	axable income	e from Form 990-	i, line 34 🗥	. 11 4 0 40		<u> </u>	7b		<u>0</u>
	1 _				41.5				Pnor Year		Current Year	_
	8		utions and grants			· /O	GDENJ	<u>IT</u>		0		0
Revenue	9	•	n service revenue	•	•					0		<u>0</u>
ě	10		•		A), lines 3, 4, and	•				66,233	71,3	19
Œ	11		-		nes 5, 6d, 8c, 9c,		•			0		0
	12	Total rev	enue—add lines 8	through 11 (mu	ust equal Part VIII, o	column (A), lii	ne 12)			166,233	71,31	19
	13	Grants :	and similar amou	ints paid (Part	IX, column (A), III	nes 1–3) .				163,000	233,25	59
	14	Benefits	s paid to or for me	embers (Part I	X, column (A), lin	e 4) .			ol			
ø	15	Salaries	, other compensati	on, employee b	enefits (Part IX, col	umn (A), lines	s 5–10)		27,912			
Expenses	16a		•		column (A), line 1	, ,	,			0		0
ē	b				olumn (D), line 25		0					<u></u>
Ĭ.	17		•		ines 11a–11d, 11					9,896	7,75	_
n n	18				t equal Part IX, co		ne 25)			200,808	267,49	
9	10		e less expenses		•		20,			-34,575	-196,17	_
<u> </u>	20 21 22	INCVENIO	e leas expenses	Caba act line	TO MONTHINE TE	•	·	Beginn	ing of Curr		End of Year	
ata	20	Total as	sets (Part X, line	16)			l			301,285	4,105,1	11
586	24		ibilities (Part X, II	-		• •				0	7,100,1	'
<u>چ</u> ود	22				line 21 from line 2				A '	301,285	4,105,1	44
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					rer (other than officer)							
Sig			Bereno accred		<u>, , , , , , , , , , , , , , , , , , , </u>						4/7/2017	_
			Signature of officer						Dat		47772017	
Нe	re		BARBARA ALL	REN			PRE	SIDEN		•		
0			Type or print name a			-	FINL	SIDLIN	<u></u>			—
		Prin	t/Type preparer's nan		Preparer's sig	inature		Date	-		PTIN	—
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	eparer				USECOOPERS L	LP			Firm's EIN	▶ 13-40	008324	_
US	e Only	, —										_
			Firm's address ► 600 GRANT STREET, PITTSBURGH PA 15219 Phone no 412-355-6000 S discuss this return with the preparer shown above? (see instructions)						_			
	<u>. </u>					ee instructio	ons)				X Yes N	10
	. D		ustion Act Notice		-4- 44						Farm 000 (20)	

Form 9	990 (2015) 4	TCH SUDEKUM MEMORIAL TRUST	62-6177958	Page 2
Pa	ırt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
1		escribe the organization's mission		
	TO SUP	PORT THE ADVENTURE SCIENCE CENTER		
2	the prior	organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O		
3	services	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
		describe these changes on Schedule O		
4	expense	the organization's program service accomplishments for each of its three largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.		
4 a	(Code) (Expenses \$ 247,999 including grants of \$ 233,259) (Reven	nue \$	
	ADVENT	URE SCIENCE CENTER		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4b	(Code) (Expenses \$ including grants of \$) (Rever	nue \$	
		•••••••••••••••••••••••••••••••••••••••		
			····	
				
			*	
			,	
		·		
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
			• • • • • • • • • • • • • • • • • • • •	
4d	Other pr	ogram services. (Describe in Schedule O)		
	(Expens		0)	
40	Total pro	ogram service expenses > 247 999		

62-6177958 Page 3 Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. 2 Х 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 Х 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. Х 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. 5 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 Χ 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 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 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 11a 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. Х 11b 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 Х 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. 12a Х 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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 ... Х 15 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 Х 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) Х 17 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 Χ

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 .

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	-	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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	1		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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		X
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	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1		
_	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		Ė
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	VI	37		Х
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	×	
			990	(2015)
				··-/

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V. Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?. If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions?... If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes." indicate the number of Forms 8282 filed during the year . d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? a 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . 8 Sponsoring organizations maintaining donor advised funds. Q Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders . Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 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. 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 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 Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) 4 TCH SUDEKUM MEMORIAL TRUST Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 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 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?. 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Each committee with authority to act on behalf of the governing body? . . . 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes 10a Did the organization have local chapters, branches, or affiliates? 10a 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 ستقد 12a Did the organization have a written conflict of interest policy? If "No," go to line 13.... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . **b** Other officers or key employees of the organization . 15b 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 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) X Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

State the name, address, and telephone number of the person who possesses the organization's books and records

P O BOX 305110, NASHVILLE, TN 37230-5110

financial statements available to the public during the tax year.

SUNTRUST BANKS, INC.

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Form 990 (2015) 🕡	TCH SUDEKUM MEMORIAL	IRUSI

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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.	Γ

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, and 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 ar	ny related organ	ızatıo	n cc	mp	ens	ated	any	current officer,	director, or trust	iee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box i	unies	s pe	ition more	n of structure of the s	an	(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
(1) SUNTRUST BANKS, INC TRUSTEE	1 00		Х					26,480		
(2) MARC STENGEL EX-OFFICO (FAMILY)	1.00			X						
(3) MARK WOOLWINE EX-OFFICO (FAMILY)	1.00			X						
(4) ROBERT E BAULCH III CMTE MEMBER	1.00			Χ						
(5) L. GLENN WORLEY LIFETIME MEMBER	1 00			X						
(6) CHRIS JOHNSTON CMTE MEMBER	1.00			X						
(7) TOM TRENT CHAIRMAN	1 00			X						
(8) JOHN GAWALUCK CMTE MEMBER	1 00			Х						
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pá	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (continued))
	•	(C)										
	(A)	(B)	(do n	ot ch		ition more	e than	one	(D)	(E)	1 (1	F)
	Name and title	Average hours per					ıs boti or/trus		Reportable compensation	Reportable compensation	,	nated unt of
		week (list any	0 5			- E	<u> </u>	77	from	from related		ner
		hours for related	Individual trustee or director	statu	Officer	Key employee	링물	Forme	the organization	organizations (W-2/1099-MISC	compe	nsation i the
		organizations	ecto	ğ	7	夏	yee co] =	(W-2/1099-MISC)	(** 271020 111100	organ	ızatıon
		below dotted line)	trus	함	'	ye.	Įğ	1	1		1	elated zations
			e	Institutional trustee	ľ		Highest compensated employee	Ì				
			1	"			<u>E</u>	ĺ				
(15)												
(16)												
(17)												
(18)				-								
(19)	······································		-	-	-	-	-	-			+	
(20)						_	-	-			-	
(21)				-		-		-			+	
			-	_	-	-		-				
			[L				
(23)			-									
(24)												
(25)			-									
1b	Sub-total		٠.					•	26,480		0	0
С	Total from continuation sheets to Part VII,	Section A .						. ▶	0		0	0
d		_ ·_· -						<u> </u>	26,480		ol	0
2	Total number of individuals (including but not		listed	ab) wh	no red	eiv	ed more than \$1	00,000 of		
	reportable compensation from the organization	<u>n</u>			0_						1	es No
3	Did the organization list any former officer, di	rector or truste	a kev	, en	nla	WAA	orb	uah	est compansate	d	8 0 50	es No
3	employee on line 1a? If "Yes," complete Sche						, 01 1		· · ·		3	X
4	For any individual listed on line 1a, is the sum					and	d oth	er c	ompensation fro	m	15 m	A 61
•	the organization and related organizations gre											
	indıvıdual						٠.				4	X
5	Did any person listed on line 1a receive or acc	crue compensat	ion fr	om	any	uni	relate	ed o	rganization or in	dividual	24 25 4 .1	
	for services rendered to the organization? If "	Yes," complete	Sche	dule) J 1	or s	uch _[<u>pers</u>	son	<u>·</u>	5	
	tion B. Independent Contractors											
1	Complete this table for your five highest comp											
	compensation from the organization Report of year	ompensation to	ıne	Cale	mu	ar y	ear e	Han	ig with or within	trie organizati	ons tax	
	(A)	 						Γ	(B)	· T	(C)	
	Name and business add	dress							Description of ser	vices	Compensa	ition
												0
								 _				0
								1-				0
					_			-				0
2	Total number of independent contractors (incl	uding but not lin	nited	to t	nos	e lis	ted a	po,	(e) who received			
-	more than \$100,000 of compensation from the	•							,	W. J		·E·A

TCH SUDEKUM MEMORIAL TRUST 62-6177958 Page 9 Form 990 (2015) . Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII. (C) Unrelated (D) (B) Related or Revenue Total revenue excluded from exempt business function revenue tax under sections 512-514 Federated campaigns 1b Membership dues Fundraising events 1c Related organizations 1d 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f **Business Code** Program Service Revenue 2a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) . . . Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents . . b Less: rental expenses Rental income or (loss) Net rental income or (loss) (II) Other (i) Securities 7a Gross amount from sales of assets other than inventory 1,913,282 b Less: cost or other basis 1,931,605 and sales expenses. -18,323 c Gain or (loss) Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events . 9a Gross income from gaming activities See Part IV, line 19 . . b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances.

Business Code

b Less cost of goods sold . . .

All other revenue

Total. Add lines 11a–11d .

Total revenue. See instructions

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

)	74	240	
F.Ç	- A	£.¥	21 A	

Form 990 (2015)

Form 990 (2015) . TCH SUDEKUM MEMORIAL TRUST Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must complete al			t complete column	(A).
	Check if Schedule O contains a response or note				<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21 .	233,259	233,259		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıviduals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	26,480	13,240	13,240	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				1
	persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0		·	
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С	Accounting	1,500	1,500		
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	4,813		4,813	
g	Other (If line 11g amount exceeds 10% of line 25, column	_			
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	0			
19 20		0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	- 0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered			#r: ::&\\ ! \\ '	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN TAX WITHHELD	1,301		1,301	
b	ADR FEES	140		140	
C		0			
d		0			
e	All other expenses	0			
25_	Total functional expenses. Add lines 1 through 24e	267,493	247,999	19,494	0
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				
_	following SOP 98-2 (ASC 958-720)				

	990 (2		T			62-6177958 Page 11
Pá	art X	Balance Sheet				· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response o	r note to any line in this Part	x	•	
				(A)		(B)
				Beginning of year	L	End of year
	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		97,113	2	161,900
	3	Pledges and grants receivable, net		0		0
	4	Accounts receivable, net		0		0
	5	Loans and other receivables from current and	former officers, directors	(C 4.3 - M. f.	43 /	
	•	trustees, key employees, and highest compens				
		Complete Part II of Schedule L		1 Maria + Surana 18 v 2 Maria - 18 v	±255	
	ء ا	Loans and other receivables from other disqualified persi			3	
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), a				
				: "E.		
w		sponsoring organizations of section 501(c)(9) voluntary e		The world will be a second of the second of		Limalan 672 (L
¥ 1	_	organizations (see instructions). Complete Part II of Scho	edule L . ,	<u> </u>	6	
Š	7	Notes and loans receivable, net	• • • • •	0		0
1	8	Inventories for sale or use .	0		0	
	9	Prepaid expenses and deferred charges	ri ir i	0	9	0
	10a	Land, buildings, and equipment, cost or				
		other basis Complete Part VI of Schedule D	10a 0		2544	
	b	Less accumulated depreciation .	1 0b 0			0
	11	Investments—publicly traded securities				0
	12 13	Investments—other securities. See Part IV, line Investments—program-related. See Part IV, line				
	14		ie ii		_	0
	15	Intangible assets				0
	16	· · · · · · · · · · · · · ·				
	17	Total assets. Add lines 1 through 15 (must eq Accounts payable and accrued expenses .	uai line 34)			4,105,111
	18	Grants payable			<u> </u>	
	19	Deferred revenue		_	0	
	20	Tax-exempt bond liabilities				<u>~</u>
	21	Escrow or custodial account liability. Complete		— . 		
တ္	22	Loans and other payables to current and former		51.46 (194 - 194 - 19		
1 2 2		trustees, key employees, highest compensated				
Ē		disqualified persons. Complete Part II of Sched		0 0 10c 0 11 4 4,204,172 12 3,943,2 0 13 0 14 0 15 0 15 0 17 18 0 19 20 0 19 20 0 19 20 0 19 20 0 19 20 21 22 10 parties 0 24 10 related third Complete 0 25 0 26	a un William and the and their seconds with the second seconds.	
Ξ.	23	Secured mortgages and notes payable to unre		0		0
	24	Unsecured notes and loans payable to unrelat		0		0
	25	Other liabilities (including federal income tax, p				
Liabilities		parties, and other liabilities not included on line	•			
		Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 9	58), check here ▶ ☐ and		33.4	
es		complete lines 27 through 29, and lines 33				
aŭ	27	Unrestricted net assets		The state of the s	27	. Line to the state of the second the second of the second
<u>3</u>	28	Temporarily restricted net assets			28	
ᅙ	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC958)	, check here \blacktriangleright X and			
<u> </u>		complete lines 30 through 34.	, check here			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	•	4,301,285	30	4,105,111
SSE	31	Paid-in or capital surplus, or land, building, or		4,301,203	31	<u> </u>
Ž	32	Retained earnings, endowment, accumulated			32	
Š	33	Total net assets or fund balances	moonio, or outer futius .	4,301,285	_	4,105,111
	34	Total liabilities and net assets/fund balances		4,301,285		4,105,111

Form 9	990 (2015) · TCH SUDEKUM MEMORIAL TRUST	62-61779	958 Page 1	2
Par	XI Reconciliation 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	71,31	9
2	Total expenses (must equal Part IX, column (A), line 25)	2	267,49	<u>13</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-196,</u> 17	4
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,301,28	5
5	Net unrealized gains (losses) on investments	5		
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		_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	4,105,11	1
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part XII.	•	· [_]	İ
1 2a b	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		2a X	
c 3a b	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	n :	2c	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			orm 990 (201	5)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2015

Open to Public Inspection

Employer identification number

TCH S	SUDEKUM MEMORIAL TRUST					62-61	77958				
Part		ity Status (All org	ganizations must cor	nplete th	ıs part.)	See instructions	· - · - · - · · - · · · · · · · · · · ·				
The o	rganization is not a private founda A church, convention of churc										
2	A school described in section				٠,	. , , , , ,					
3	A hospital or a cooperative ho		•		• •						
4	A medical research organizati hospital's name, city, and state	on operated in conj				, , ,	. Enter the				
5 [An organization operated for t section 170(b)(1)(A)(iv). (Con	he benefit of a colle	ge or university owner	d or opera	ated by a (governmental unit de	escribed in				
6 [A federal, state, or local gover	-	ental unit described in	section 1	170/b)/1)/	Δ)(v)					
7 [receives a substant	ceives a substantial part of its support from a governmental unit or from the general public								
8	A community trust described in		•	rt II.)							
9 [An organization that normally receipts from activities related support from gross investmen	organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross eights from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its port from gross investment income and unrelated business taxable income (less section 511 tax) from businesses uired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)									
10 [An organization organized and	d operated exclusive	ely to test for public sa	fety See	section !	509(a)(4).					
•	An organization organized and of one or more publicly support Check the box in lines 11a thr	rted organizations o ough 11d that desc	lescribed in section 5 ribes the type of support	09(a)(1) orting orga	or section anization a	i 509(a)(2). See sec and complete lines 1	tion 509(a)(3). 11e, 11f, and 11g				
а	Type I. A supporting organ the supported organization organization. You must co	(s) the power to reg	ularly appoint or elect	a majority	pported o	rganization(s), typica rectors or trustees o	ally by giving f the supporting				
b	Type II. A supporting organ control or management of to organization(s) You must	he supporting orgai	nization vested in the s	ction with same pers	its suppor sons that o	ted organization(s), control or manage th	by having ne supported				
C	Type III functionally integ	rated. A supporting	organization operated				tegrated with,				
	its supported organization(
d	X Type III non-functionally integrated that is not functionally integrated requirement (see instruction	rated The organiza	ation generally must sa	atisfy a dis	stribution i	requirement and an					
е	Check this box if the organi functionally integrated, or T	zation received a w	ritten determination fro	om the IR	S that it is		ype III				
f	Enter the number of supported							1			
g	Provide the following information										
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)						-					
ADVE	NTURE SCIENCE CENTER	62-0479192	7	X		233,259					
(B)											
(C)				-							
(D)											
(E)								—			
Total		180 1997, P.S. (*) 1 (*) 3.	L TRESPONDENCE ASSOCIATE ASSOCIATION AND ASSOCIATION AND ASSOCIATION ASSOCIATI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 73772374 4874	222.250		^			

Pa	rt II Support Schedule for Org						
	: (Complete only if you check						der
-	Part III If the organization fa	ails to qualify un	der the tests lis	sted below, plea	ase complete P	art III)	
_	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(4) 2014	(e) 2015	(f) Total
		(a) 2011	(0) 2012	(6) 2013	(d) 2014	(e) 2013	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_0
4	Total. Add lines 1 through 3 .	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	of the amount shown on line 11.						
	column (f)						
6	Public support. Subtract line 5 from line 4						0
	ction B. Total Support						
Cale	, , , , , , , , , , , , , , , , , , , ,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar				ļ		
	sources					1	0
9	Net income from unrelated business				 		
	activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI)						0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (<u> Britania</u>	12	0
	First five years. If the Form 990 is for the c	•	second, third, fourt	h. or fifth tax vear a	as a section 501(c)		
•	organization, check this box and stop here	-		,	20 2 2000.200 00 1 (3)	(-)	▶
Sec	ction C. Computation of Public Su	pport Percenta	age				
	Public support percentage for 2015 (line 6,			(f))		14	0.00%
15	Public support percentage from 2014 Sche	dule A, Part II, line	14			15	0 00%
16a	33 1/3% support test—2015. If the organization qualifies a			, and line 14 is 33	1/3% or more,		▶ □
t	 33 1/3% support test—2014. If the organization qualifier 				is 33 1/3% or more	, check this	>
17a	10%-facts-and-circumstances test—201 is 10% or more, and if the organization meet Part VI how the organization meets the "facorganization"	ets the "facts-and-c	rcumstances" test	check this box an	d stop here. Expla	ain in	►□
t	10%-facts-and-circumstances test—201- 15 is 10% or more, and if the organization in Part VI how the organization meets the "fac	meets the "facts-and	d-circumstances" t	est, check this box	and stop here. E		
	supported organization						▶
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	any under the t	esis listed belo	w, piease com	piete Part II)		
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2011	(8) 2012	(0) 2010	(4) 2014	(6) 2010	
•	received (Do not include any "unusual grants")]	0
2	Gross receipts from admissions, merchandise						<u>_</u>
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose]		'			0
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's			,			
	benefit and either paid to or expended on						
	its behalf		_			1	0
5	The value of services or facilities						
	furnished by a governmental unit to the		•	'		1	
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3			,			
	received from disqualified persons						0
þ	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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	1.0					
	line 6)						0
	tion B. Total Support	(-) 2011	(h) 2042	(-) 0040	(-1) 0044	(-) 5045	(6) T-4-1
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	ļ	0	0	0	0	0
Tua	Gross income from interest, dividends,						
	payments received on securities loans,						0
h	rents, royalties and income from similar sources Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	!					0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business					<u>`</u>	
	activities not included in line 10b, whether	j j					
	or not the business is regularly carried on]					0
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	rganızatıon's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	_
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2015 (line 8,	column (f) divided b	y line 13, column ((f))		15	0.00%
16	Public support percentage from 2014 Scheo				- ·	16	0.00%
Sec	ction D. Computation of Investmen	<u>nt Income Perc</u>	<u>entage</u>				
17	Investment income percentage for 2015 (lin			olumn (f))		17	0 00%
18	Investment income percentage from 2014 S					18	0 00%
19a	33 1/3% support tests—2015. If the organi					and line 17 is	, <u> </u>
L	not more than 33 1/3%, check this box and				~	32 1/30/ and	▶ ∟_
D	33 1/3% support tests—2014. If the organi line 18 is not more than 33 1/3%, check this					·	▶□
20	Private foundation. If the organization did						\\\
ZU	i irrate roungation, ii the organization uit	HOLDIECK & DOX OIL	17, 13a, UL 18	D, CHECK LIIS DUX 6	コルム うこせ こういいしいりご	3	

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below
- 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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- 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
- 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)
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- 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.
- 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.
- 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.
- 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 10b below.
 - 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.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	المستسلسة	M.	
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		X
b 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.	11b 11c		$\frac{\hat{x}}{x}$
Secti	on B. Type I Supporting Organizations	1110	1	
	on the state of th		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	73.2		` .
	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		7, 1	
	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,			(A)
Sacti	supervised, or controlled the supporting organization on C. Type II Supporting Organizations	2		
Secil	on 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	Way : 9		. N
•	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		
Secti	on D. All Type III Supporting Organizations			
		لبيا	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	المكتند	ملائند	.Sl
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	X	313
-	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	X	4.m ************************************
3	By reason of the relationship described in (2), did the organization's supported organizations have a	77 1		**************************************
	significant voice in the organization's investment policies and in directing the use of the organization's			. A
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	J. N		X .
	supported organizations played in this regard	3_	X	L
	on 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 in	istruci	tions)
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			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructio	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	A 3		. · 🖏 .
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		3 42 F	ટ્રેકુપો. મહત્
	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	سنامة الله	الأستنشار	3, . 10
	that these activities constituted substantially all of its activities	2a		
þ	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			- 17 - 54
	reasons for the organization's position that its supported organization(s) would have engaged in these	3. J	للنستذ	
,	activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below.	2b	. Y.A.	1,000
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		- 82
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	1244 BZ	

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 · ☐ Check here if the organization satisfied the Integral Part Test as a qualifying	ng tr	rust on Nov. 20, 1970 See	instructions. All
other Type III non-functionally integrated supporting organizations must co	omp	lete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	26,825	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	99,362	88,140
4 Add lines 1 through 3	4	126,187	88,140
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	13,956	18,053
7 Other expenses (see instructions)	7	2,468	1,441
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	109,763	68,646
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	4,326,090	4,117,336
b Average monthly cash balances	1b	203,848	145,809
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	4,529,938	4,263,145
e Discount claimed for blockage or other	% :		
factors (explain in detail in Part VI).	T No.		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	4,529,938	4,263,145
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	67,949	63,947
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	4,461,989	4,199,198
6 Multiply line 5 by .035	6	156,170	146,972
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	156,170	146,972
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		109,763
2 Enter 85% of line 1	2		93,299
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		156,170
4 Enter greater of line 2 or line 3	4		156,170
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		156,170
7 Check here if the current year is the organization's first as a non-functional	illv-ii	ntegrated Type III supportu	na organization (see

	A (FOUR 990 OF 990-EZ) 2019 TOH SUDEROW WEWORIAL T			2-01/1958 Page /
	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	ations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			233,259
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	ızatıons	14,740
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)	······································		
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			247,999
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			233,259
	Distributable amount for 2015 from Section C, line 6			156,170
10	Line 8 amount divided by Line 9 amount			1 494
		(i)	(ii)	(iii)
Se	ction E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2015	Amount for 2015
	Distributable amount for 2015 from Section C, line 6			156,170
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Excess distributions carryover, if any, to 2015			
<u>a</u>				
<u>b</u>				
<u>c</u>				
<u>d</u>	From 2013			
<u>e</u>	From 2014			
f	Total of lines 3a through e	21,706		
	Applied to underdistributions of prior years		0	**************************************
<u>h</u> _	Applied to 2015 distributable amount			21,706
	Carryover from 2010 not applied (see instructions)			4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2015 from Section			
	D, line 7: \$ 247,999			
<u>a</u> _	Applied to underdistributions of prior years		0	
D	Applied to 2015 distributable amount			134,464
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	113,535	Ph_ fs(a, h) \\ C'\A	
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount		_	
	greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h			
6				
	and 4b from line 1 (if amount greater than zero, see			
7	instructions) Excess distributions carryover to 2016. Add lines 3			U V
,	and 4c	113,535		
8	Breakdown of line 7	113,535		
	Dieakdowit of line /	10		**
a				ALL ALL MEN VELOVE
	Excess from 2013			PART OF STREET
c	Excess from 2013 0			
e	Excess from 2015	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Tarana San Tarana

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)
Part IV Sec	ction D Line 3 Two of the supporting organizations five board members are
members o	of the board of the supported organization. The supported organizations board
chair serve	es as the board chair of the supporting organization, and he or she designates
another su	pported organization board member to serve on the supporting organizations
board The	supporting organization conducts regular board meetings every6 months and has
special me	etings when necessary. At each regular meeting, there is significant discussion.
with input f	from all board members, including those also on the supported organizations
board, rega	arding the supporting organizations investment policy, historical, recent, &
forecasted	investment performance, & upcoming near & future cash needs of the supported
organizatio	on, at each regular meeting there is also significant discussion, with input
from all bo	ard members, including those also on the supported organizations board, and
officers and	d staff of the supported organization regarding upcoming expenditures the
supported	organization needs to be funded in the near term and foreseeable future. The
supported	organization and the board of the supporting organization have developed a
capital nee	eds funding schedule as a tool for planning grant amounts, planning the timing
of such gra	ants, and determining how the supporting organizations investments must be
structured	and/or altered to be able to timely fund such grants.□
Part V Sec	tion D Line 8 The supported organization, with the financial assistance of the
supporting	organization, replaced its 50 year-old sudekum planetarium in 2008 with a new
planetarium	n and sky & space wing addition at a cost of approximately \$20 million. The
sudekum p	planetarium is an integral part of the supported organization, when the new
sudekum p	planetarium was being designed and built, the supported organization recognized
the ongoin	g need for funding routine and extraordinary planetarium capital expenditures
given the a	advanced technology, both software and hardware, incorporated into the new
sudekum p	planetarium. The supported organization recognized that it did not have the
resources	or endowment to insure that such capital expenditures would be funded as and

when needed. The supporting organization agreed to use its assets for such purpose. The

Schedule A (Form 990 or 990-EZ) 2015 TCH SUDEKUM MEMORIAL TRUST 62-617/958 Page 8
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)
supported organization could not fund such capital expenditures without the supporting
organization, and the failure to fund such expenditures would cause an interruption or
significant degradation in the supported organizations planetarium activities. The
attentiveness of the supported organization to the supporting organization is also
evidenced by the fact that the amount of support provided by the supporting organization
to the segment or department of the supported organization that consists of the sudekum
planetarium is substantial relative to the planetariums total support. Also, the
relationship between the supporting organization and the supported organization has
existed for over 30 years, and the supporting organization has contributed more funds to
the supported organization over time than any other donor □

SCHEDULEI (Form 990) Name of the organization

General Information on Grants and Assistance

Partl

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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2015-0047	Open to Public
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Inspecti Employer identification number

62-6177958

▶ Information about Sched ICH SUDEKUM MEMORIAL TRUST

_	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?
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part	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.

						•		
-	1 (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
(1).	(1) ADVENTURE SCIENCE CENTER 800 FORT NEGLEY BLVD NASHVILI	62-0479192	501(C)(3)	233,259				EDUCATIONAL
(2)	(2)							
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(9)								
(9)								
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£								
(12)	(12)							
4 "	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	501(c)(3) and g	overnment organized in the line 1 table	ations listed in the line	1 table			
, 	Line total hambel of other o	Igai il Cation is liste	מיוון מום וווום ו מחו					

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

Schedule I (Form 990) (2015)

Page 2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(f) Description of non-cash assistance Part I THE ORGANIZATION IS A CHARITABLE TRUST THE CHARITABLE PAYEE IS NAMED IN THE TRUST DOCUMENT. GRANTS ARE PAID IN ACCORDANCE WITH Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant THE TRUST DOCUMENT, FOR PURPOSES SPECIFIED IN THE TRUST DOCUMENT Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TCH SUDEKUM MEMORIAL TRUST 62-6177958
Form 990, Part VI, Section C, Line 17: NO STATE FILING IS REQUIRED
Form 990, Part V, Section C, Line 19 THE TRUSTEE MAKES THE ORGANIZATION'S GOVERNING DOCUMENTS
\$ FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
Form 990, Part VI, Section B, Line 15a, 15b. THE ORGANIZATION HAS NO PAID OFFICERS OR
EMPLOYEES THE CORPORATE TRUSTEE'S FEE IS AN AMOUNT DISCOUNTED FROM ITS STANDARD FEE SCHEDULE,
WHICH IS REVIEWED BY THE TRUST COMMITTEE
Form 990, Part VI, Section 1A, THE ORGANIZATION IS COMPOSED OF A TRUSTEE (SUNTRUST BANK,
NASHVILLE) AND A TRUST COMMITTEE OF WHICH THERE ARE 5 INDIVIDUAL VOTING MEMBERS UNDER THE
TERMS OF THE GOVERNING TRUST INSTRUMENT, THE TRUST COMMITTEE HAS ONLY THOSE POWERS SET FORTH
IN THE INSTRUMENT. THE TRUST COMMITTEE HAS THE POWER TO MAKE ALL DECISIONS REGARDING
DISTRIBUTIONS AND THE POWER TO REMOVE THE CORPORATE TRUSTEE AND APPOINT A SUCCESSOR TRUSTEE
ALL OTHER GOVERNANCE POWERS ARE HELD BY THE CORPORATE TRUSTEE
Form 990, Part VI, Line 2 THE TRUSTEE IS SUNTRUST BANK. SUNTRUST HAS VARIOUS DIVISIONS, AMONG
THEM, RETAIL BANKING AND A TRUST DEPARTMENT, WHICH ACTS AS THE TRUSTEE OF THE ORGANIZATION
TRUST COMMITTEE MEMBER ROBERT E. BAULICH III HAS A BUSINESS RELATIONSHIP WITH SUNTRUST'S
RETAIL BANKING DIVISION.
Form 990, Part VI, Line 7A. THE PRESIDENT OF THE TRUST COMMITTEE IS CHAIRMAN OF THE BOARD OF
DIRECTORS OF THE SUPPORTED ORGANIZATION ONE MEMBER OF THE TRUST COMMITTEE IS APPOINTED BY
SAID PRESIDENT. TWO MEMBERS OF THE TRUST COMMITTEE ARE APPOINTED BY SAID PRESIDENT. TWO
MEMBERS OF THE TRUST COMMITTEE ARE SELECTED BY THE ELDEST DECENDENT OF TWO OR FOUR SISTERS WHO
WERE GRANTORS OF THE ORGANIZATION
Form 990, Part VI, Line 7A THE ORGANIZATION HAS NO COMMITTEES OTHER THAN THE TRUST COMMITTEE.
Form 990, Part VI, Line 8B AN ELECTRONIC COPY OF FORM 990 IS AVAILABLE TO THE TRUSTEE (BUT
NOT THE TRUST COMMITTEE) PRIOR TO FILING

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
TCH SUDEKUM MEMORIAL TRUST	62-6177958
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