Form **990** 

# **Return of Organization Exempt From Income Tax**

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

<u>2017</u>

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www irs gov/Form990for instructions and the latest information

Open to Public
Inspection

A	or the	e 2017 calendar year, or tax year beginning $12/01$ , 2017	, and ending	11/	30,20 18
_		C Name of organization	<u> </u>	D Employer identification	on number
8 (	hock if ap	TCH_SUDEKUM MEMORIAL TRUST			
	Addre	Doing husiness as		62-6177958	
	Chang	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
	_	return PO BOX 1908			
-	_	return/  City or town, state or province, country, and ZIP or foreign postal code		<del></del>	
-	termir Amen	nated		l	
-	return Applic	ORLANDO, FL 32802-1908		G Gross receipts \$	<u>1,636,970</u> .
	penda	out the state of t	C	H(a) Is this a group return f subordinates?	or Yes X No
		P.O. BOX 1908 ORLANDO FL 32802-1908		H(b) Are all subordinates inclu-	10d7 Yes No
1	Tax-ex	tempt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1)	or 52/1	If "No," attach a list	(see instructions)
<u>J</u>	Websi	te· ► N/A	· · · · · · · · · · · · · · · · · · ·	H(c) Group exemption num	ber >
K	Form o	of organization   Corporation   X Trust   Association   Other	L Year of forma	tion 1984 M State of	legal domicile TN
Pa	art I	Summary	,		
	1	Briefly describe the organization's mission or most significant activities.			
ø	1	TO SUPPORT THE ADVENTURE SCIENCE CENTER			
ä		1			
Governance	2	Check this box > if the organization discontinued its operations or dispose	d of more Each	VE Fa assets	
8	3	Number of voting members of the governing body (Part VI, line 1a)			5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	33	io I	5
Activities &	, 5	Total number of individuals employed in calendar year 2017 (Part V, line 2a).	31 · APR 17		
₹.			<b>Y</b>		NONE
Act	7.	Total number of volunteers (estimate if necessary)	OCOT A	6	NONE
_	/a	Total unrelated business revenue from Part VIII, column (C), line 12		N, U.T   7a	NONE
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	NONE
	_		ļ	Prior Year	Current Year
ě	Į.	Contributions and grants (Part VIII, line 1h)			40,000.
ē	9	Program service revenue (Part VIII, line 2g)			<u> </u>
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		114,601	<u>216,556</u> .
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		114,601	256,556.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,500	48,665.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		25,972	27,056.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		1 1 1	
be d			NE		
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,696	8,893.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		246,168	84,614.
		Revenue less expenses Subtract line 18 from line 12		-131,567	171,942.
င် မွ		They chall lead expenses bublished limb to from line 12		ning of Current Year	End of Year
anc	20	Total assets (Part X, line 16)		3,974,558	
Assets 1 Baland	21				4,146,959.
a et	l	Total liabilities (Part X, line 26)		NONE	NONE
20		Net assets or fund balances Subtract line 21 from line 20	• • • • • • • • • • • • • • • • • • • •	3,974,558	4,146,959.
	rt II	Signature Block			
tru	e, corre	nalties of perfury, I declare that liver e annined this return, including accompanying school ct, and complete. Declaration of prepare (other than officer) is based on all information of wh	uics and statements, t ich preparer has any ki	and to the best of my kno nowledge	wledge and belief, it is
		12/1/1/10/10/10/11/11			
Sig	n	Signature of officer		03/27/20:	<u>19</u>
Hei		· · · · ·		Date	
	•	SUNTRUST BANK, TRUSTEE			
		Type or print name and title			
Da!-	ı	Print/Type preparer's name Preparer's signature	Date	Check X if PTII	N
Paid		SHAWN P. HANLON	23 <b>/23</b> /201	9 self-employed	P00965923
•	Only	Firm's name PRICEWATERHOUSECOOPERS	1		008324
ose	Only	Firm's address ▶ 600 GRANT STREET; PITTSBURGH, PA 152	219		355-6000
May	the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
		work Reduction Act Natice see the congrete instructions			A TES   100

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For	m 990 (2017) Page 2
Pa	Int III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
•	TO SUPPORT THE ADVENTURE SCIENCE CENTER
	TO SUPPORT THE ADVENTURE SCIENCE CENTER
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	
	services?
4	· · · · · · · · · · · · · · · · · · ·
4a	(Code: ) (Expenses \$ 63,693. including grants of \$ 48,665.) (Revenue \$ )
	ADVENTURE SCIENCE CENTER
_	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O)
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 63 693
-0	THE DECEMBER OF THE PROPERTY O



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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Î		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		**
۰	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
3	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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			Α.
- •	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
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		Х
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		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 167 If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		12a	-	<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
•	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	•	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	:	X
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		Х
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		X
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		Х
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		X
		_	aan,	

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Part	Checklist of Required Schedules (continued)			
	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> X</u>
b	• • • • • • • • • • • • • • • • • • • •	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 17 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			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22_		<u>X</u>
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		<u> X</u>
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	$\overline{}$		<u> X</u>
b	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		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
254	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	25-		v
b		25a		<u>X</u>
U	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		<u></u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		- 1	
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		ĺ	
	Schedule L, Part IV	28b		X
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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		X
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
35a	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			37
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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,	97		v
20	Part VI	37		<u>X</u>
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10 1.0.c. / All Form 550 mers are required to complete ochequie O	30	$\frac{\Delta}{\alpha \alpha \Delta}$	

Part	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			
	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?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	)	ľ	Ì
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ئــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	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		X
	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	4a		X
L	account)?	40		
D	If "Yes," enter the name of the foreign country:	]		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		
	gifts were not tax deductible?	6b_		<u> </u>
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	· · · ·		]
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f		7f		X
	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		ļ
9	Sponsoring organizations maintaining donor advised funds.			ال
	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?	9b		1
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			
11	Section 501(c)(12) organizations. Enter:	[		
	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.)			
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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
	Note. See the instructions for additional information the organization must report on Schedule O.		ļ	
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			
	Enter the amount of reserves on hand	14a		X
	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			<del></del> -

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Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	n Schedule O. :	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · · · · · · · · · · · · · ·			X
Sect	ion 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	<b>1a</b> 5			1
	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				}
ь		<b>1b</b> 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	tionship with			Ĺi
	any other officer, director, trustee, or key employee?	•	2	X	
3	Did the organization delegate control over management duties customarily performed by or und				
-	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elec				<u> </u>
	one or more members of the governing body?	• •	7a	Х	
h	Are any governance decisions of the organization reserved to (or subject to approval by				
	stockholders, or persons other than the governing body?	• ·	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under				-
J	the year by the following.	taken during			
а	The governing body?		8a	$\overline{X}$	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
·	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Inte.			1	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of su				
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt pur		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	•	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ig the form? .			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests the				
U	rise to conflicts?		12b		
·	Did the organization regularly and consistently monitor and enforce compliance with the pol describe in Schedule O how this was done		12c		
13			13		Х
14	Did the organization have a written whistleblower policy?		14		X
15	Did the process for determining compensation of the following persons include a review and				<del></del>
15					
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation a		15a		<u> </u>
a	The organization's CEO, Executive Director, or top management official		15b		X
b	Other officers or key employees of the organization	• • • • • •	.55		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		İ		
109	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		<u> </u>
<b>L</b>	· · · · · · · · · · · · · · · · · · ·		104		
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to s organization's exempt status with respect to such arrangements?		16b		استسا
Sect	ion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed			1/21	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply	990-1 (Section	501(0	:)(3)s	only)
	Own website Another's website X Upon request Other (explain in Sche	dule (1)			
4.5		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inte	erest	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 book	oks and records	S. <b>▶</b>		
JSA	·	<del></del>	Form	990	(2017)
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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								
	Check if Schedule	0.0	ontaine a re	enonce or no	to to any line	in thu	e Part VIII				

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	any related	orga	nizat	tion	coi	mpen	sate	d any current offic	er, director, or trus	itee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos neck ss pe	rson	e than or Highest compensated	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	1.00		х					27,056.	NONE	NONE
(2) MARC STENGEL EX-OFFICO (FAMILY)	1.00			Х				NONE		NONE
(3) MARK WOOLWINE EX-OFFICO (FAMILY)	1.00			Х				NONE	NONE	NONE
(4) ROBERT E. BAULCH III CMTE MEMBER (5) L. GLENN WORLEY	1.00			_X				NONE	NONE	<u>NON</u> E
LIFETIME MEMBER (6) CHRIS JOHNSTON	1.00			Χ				NONE	NONE	NONE
CMTE MEMBER (7) TOM TRENT	1.00			Χ				NONE	NONE	NONE
CHAIRMAN (8) JOHN GAWALUCK	1.00			X				NONE	NONE	NONE
CMTE MEMBER (9)				Х				NONE	NONE	NONE
(10)		_								
(11)										<u> </u>
(12)										
(13)										<u> </u>
(14)										

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	s, a	nd H	igh	est Compensate	d Employees	continued)
. (A) Name and title	(B) Average hours per week (list any	box,	unle er an	Pos heck ss pe d a d	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation fron related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
18)			-							
19)		<u> </u>	_	_						
20)		_		ļ	_					
(21)										
22)										
23)										
24)		-					-			
(25)				-						<u> </u>
1b Sub-total  c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)  Total number of individuals (including but reportable compensation from the organizat	Section A			 			▶ ▶ who	27,056.	NON nan \$100,000 c	
3 Did the organization list any former of employee on line 1a? If "Yes," complete School	fficer, direct	or, o	r ti	rust dua:	ee, /	key	em;	ployee, or highes	st compensated	Yes No
<ul> <li>4 For any individual listed on line 1a, is the organization and related organizations individual</li> <li>5 Did any person listed on line 1a receive</li> </ul>	greater than or accrue co	n \$19 omper	50,0  nsat	000  ion	?' <i>I</i>  fro	f "Ye  m any	es," · · y ui	complete Schedi	ule J for such on or individual	4 X
for services rendered to the organization? If Section B. Independent Contractors	"Yes," compl	ete So	chec	lule	J fo	r suci	h pe	erson	<u></u>	5 X
<ol> <li>Complete this table for your five highest co compensation from the organization. Repor year.</li> </ol>										
(A) Name and business a	ddress							(B) Description of se	rvices	(C) Compensation
2 Total number of independent contracto								those listed abo	ve) who	
received more than \$100,000 of compensa	tion from the	orga	niza	tior	<b></b>			·		Form 990 (2017

Part VIII Statement of Revenue

		Check if Schedule O co			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta. under sections 512-514
ts, Grants Amounts	1a '	Federated campaigns	1a			THE THE PARTY OF T	TO THE WALL THE	
اة ق	ь	Membership dues	<u>1b</u>			The state of the s		
A, (	С	Fundraising events '.	<u>1c</u>			THE SECRET	是这种流	
<u> </u> 클	d	Related organizations	1d <sup>1</sup>					
Sim,	е	Government grants (contribu	itions) 1e					是是表
Contributions, and Other Sim	f	All other contributions, gifts,	grants,					
들통		and similar amounts not include	d above . 1f	40,000				
<u> </u>	g	Noncash contributions included i		•				
	h	Total Add lines 1a-1f	<del></del> .		40,000.	The state of the s	25時代時代語	是是是是
Service Revenue	2a	•		Business Code		east chipper the start (		
9	b							
Ž	С							r
Se	d	·	<del></del>					
ram	e			<del></del> :	-			
Program	f	All other program service rev		<u> </u>		ARTON TOURS OF	No significant seem we	ا الله معمر ال الجهيد والقسريون والإن
-	3	Total Add lines 2a-2f						Ar 112 4 538 44 50 1
	3	Investment income (income and other similar amounts).	cluding dividen		95,138.			95,13
	4	Income from investment of			75,150.			23,13
,	5	Royalties				,		
	_	,	, (ı) Real	(II) Personal	d Transfersor a	TANGET IN A SET		AND THE POST OF THE PROPERTY OF
	6a	Gross rents	<u> </u>					
- 1	ь	Less 'rental expenses						
	· c	Rental income or (loss)	<u> </u>					
	d	Net rental income or (loss).				. Sirvi etreblici M. Pari brodinisa madridis applide	mindibilitan ahibida bata and a said and a s	Adoleste St. Marie St.
	7a	Gross amount from sales of	(i) Securities	(ii) Other	Constitution of the second of	ENGRAPHIC CHIEF	<b>维斯特特的 联</b>	17.00-01
		assets other than inventory	1,501,832	•				
ļ	Ь	Less cost or other basis	,					
	-	and sales expenses	1,380,414	•	<b>建筑型。"</b> 说说:			
	С	Gain or (loss)	101 410					
	d	Net gain or (loss)			121,418.		1	121,41
ابه	8a	Gross income from fundra	using					CHI MELLIER
ᇎ	,	events (not including \$		`	aretanis			
ķ		of contributions reported on	line 1c)					Takker.
Other Rev		See Part IV, line 18		<u> </u>	<b>不是现在的</b>	[型的] 单种型		分學性整體學是
됩	b	Less direct expenses		_ <del></del>				
	C	Net income or (loss) from fu	indraising events .	<u>·</u> ▶	I him if you a side was not see	E SECTE OF SECTION SE	Z dadu a s s s s s s s s s s s s s	m. alleads . w
	9a	Gross income from gaming See Part IV, line 19		· 				
	b	Less direct expenses					AND LANGE STREET	
ŀ	C	Net income or (loss) from g	ſ	<u></u> ▶	pand by the thank it is a retreat	diagram, alternatively a service of	المراجع المراج	المراجع المراجعين المراجع المراجع
	10a	Gross sales of invento	·	3				
	_	returns and allowances					的心理學是這個	
	b c	Less: cost of goods sold Net income or (loss) from sale	es of inventory		Translation Comments		A to the said of the said of the said	
		Miscellaneous Revenu	ie	Business Code				
	11a	_ · _ ·						
	b							3
, [	C			,				<u>.</u>
	d	All other revenue		·	٠.	Sage a gap ( Fig. ), one is consistent with the first	the production of the state of	, , , , , , , , , , , , , , , , , , ,
	е	Total. Add lines 11a-11d				14分分析的发展或	推出的工程的	
	12	Total revenue See instruction	ns		256,556.			216,55

Do not include amou 8b, 9b, and 10b of F  1 Grants and other as and domestic gover 2 Grants and oth individuals See P 3 Grants and oth organizations, for individuals See P 4 Benefits paid to o 5 Compensation of trustees, and key 6 Compensation not persons (as define persons described in 7 Other salaries and 8 Pension plan accr	sistance to domestic organizations of the state of the st	(A) Total expenses 48,665.	(B) Program service expenses 48,665.	(C) Management and general expenses	(D) Fundraising expenses
and domestic gover  2 Grants and oth individuals See P  3 Grants and oth organizations, for individuals See P  4 Benefits paid to often See P  5 Compensation of trustees, and key  6 Compensation not persons (as define persons described in Other salaries and Pension plan accr	nements See Part IV, line 21			13,528.	
2 Grants and oth individuals See P 3 Grants and ot organizations, for individuals See P 4 Benefits paid to o 5 Compensation of trustees, and key 6 Compensation not persons (as define persons described in 7 Other salaries and 8 Pension plan accr	ter assistance to domestic art IV, line 22			13,528.	
<ul> <li>3 Grants and ot organizations, for individuals See Pi</li> <li>4 Benefits paid to o</li> <li>5 Compensation of trustees, and key</li> <li>6 Compensation not persons (as define persons described in</li> <li>7 Other salaries and</li> <li>8 Pension plan accr</li> </ul>	ther assistance to foreign eign governments, and foreign art IV, lines 15 and 16	27,056.	13,528.	13,528.	
<ul> <li>Benefits paid to o</li> <li>Compensation of trustees, and key</li> <li>Compensation not persons (as define persons described in Other salaries and Pension plan accr</li> </ul>	r for members	27,056.	13,528.	13,528.	* 1
trustees, and key  6 Compensation not persons (as define persons described in 7 Other salaries and 8 Pension plan accr	employees	27,056.	13,528.	13,528.	
persons (as define persons described in 7 Other salaries and 8 Pension plan accr	d under section 4958(f)(1)) and section 4958(c)(3)(B)				
8 Pension plan accr	uals and contributions (include   403(b) employer contributions) enefits			_	
•	I 403(b) employer contributions) enefits				
section 40 I(k) and	non-employees)				
, ,					
11 Fees for services ( a Management					
<b>b</b> Legal		1 500	1 500		
		1,500.	1,500.		
e Professional fundrai	sing services See Part IV, line 17.	F 020		F 020	
	gement fees	5,928.	-	5,928.	<del></del>
	expenses on Schedule O)				
	romotion				
	· · · · · · · · · · · · · · ·	-			
	ology				
					<del></del>
for any federal, s	el or entertainment expenses tate, or local public officials				
	rentions, and meetings			-	<u></u>
	ntes				
•	etion, and amortization				
			-		
	Itemize expenses not covered				
above (List miscell	aneous expenses in line 24e If				
line 24e amount e	xceeds 10% of line 25, column	7 7 33 7		N /	
	3 24e expenses on Schedule ()	<u></u>	15		
c					
d					
e All other expenses	· [	1,465.		1,465.	
	penses. Add lines 1 through 24e	84,614.	63,693.	20,921.	NO
organization repo from a combined fundraising solicite	nplete this line only if the red in column (B) joint costs deducational campaign and stron. Check here  if 2 (ASC 958-720)				

# Form 990 (2017) Part X Balance Sheet

	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	322
	2	Savings and temporary cash investments	203,144.	2	269,643
	3	Pledges and grants receivable, net	-,-,-,-	3	
	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from current and former officers, directors,			·····
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	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	F		
		organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
-		other basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
-	11	Investments - publicly traded securities	3,771,414.	11	3,876,994
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,974,558.	16	4,146,959
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	-
S	22	Loans and other payables to current and former officers, directors,			-
Ĭ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
۱-	23	Secured mortgages and notes payable to unrelated third parties [		23	
	24	Unsecured notes and loans payable to unrelated third parties [		24	
	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		25	
$\perp$	26	Total liabilities. Add lines 17 through 25	NONE	26	NON:
		Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
Š		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	
20	28	Temporarily restricted net assets		28	
힐	29	Permanently restricted net assets		29	
or rund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	3,974,558.	30	4,146,959
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	-,-,-,-	31	
ζ	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
		Total net assets or fund balances	3,974,558.	33	4,146,959
<u> </u>	33	Total fiet assets of fully balances			

Form 99	00 (2017)				Pa	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	56,	556.
2	Total expenses (must equal Part IX, column (A), line 25)	2			84,	<u>514.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		1	71 <u>,</u> 9	942.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,9	74,	558.
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				459.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,1	46,9	<del>959.</del>
Part						
	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: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaır	n in	,		
	Schedule O			1 -		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or	l		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					<u> </u>
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a		_	
	separate basis, consolidated basis, or both:			,		4
	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 o	oversi	aht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	F		- ′		. ]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	חור			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990for instructions and the latest information.

Inspection

OMB No 1545-0047

Name	of the organization					Employer identif	ication number
TCF	SUDEKUM MEMORIAL TR	UST				62-6	5177958
_Par			rganizations must d	omplet	e this pa		
_	organization is not a private four						·
1	A church, convention of ch						
2	A school described in secti						$\omega$
3	A hospital or a cooperative						
4	A medical research organiz	•	•				(iii) Enter the
•	hospital's name, city, and s		onjunction with a not	pital ac.	SCITECU II	in section ( ) o(b)( )(A)	(iii). Litter the
5	An organization operated		a college or universi	ty owne	d or one	erated by a governme	ental unit described in
•	section 170(b)(1)(A)(iv). (0		a conege of aniversi	ty Owno	u oi ope	rated by a governme	intal dilit described if
6	A federal, state, or local go	•	nmental unit describe	d in sect	ion 170	(b)(1)(A)(v)	
7	An organization that norm						om the general nuble
•	described in section 170(b			ippoit ii	om a go	verimental unit of it	om the general public
8	A community trust describe			Part II \			
9	An agricultural research org					Lin agairmatran reith a	
3	or university or a non-land-						
	university:	grant conege or agi	nculture (see instructi	U115]. E11	ter the na	ame, city, and state of	the college or
10	An organization that norma	ully receives (1) me	aro than 221/29/ of ita	cupport	from so	ntributions month and	
10	receipts from activities rela	ted to its exempt fi	unctions - subject to c	ertain ex	kceptions	s, and (2) no more tha	n 331/3% of its
	support from gross investm	ent income and ur	nrelated business taxa	ble inco	me (less	section 511 tax) from	businesses
11	acquired by the organization						
12	X An organization organized	·		•			
12	of one or more publicly su						
	Check the box in lines 12a t						
_							•
а	Type I A supporting org						
	the supported organization				ajority of	the directors or truste	es of the
L	supporting organization.				*.1 *.		
b	Type II. A supporting org						
	control or management of			tne sam	ie persor	is that control or mar	age the supported
_	organization(s). You must				.•		
C	Type III functionally inte						ly integrated with,
	its supported organization				•		
d	X Type III non-functionally						_
	that is not functionally int	-	•	•		•	an attentiveness
	requirement (see instruct		•		•		
е	Check this box if the orga						i, Type III
f	functionally integrated, or Enter the number of supported					ion.	
·	Provide the following informati						· · · · · · L
9_	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	try manie of supported organization	(, ב	(described on lines 1-10		nt doveturd		other support (see
			above (see instructions))		ment?	instructions)	instructions)
			<u> </u>	Yes	No		
(A)	SEE PART VI		7				
	OBB TAKE VI				<u> </u>		
(B)					1		
(C)					i		
(D)				1			
				<del> </del>		· · · · · · · · · · · · · · · · · · ·	
(E)			,				
	. 1					INII	
Tota	l					48/de5	

Section A. Public Support  Calendar year (or fiscal year beginning in)	Pari	(Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Calendar year (or isseal year beginning in)	Sect		<del>'</del> '-					N/A
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants" 1			(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	<del>/                                      </del>
organization's benefit and either paid to or oxpanded on its behalf	1	membership fees received. (Do not						
turnshed by a governmental unit to the organization without charge	2	organization's benefit and either paid						
5 The portron 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)	3	furnished by a governmental unit to the						
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)	4	Total. Add lines 1 through 3				/		
Section B. Total Support Calendar year (or fiscal year beginning in)   Amounts from line 4.  Amounts from line 4.  Amounts from line 4.  B Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  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)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or lifth 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 from 2016 Schedule A, Part II, line 14.  15 %  16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support test - 2016. If the organization did not check a box on line 13, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support 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, check this box and stop here. Explain in Part VI how 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 qualif		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)						
Calendar year (or fiscal year beginning in)  Amounts from line 4.  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) .  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 from 2016 Schedule A, Part III, line 14 .  15 While support percentage from 2016 Schedule A, Part III, line 14 .  16 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .  17a 10% facts-and-circumstances test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop hefe. 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, 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 part VI how 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. 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 organization organization meets the "facts-and	_				/			
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8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, 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 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  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 bere.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	_	, , ,	(a) 2013	(6) 2014/	(C) 2015	(a) 2016	(e) 2017	(f) lotal
activities, whether or not the business is regularly carried on	_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10	9	activities, whether or not the business	/					
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)	10	loss from the sale of capital assets						
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)  Section C. Computation of Public Support Percentage  Public support percentage for/2017 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						
Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	ée instructions) .				12	
Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	13	First five years. If the Form 990 is for	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	Cast	ion C. Computation of Bublic Sun	and Davanda		<u> </u>		<u> </u>	
Public support percentage from 2016 Schedule A, Part II, line 14					44 1 (0)		<u> </u>	
331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
box and stop here. The organization qualifies as a publicly supported organization								
b 331/3% support test 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	100							
this box and stop here. The organization qualifies as a publicly supported organization	h	,			-			
17a 10%-facts-and-circumstances test - 2017. 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	•	,						. —
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	17a							
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
organization  b 10%-facts-and-circumstances test - 2016. 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								
b 10%-facts-and-circumstances test - 2016. 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								▶ □
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							and line
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<i>'</i>		=				
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								•
	18	supported organization						▶ □
		instructions	<u></u>		<u>.</u>			

# 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									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees	;					<del> </del>		
	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 • • • • • • •	,				1			
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513 $\cdot$								
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						<del> </del>		
/a	Amounts included on lines 1, 2, and 3		/	1	1				
ь	received from disqualified persons Amounts included on lines 2 and 3		<del>                                     </del>						
	received from other than disqualified								
	persons that exceed the greater of \$5,000								
_	or 1% of the amount on line 13 for the year		<del>  /</del>		-	<del> </del>	<del> </del>		
8 8	Add lines 7a and 7b Public support (Subtract line 7c from								
•	line 6)	/	1						
Sec	tion B. Total Support		<u> </u>	<del></del>		<u></u> .			
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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					i			
	acquired after June 30, 1975 /		ļ						
	Add lines 10a and 10b						<u> </u>		
11	Net income from unrelated business activities not included in line 10b.								
	whether or not the business is regularly								
	carried on						ļ <u> </u>		
12	Other income Do not include gain or								
	loss from the sale of capital assets								
42	(Explain in Part VI)			<del> </del>	<del> </del>				
13	Total support. (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is	for the organization	tion's first see	nd third forms	0. fifth to:		F01/+V01		
17	organization, check this box and stop here								
Sect	ion C. Computation of Public Sup						••••		
15	Public support percentage for 2017 (line 8,			mn (f))		15	%		
16	Public support percentage from 2016 Sche					16	%		
Sect	tion D. Computation of Investment	Income Perc	entage						
17	Investment income percentage for 2017 (II	ne 10c, column (f	) divided by line 1	3, column (f))		17	%		
18	Investment income percentage from 2016	Schedule A, Part	III, line 17			18	%		
19a	331/3% support tests - 2017. If the or								
	17 is not more than 331/3%, check th								
b	331/3% support tests - 2016. If the orga								
	line 18 is not more than 331/3%, check								
20	Private /foundation. If the organization	did not check	a box on line	14, 19a, or 19b					
JSA 7E122	11000	010 15 11	. 10		S	cnedule A (Form 99	90 or 990-EZ) 2017		
	HKP483 V17W 03/27/2	019 16:18	5:13				35 -		

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

			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.		<u></u>	
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 <b>Part VI</b> 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			X
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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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	- <u>144004 4 111 1</u>	
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 <b>Part VI</b> , 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)		\$#*·	X
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 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	- 50		1
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		X
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 ontity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		X
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		J
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 <b>Part VI</b> .			X
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 <b>Part VI</b> .	9c		J
10 a	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.	10a	X	
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	le A (Form 990 or 990-EZ) 2017  V Supporting Organizations (continued)			Page
Part	Supporting Organizations (continued)		Vac	NI-
11	'Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		•	
a	below, the governing body of a supported organization?	11a		X
h	A family member of a person described in (a) above?	11b		
	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	<del> </del>	X
	on B. Type I Supporting Organizations N/A	IIIC	l	
Decti	on b. Type i supporting organizations N/A		Voc	No
			165	140
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 <b>Part VI</b> 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		
_		<u> </u>	<del> </del>	
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.			
Section	on C. Type II Supporting Organizations N/A	2	J	Ь
Section	on c. Type ii Supporting Organizations N/A		Voc	No
_			162	140
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	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
Section	on D. All Type III Supporting Organizations	1	L	<u> </u>
Occur	on b. An Type in Supporting Organizations		Voc	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	140
	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	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>  '</del>	^	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	X	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	<u> </u>	1
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3	X	
Section	on E. Type III Functionally Integrated Supporting Organizations N/A			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ctruct	ionel	
' a	The organization satisfied the Activities Test Complete line 2 below.	Struct	10115/.	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	. inatrii	otio no l	1
·	The organization supported a governmental entity Describe in Fast Villow you supported a government entity (see	msuu	Yes	
2	Activities Test Answer (a) and (b) below.		163	140
а	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	<u> </u>	
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			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations Answer (a) and (b) below.		•	
а	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	I	i

Section A - Adjusted Net Income		must complete Sections A through E  (A) Prior Year (B) Current (option		
1 Net short-term capital gain	1	· · · · · · · · · · · · · · · · · · ·		
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3	76,144.	216,183	
4 Add lines 1 through 3.	4	76,144.	216,183	
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	17,828.	19,456	
7 Other expenses (see instructions)	7	1,354.	1,465	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	56,962.	195,262	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a	4,088,727.	4,249,554	
b Average monthly cash balances	1b	146,108.	261,083	
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	4,234,835.	4,510,639	
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	4,234,835.	4,510,635	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	63,523.	63,596	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	4,171,312.	4,447,039	
6 Multiply line 5 by 035	6	145,996.	155,646	
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8	145,996.	155,646	
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		56,962	
2 Enter 85% of line 1	2		48,418	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		145,996	
4 Enter greater of line 2 or line 3.	4		145,996	
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		145,996	

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	Page /		
	on D - Distributions	oupporting organiza	,	Current Year		
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exer	48,665.				
ě	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	zations	15,028.			
4	Amounts paid to acquire exempt-use assets			137020.		
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.		······································	63,693.		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	33/333		
	(provide details in Part VI) See instructions.			48,665.		
. 9	Distributable amount for 2017 from Section C, line 6			145,996.		
10	Line 8 amount divided by Line 9 amount			0.333		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6		能够到此意识是是特	145,996.		
2	Underdistributions, if any, for years prior to 2017		-	<b>机造现的</b> 基本的特殊		
	(reasonable cause required-explain in Part VI) See					
	instructions	了多种的人。""是我们的		<b>法自己等由该不会是</b>		
_3	Excess distributions carryover, if any, to 2017	2000 100 100 100 100 100 100 100 100 100	江京和华林林市村中	2017年1月20日 1995年1		
<u>. a</u>		了被军项品多次规格的[	含.用一些情感的,快速想到	\$1.4.2000 BAG (17)		
b	From 2013	inimiter and the state of the s	Anni Core Service Core Core (Core Core Core Core Core Core Core Core	thuilthigh gearde, nòidh abr (19an fagaigh 19ad) ann An clais a taon an t-airtean an t-airtean an t-airtean an		
C	From 2014	The street of th	言語語は一色明語語	THE STATE OF THE PARTY OF THE P		
d	From 2015			"特殊的过去的数据: 新井學		
е	From 2016		で引擎がよれば、単等	平规器等进行证据的严密		
f	Total of lines 3a through e	193,549.		建常外联建筑特别许是是		
g	Applied to underdistributions of prior years	<del>可以</del> 的 对於部队。		martification of the contraction		
h	Applied to 2017 distributable amount	是中央政策的政治	位置在中国的 "经"、第四	145,996.		
i	Carryover from 2012 not applied (see instructions)	TEST TO A THE THE TEST	等的是在自己的主要的	ANGERT OF THE		
<u>~ j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	47,553.	Michell Persons	<b>《沙里·阿尔斯斯》(李</b> 德		
4	Distributions for 2017 from					
	Section D, line 7: \$ 63,693	ing thingship to the continue of the continue		the state of the s		
a_	Applied to underdistributions of prior years	ETHERY IN STREET		是是1945。 1945年1945年1945年1945年1945年1945年1945年1945年		
b	Applied to 2017 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	63,693.	已分排行物的管理的			
5	Remaining underdistributions for years prior to 2017, if					
	any Subtract lines 3g and 4a from line 2 For result		,			
<u> </u>	greater than zero, explain in Part VI See instructions		و المراجع المدار المحدد	2013年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日		
6	Remaining underdistributions for 2017 Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in			· ·		
	Part VI See instructions.	( Taring the form of the first	A STATE OF THE STA	The beautiful think to the second the did of		
7	Excess distributions carryover to 2018. Add lines 3j	111 046				
	and 4c. Breakdown of line 7:	111,246.	CONTROL ME CONTREL PA	THE STATE OF THE S		
8	Excess from 2013	San Safer of the first of the same of the safer	termination of the second	TO A TOTAL TO THE STATE OF THE		
a		dittipan satusian sa range injert no saya na minan	TE TRANSPORT FOR THE DESIGNATION OF THE PROPERTY OF THE PROPER	CONTROL TANGET CONTROL OF THE CONTRO		
p	· · · · · · · · · · · · · · · · · · ·	diddorfor or never to a the true of materials	ganggganggangganggangganggangganggangga	A transfer of Aryminan information of a second or a second of the second		
d	Excess from 2015		CONTROLL AND TOTAL PROPERTY AND A CONTROL OF THE PROPERTY AND THE PROPERTY	The state of the s		
	Excess from 2016			大学、大学、大学など、なか、サット 384.4mg ・生・ようないない。なか、サット 384.4mg		
e	Excess from 2017	Lances, and the property of		及例如で何達の例如果の 作りたらず (計画 ↑ /Form 990 or 990.E7) 2017		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 8
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, 2a, and 2b, Part V, line 1a, Part V, Section B, lines 1a, Part V, Section B, lines 1a, 2b, 2b, 2b, 2b, 2b, 2b, 2b, 2b, 2b, 2b
<ul> <li>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.)</li> </ul>
Part IV, Section D, Line 3
Two of the supporting organizations five board members are members of
the board of the supported organization. The supported organizations
board chair serves as the board chair of the supporting
organization, and he or she designates another supported
organization board member to serve on the supporting organizations
board. The supporting organization conducts regular board meetings
Part IV, Section D, Line 3 (continued)
and has special meetings when necessary. At each regular meeting,
there is significant discussion, with input from all board members,
including those also on the supported organizations board, regarding
the supporting organizations investment policy, historical, recent,
& forecasted investment performance, & upcoming near & future cash
needs of the supported organization. At each regular meeting there
Part IV, Section D, Line 3 (continued)
is significant discussion, with input from all board members,
including those also on the supported organizations board, and
officers and 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 needs
Part IV, Section D, Line 3 (continued)
funding schedule as a tool for planning grant amounts, planning the

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.)
timnig of such grants, and determining how the supporting
organizations investments must be structured and/or altered to be
able to timely fund such grants.
Part V, Section 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 and sky & space wing
addition at a cost of approximately \$20 million. The Sudekum
Planetarium is an integral part of the supported organization. When
the new Sudekum Planetarium was being designed and built, the
Part V, Section D, Line 8 (continued)
ongoing need for funding routine and extraordinary planetarium
capital expenditures given the advanced technology, both software
and hardware, incorporated into the new Sudekum 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
Part V, Section D, Line 8 (continued)
purpose. The 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

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.)	
organization is also evidenced by the fact that the amount of	_
Part V, Section D, Line 8 (continued)	-
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	
Part V, Section D, Line 8	
any other donor.	
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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.) SCHEDULE A, PART I (g) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS \_\_\_\_\_\_\_ NAME OF SUPPORTED ORGANIZATION: ADVENTURE SCIENCE CENTER EIN: 62-0479192 TYPE OF ORGANIZATION FROM PART I: 7 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT: ..... 48,665. TOTAL SUPPORT: 48,665. ========== TOTAL OTHER SUPPORT: NONE

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

SCHEDULE I	פי	Grants ar	d Otner A	and Other Assistance to Organizations,	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Go	Governmen	ts, and In	ents, and Individuals in the United States	the United	States		9017·
	Compl	ete if the orç	Janization ansv	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	rm 990, Part IV, I	line 21 or 22.		
Department of the Treasury			► Att	► Attach to Form 990.				Open to Public
Internal Revenue Service		♣ Go t	www.irs.gov/	► Go to www.irs.gov/Form990for the latest information.	stest information			Inspection
<b>-</b>							Employer identification number	tion number
ᅰ	EMORIAL TRUST						62-6177958	58
Part   General Info	General Information on Grants and Assistance	Assistance						
1 Does the organizal	Does the organization maintain records to substantiate		amount of the	grants or assistanc	e, the grantees e	the amount of the grants or assistance, the grantees eligibility for the grants or assistance, and	or assistance, and	
the selection criter  2 Describe in Part IV	the selection criteria used to award the grants or assistance?	or assistance		ode or should transfer	· · · · · · · · · · · · · · · · · · ·			Yes X No
ξL	and or garinganis procedure		io aen aus fillio	פומות ומוומס זון תופ	Omico States.			
Grants and 990, Part IV	<b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> 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.	mestic Organic that received the contraction of the	anizations and ved more than	d Domestic Gov \$5,000. Part II	<b>ernments.</b> Com can be duplicat	plete if the organiza ed if additional spac	tion answered "Ye e is needed.	s" on Form
1 (a) Name and a	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 noncash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT	ENT 1							
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	overnment or	ganizations liste table	ed in the line 1 tab	<u>a</u>			[-]
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form	is for Form 990.	9.				Sche	Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)							Page 2
Part III Grants and Other Assistance to Domestic Part III can be duplicated if additional space	<b>ance to Dor</b> If additional	nestic Individual: space is needed.	uals. Complete ed.	if the organizatıc	in answered "Yes" on Fc	<b>Individuals.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.	,
(a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
1 N/A							
2							
8							
4							
5							:
9							
7		,					
Part IV Supplemental Information	on. Provide t	he information	required in Pa	rt I, line 2; Part II	I, column (b); and any of	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
PART I							
THE ORGANIZATION IS A CHAR	CHARITABLE TRUST		CHARITABLE	THE CHARITABLE PAYEE IS NAMED	ED		
IN THE TRUST DOCUMENT. GR	GRANTS ARE PAID	_	CCORDANCE W	IN ACCORDANCE WITH THE TRUST			
DOCUMENT, FOR PURPOSES SPECIFIED IN	PECIFIED	IN THE TRUS	THE TRUST DOCUMENT				
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					:		

Schedule I (Form 990) (2017)

### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ

► Go to www.irs gov/Form990for the latest information.

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 CORPORATE TRUSTEE AND A TRUST COMMITEE OF WHICH THERE ARE 5 INDIVDUAL VOTING MEMBERS. UNDER THE TERMS OF THE GOVERNING TRUST 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 COMMITTE MEMBER ROBERT E. BAULICH III HAS A BUSINESS RELATIONSHIP WITH SUNTRUST'S RETAIL BANKING

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization TCH_SUDEKUM_MEMORIAL_TRUST	Employer identification number 62 - 6177958
	1 02 03//300
DIVISION	
FORM 990, PART VI, LINE 7A	
THE PRESIDENT OF THE TRUST COMMITTEE IS CHAIRMAN OF T	HE BOARD OF
DIRECTORS OF THE SUPPORTED ORGANIZATION. ONE MEMBER	OF THE TRUST
COMMITTEE ARE APPOINTED BY SAID PRESIDENT. TWO MEMBE	RS OF THE
COMMITTEE ARE SELECTED BY THE ELDEST DESCENDENT OF T	WO OF FOUR
SISTERS WHO WERE GRANTORS OF THE ORGANIZATION.	
FORM 990, PART VI, LINE 7A	
THE ORGANIZATION HAS NO COMMITTEES OTHER THAN THE TRUS	T COMMITTEE
FORM 990, PART VI, LINE 8b	
AN ELECTRONIC COPY OF FORM 990 IS AVAILABLE TO THE TR	USTEE (BUT NOT
THE TRUST COMMITTEE) PRIOR TO FILING	
FORM 990, PART XI, SECTION XI, LINE 9	
COST BASIS ADJUSTMENT_	