

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2009

	rtment of the Treasury nal Revenue Service		<b>Treated as a Privat</b> be able to use a copy of this		rting requirements.	2009		
For calendar year 2009, or tax year beginning , and ending								
G C	Check all that apply:	Initial return Amended return	Initial return of a fo	ormer public charity	Final return Name change			
i	e the IRS Name of found			<u> </u>	A Employer identification number			
	· — — — — — — — — — — — — — — — — — — —	PLACE MUSEUM			62-1759105			
0	type. 100 PEA	et (or PO box number if mail is not de BODY PLACE	elivered to street address)	Room/suite 1400	B Telephone number 901-767-47	80		
	ructions   City or town, St	tate, and ZIP code			C if exemption application is pe	nding, check here		
H (	Check type of organization	<del></del>	remot private foundation	<del> </del>	D 1. Foreign organizations, 2. Foreign organizations mee check here and attach con	check here		
	<b>-</b>		Other taxable private founda	ation				
I Fa	ur market value of all asse			Accrual	If private foundation state under section 507(b)(1)(			
	om Part II, col. (c), line		ther (specify)		F If the foundation is in a 6			
<b>▶</b>	nrt   Analysis of Reven	708,612. (Part I, colu			under section 507(b)(1)(	******		
	necessarily equal the	in columns (b), (c), and (d) may not amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
		, grants, etc., received	200,000.					
	3 Interest on savings and cash investments	oundation is not required to attach Sch. B d temporary	863.	863.	863.			
	4 Dividends and inter	est from securities						
	5a Gross rents							
	<b>b</b> Net rental income or (lo	<del></del>						
Revenue	b Gross sales price for all assets on line 6a	sale of assets not on line 10 I						
leve	7 Capital gain net income	e (from Part IV, line 2)		0.				
щ	8 Net short-term capr	~			0.			
	9 Income modification Gross sales less return					STATEMENT 1		
	10a and allowances  b Less Cost of goods so	0.006				STATEMENT I		
	c Gross profit or (loss		4,740.		4,740.			
	11 Other income		21,508.	0.		STATEMENT 2		
	12 Total. Add lines 1 ti		227,111.	863.	27,111.			
	·	ers, directors, trustees, etc	0.	0.	0.	<u> </u>		
	<ul><li>14 Other employee sale</li><li>15 Pension plans, emp</li></ul>	•		<del></del>		<u> </u>		
ses	16a Legal fees	noyee benefits	-					
	<b>b</b> Accounting fees							
Ex	c Other professional f	rees STMT 3	700.	0.	700.	700.		
tive	17 Interest							
stra	18 Taxes 19 Depreciation and de	onletion						
mini	20 Occupancy	piction		<del></del>				
Adi	21 Travel, conferences	, and meetings						
and	22 Printing and publica							
ing	23 Other expenses	STMT 4	14,866.	0.	14,866.	14,866.		
Operating and Administrative Expen	expense Add ind	d administrative	15,566.	0.	15,566.	15,566.		
Q	25 Contributions, gifts,	grants paid 7 ()	13,300.	•	13,300.	13,300:		
	26 Potal expenses and	d dispursements.	45.566		45.56	4		
_	27 Subtract line 26 from		15,566.	0.	15,566.	15,566.		
		——————————————————————————————————————	211,545.					
	b Net Investment inc	expenses and disbursements		863.				
ব্যক্তর	c Adjusted net incom				11,545.			
92350 02-02	10 LHA For Privacy	Act and Paperwork Reduction	Act Notice, see the instruct	tions.		Form <b>990-PF</b> (2009)		

	àrt	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
L_	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	425,369.	635,896.	635,896.
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 217.			<u> </u>
		Less: allowance for doubtful accounts	299.	217.	217.
	4	Pledges receivable ►			
		Less; allowance for doubtful accounts			
	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
S	8	Inventories for sale or use	26,119.	23,771.	23,771.
Assets		Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock	· · · · · · · · · · · · · · · · · · ·		<del></del>
		Investments - corporate bonds			<del> </del>
	11	Investments - land, buildings, and equipment basis	· <del> · · · · · · · · · · · · · · · · ·</del>		
	''				
	12	Less accumulated depreciation Investments - mortgage loans			
	13				
		1 005			
	'"	4 00E			
	15		11,048,728.	11,048,728.	11,048,728.
	15	Other assets (describe STATEMENT 6)	11,040,720.	11,040,720.	11,040,720.
	4.0	Tatal assets (to be completed by all filers)	11,500,515.	11,708,612.	11,708,612.
_		Total assets (to be completed by all filers)	3,759.	219.	11,700,012.
	17	·	3,133.	219.	
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Ei a	21	Mortgages and other notes payable	10	73	
_	22	Other liabilities (describe > ACCRUED SALES TAX )	<19.	> 73.	
		T-A-111-11111 (-441 471)	2 740	202	
_	23	Total liabilities (add lines 17 through 22)	3,740.	292.	
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.			
ည		Unrestricted			
ala		Temporarily restricted			
or Fund Balances	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here		İ	
ŗ		and complete lines 27 through 31.			
\$	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ę	29	Retained earnings, accumulated income, endowment, or other funds	11,496,775.	11,708,320.	
ž	30	Total net assets or fund balances	11,496,775.	11,708,320.	
_	31	Total liabilities and net assets/fund balances	11,500,515.	11,708,612.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
=				<del></del>	<del>-</del>
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		44 406 555
	•	st agree with end-of-year figure reported on prior year's return)		1	11,496,775.
		r amount from Part I, line 27a		2	211,545.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	11,708,320.
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	11,708,320.
					Form <b>990-PF</b> (2009)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				( <b>b)</b> D	How acquire - Purchase - Donation	d (	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a										
b NO	NE				<u> </u>					
C										
<u>d</u>					-					
<u>e</u>	(A) D		/-\ O-	-44b b !-	<del>! ,</del>			(1) 0 (1)		
(e) Gross sales price	(1)	epreciation allowed (or allowable)		st or other basis expense of sale				(h) Gain or (le (e) plus (f) min		
8						<del></del>	_		· <del>·</del>	
<u>b</u>				<del></del>						
d					$\dashv$				<del></del>	
e				·						
Complete only for assets showin	o gain in c	l column (h) and owned by t	he foundation	n on 12/31/69			(1) (	Gains (Col. (h) g	ain minus	
(i) F.M.V. as of 12/31/69	(	i) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)			col. (	k), but not less Losses (from co	than -0-) or	
a		-		700	$\dashv$					
b					$\dashv$					
c					$\dashv$	-	-			
d									· -	
e										
2 Capital gain net income or (net ca	pıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7	}	2				
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		ned in sections 1222(5) and			٦					
If (loss), enter -0- in Part I, line 8	•				Ŋ	3				
Part V   Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estment	Inco	me	<del></del>	
(For optional use by domestic private If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation does not qual	iis part bla ion 4942 t	nk. ax on the distributable amo	ount of any y	ear in the base per		,			N/A  Yes No	
1 Enter the appropriate amount in e	ach colun	nn for each year; see instru	ctions before	making any entri	es.					
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) (d) Distribution ratio (col. (b) divided by col. (c))				tributión ratio	
2008		-								
2007									_	
2006										
2005										
2004								<u> </u>		
2 Total of line 1, column (d)										
· · · · · · · · · · · · · · · · · · ·				-				2		
· · · · · · · · · · · · · · · · · · ·			n line 2 by 5,	or by the number	of ye	ars		3		
3 Average distribution ratio for the state of the foundation has been in exister	nce if less	than 5 years		or by the number	of ye	ars				
<ul> <li>Average distribution ratio for the state foundation has been in exister</li> <li>Enter the net value of noncharitab</li> </ul>	nce if less	than 5 years		or by the number	of ye	ars		3	······································	
<ul> <li>3 Average distribution ratio for the state foundation has been in exister</li> <li>4 Enter the net value of noncharitab</li> <li>5 Multiply line 4 by line 3</li> </ul>	nce if less	than 5 years ets for 2009 from Part X, li		or by the number	of ye	ars		3 4		
<ul> <li>3 Average distribution ratio for the state foundation has been in exister</li> <li>4 Enter the net value of noncharitab</li> <li>5 Multiply line 4 by line 3</li> <li>6 Enter 1% of net investment incom</li> </ul>	nce if less	than 5 years ets for 2009 from Part X, li		or by the number	of ye	ars		3 4 5		
<ul> <li>3 Average distribution ratio for the state foundation has been in exister</li> <li>4 Enter the net value of noncharitab</li> <li>5 Multiply line 4 by line 3</li> </ul>	nce if less le-use ass	than 5 years ets for 2009 from Part X, li Part I, line 27b)		or by the number	of ye	ars		3 4 5		

PEABODY PLACE MUSEUM FOUNDATION

62-1759105

Form 990-PF (2009)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form **990-PF** (2009)

Х

Form 990-PF (2009) PEABODY PLACE MUSEUM FOU			<u>62-17591</u>	L05 Page €
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi		1	
any voter registration drive?	•		es 🔀 No	, ,
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Y	es 💹 No 📗	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es 🗶 No 📑	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or		1	• 1
the prevention of cruelty to children or animals?		Y	es 🗶 No	~~ <b> </b>
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check	here		▶∟」∤	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to				
expenditure responsibility for the grant?		1/A	es No	
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		ŀ	( )
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y	es 🗶 No 📗	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y	es 🗶 No	<u> </u>
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attribute				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	<u> </u>	anagers, Highl	y 	
1 List all officers, directors, trustees, foundation managers and their		Lt. V. Commonostian	. (4)	T
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JACK A. BELZ	PRESIDENT/DIF	<b>ECTOR</b>		
100 PEABODY PLACE, SUITE 1400			_	_
MEMPHIS, TN 38103		0.	0.	0.
RAYMOND M. SHAINBERG	DIRECTOR	]		}
100 PEABODY PLACE, SUITE 1400				
MEMPHIS, TN 38103		0.	0.	0.
	ļ	]	]	]
		<del> </del>	<b></b> _	ļ
2 Compensation of five highest-paid employees (other than those inc	luded on line 4) limens	amtor PAICAIE II	L	
2 Compensation of five highest-paid employees (other than those inc		enter NONE.	(d) Contributions to	(a) Expense
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	ļ			
	<u> </u>			I
				Į.
				<b></b>
	ļ			1
		<b></b>		<del> </del>
<u></u>	<del></del>	ļ	·	<del> </del>
	<u> </u>		<u> </u>	
Total number of other employees paid over \$50,000			. •	0

Form 990-PF (2009) PEABODY PLACE MUSEUM FOUNDATION		1759105 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	,	
		<del></del>
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities		· · · · · · · · · · · · · · · · · · ·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produ	al information such as the ced, etc.	Expenses
1 OPERATION AND MAINTENANCE OF THE MUSEUM AND T	HE MUSEUM GIFT	
SHOP		15,566.
2	· · · · · · · · · · · · · · · · · · ·	15,500.
3		
A	<del> </del>	
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>•</b>	0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	501,681.
C	Fair market value of all other assets	1c	217.
d	Total (add lines 1a, b, and c)	1d	501,898.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	501,898.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 7	4	2,926.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	498,972.
6	Minimum investment return. Enter 5% of line 5	6	24,949.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here X and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	ŀ	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	15,566.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	·
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15,566.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,566.
	Note: The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation of	ualifies for t	he section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	<del></del>	<del></del>		
line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years:		•		-
3 Excess distributions carryover, if any, to 2009:		0.		
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ N/A				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			-
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract	·'	······································		
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2005				
b Excess from 2006		ļ		
c Excess from 2007		!		
d Excess from 2008		İ	İ	
e Excess from 2009				5 000 PF (2000)

923601 02-02-10

Part XIV Private Ope	erating Fo	oundations (see ins	structions and Part VII	-A, question 9)	<del></del>	
1 a If the foundation has receive	ed a ruling or	determination letter that	it is a private operating	<u></u>		
foundation, and the ruling i	s effective for	2009, enter the date of t	he ruling	▶ 0	3/16/00	
b Check box to indicate whet	her the founda	ation is a private operatin	ig foundation described i	n section	X 4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adju-	sted net	Tax year		Prior 3 years		
income from Part I or the n	ninimum [	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Par	t X for	• • • • • • • • • • • • • • • • • • • •				
each year listed		11,545.	3,334.	18,25		38,190.
<b>b</b> 85% of line 2a		9,813.	2,834.	15,51	8. 4,296.	32,462.
c Qualifying distributions from	m Part XII,					
line 4 for each year listed	Ļ	15,566.	27,020.	11,74	5. 21,709.	76,040.
d Amounts included in line 2	c not					
used directly for active con	duct of					
exempt activities	L	0.	0.		0. 0.	0.
e Qualifying distributions ma						
for active conduct of exemp	· I	45 566	05 000	44 54		7.5.0.4.0
Subtract line 2d from line 2 3 Complete 3a, b, or c for the		15,566.	27,020.	11,74	5. 21,709.	76,040.
alternative test relied upon:						
a "Assets" alternative test - er	nter l	11 554 401	11 201 550	445 20		4.4 000 000
(1) Value of all assets	<u> </u>	11,574,421.	11,381,779.	11,447,30	<u>6.10,569,221.</u>	44,972,727.
(2) Value of assets qualify under section 4942(j)(	ing (3)(B)(i)	11.075.666.	11.078.896 <b>.</b>	11.165.49	2.10,372,933.	43.692.987.
b "Endowment" alternative tes			, ,	,,		
2/3 of minimum investmen shown in Part X, line 6 for d listed	t return					0.
c "Support" alternative test - o	enter:					
(1) Total support other that investment income (in dividends, rents, paym securities loans (section	an gross terest, nents on on					
512(a)(5)), or royalties	· -					0.
(2) Support from general and 5 or more exempt organizations as proving section 4942(j)(3)(B)(	ded in					0.
(3) Largest amount of sup						
an exempt organization	n					0.
(4) Gross investment inco						0.
				if the foundati	on had \$5,000 or m	ore in assets
at any time	during th	ne year-see the i	nstructions.)			
1 Information Regarding a List any managers of the fo		_	than 2% of the total contr	ibutions received by	the foundation before the clo	se of any tax
year (but only if they have o						00 01 a.i.y a.a.i
JACK A. BELZ						
b List any managers of the fo other entity) of which the fo	oundation who oundation has	own 10% or more of the a 10% or greater interes	e stock of a corporation ( t.	or an equally large po	ortion of the ownership of a p	artnership or
NONE						
2 Information Regarding	Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
					es not accept unsolicited requ s, complete items 2a, b, c, and	
a The name, address, and tel	ephone numb	er of the person to whon	n applications should be	addressed:		
b The form in which applicati	ons should be	e submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines: N/A			<del> </del>			
d Any restrictions or limitatio	ns on awards,	, such as by geographica	l areas, charitable fields,	kinds of institutions,	or other factors:	

3 Grants and Contributions Paid During the	ear or Approved for Future	Payment		
Recipient	If recipient is an individual,	1	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year		<u> </u>		
NONE				
	}			
		<u> </u>	<u> </u>	
b Approved for future payment		<u> </u>	<b>▶</b> 3a	0.
, pp. 332 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	}			
NONE				
Total	<u> </u>	1	<b>▶</b> 3b	0.

inter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a TICKET SALES					21,508
b	-		<del></del>		
c			-   -   -		
d	-		<del>-   -   -   -   -   -   -   -   -   -  </del>		
е	-	··			<del></del>
f	-	<del> </del>			
g Fees and contracts from government agencies	- <del>  -</del>		<del>-   </del>		11. <del></del>
2 Membership dues and assessments			<del>-   -  </del>		
3 Interest on savings and temporary cash	· · · · · · · ·				
investments			14	863.	
4 Dividends and interest from securities	<del> </del>		<del>-   -   -   -   -   -   -   -   -   -  </del>		
5 Net rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·	<del>     </del>		
a Debt-financed property					
<b>b</b> Not debt-financed property				-	
6 Net rental income or (loss) from personal					
property					
7 Other investment income			<del>-                                     </del>		
8 Gain or (loss) from sales of assets other			<del>                                     </del>	***	
than inventory					
9 Net income or (loss) from special events	<del></del>				
10 Gross profit or (loss) from sales of inventory	<del> </del>		+ +		4,740.
I1 Other revenue:		· · · · · · · · · · · · · · · · · · ·			
a					
b	- <del>   </del>				
C	-			İ	<u>-</u>
d	-				
e	-				···
12 Subtotal. Add columns (b), (d), and (e)			J.	863.	26,248.
13 Total. Add line 12, columns (b), (d), and (e)			<del> </del>	13	27,111.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acces	inlighment of	Evernt D	ITDOSAS	
relationship of Activities	to the Accom	ihusumeur oi	Evellibr L	ii hoses	

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
	the foundation's exempt purposes (other than by providing funds for such purposes).
1	THE FOUNDATION GENERATED TICKET SALES THROUGH ITS CHARITABLE FUNCTION
	OF OPERATING AND MAINTAINING AN ART GALLERY/MUSEUM FOR THE EXHIBITION
	AND DISPLAY OF PAINTINGS, STATUARY, ARTIFACTS AND OTHER WORKS OF ART
	AND ANCILLARY FACILITIES AND SERVICES, ALL FOR THE BENEFIT, EDUCATION,
	AND IMPROVEMENT OF THE PUBLIC.
10	THE MUSEUM SOLD SMALL CHINESE ART REPLICAS AND OTHER ART PIECES
	(SIMILAR TO THOSE DISPLAYED IN THE MUSEUM) TO PROMOTE PUBLIC EDUCATION
	AND APPRECIATION OF ANCIENT CHINESE ART AND CULTURE.
923621	
02-02-10	Form <b>990-PF</b> (2009)

## Form 990-PF (2009) Part XVII In Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
Transfers from the reporting foundation to a noncharitable exempt organization of:									
	(1) (	Sash					1a(1)		X
	(2) (	Other assets					1a(2)		X
(	<b>b</b> Other	transactions:							
	(1) 8	Sales of assets to a noncharita	ble exempt organization				1b(1)		Х
	(2) P	urchases of assets from a no	ncharitable exempt organization				1b(2)		X
	(3) P	tental of facilities, equipment,	or other assets				1b(3)		X
	(4) P	leimbursement arrangements					1b(4)		X
	(5) L	oans or loan guarantees					1b(5)		X
	(6) P	erformance of services or me	mbership or fundraising solicitation	ons			1b(6)		X
(	c Sharii	ng of facilities, equipment, ma	ılıng lists, other assets, or paid em	ployees			1c		X
(	d If the	answer to any of the above is	"Yes," complete the following sche	dule. Column <b>(b)</b> should alw	ays show the fair ma	rket value of the goods, oth	ier ass	ets,	
	or ser	vices given by the reporting fo	oundation. If the foundation receive	ed less than fair market value	e in any transaction o	r sharing arrangement, sho	חו שנ		
	colum	nn (d) the value of the goods,	other assets, or services received.						
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of	f transfers, transactions, and sha	arıng arı	angeme	nts
			N/A						
				-				-	
			_						
28	a Is the	foundation directly or indirect	lly affiliated with, or related to, one	or more tax-exempt organiz	ations described				
	in sec	tion 501(c) of the Code (other	than section 501(c)(3)) or in sect	ion 527?			] Yes	X	] No
t	b If Yes	s," complete the following sch	edule.						
		(a) Name of org	anization	(b) Type of organization	(c	) Description of relationship	,		
		N/A							
			ave examined this return, including according taxpayer or fiduciary) is based on			ny knowledge and belief, it is tru	e, corre	Çt,	
		Place 0	Ru-	_	. •				
_	<b>L</b> _	and the	<del>2</del> <del>2</del>	8.16.10	PRESIDI	ENT			
nere	Sı	gnature of officer or trustee		Date	Title				
⊑	رم <u>ا</u>	Preparer's	10000	PA Da	te Cher	ck if Preparer's	identify	ing num	ber
ğ	- e d	signature	od 7. Cay, C	TH	7/29/10 self- emp	loyed 🕨 🔲			
	Paid Preparer's Use Only	Firm's name (or yours DELO	ITTE TAX LLP			EIN ►			
	F.S.			SUITE 800					_
		address, and ZIP code MEMP	HIS, TN 38103			Phone no. 901-32			
						Form	990	-PF (	2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization **Employer identification number** PEABODY PLACE MUSEUM FOUNDATION 62-1759105 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

### PEABODY PLACE MUSEUM FOUNDATION

62-1759105

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARTS MEMPHIS  575 SOUTH MENDENHALL  MEMPHIS, TN 38117	s200,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 1
INCOME		
1. GROSS RECEIPTS	7,666	7,666
4. COST OF GOODS SOLD (LINE 15)	2,926	4,740
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6) COST OF GOODS SOLD		4,740
8. INVENTORY AT BEGINNING OF YEAR	26,119 578	
12. OTHER COSTS		26,697
14. INVENTORY AT END OF YEAR	23,771	2,926

FORM 990-PF OTHER	INCOME	STATEMENT 2	
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
TICKET SALES	21,508.	0.	21,508.
TOTAL TO FORM 990-PF, PART I, LINE 11	21,508.	0.	21,508.

FORM 990-PF (	THER PROFES	SIONAL FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
COUNCIL OF AMERICAN JEWISH MUSEUM	700.	0.	700.	700.	
TO FORM 990-PF, PG 1, LN 16C	700.	0.	700.	700.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	2,334.	0.	2,334.	2,334.	
OFFICE SUPPLIES	136.	0.	136.	136.	
TN ANNUAL REPORT	21.	0.	21.	21.	
INSURANCE EXPENSE	12,032.	0.	12,032.	12,032.	
ADVERTISING & PROMOTIONAL	259.	0.	259.	259.	
PAPER & FORMS	40.	0.	40.	40.	
FREIGHT AND POSTAGE	44.	0.	44.	44.	
TO FORM 990-PF, PG 1, LN 23	14,866.	0.	14,866.	14,866.	

FORM 990-PF DEPRECIATION OF ASSE		rs not	HELD	FOR	INVESTMENT	STATEMENT 5		
DESCRIPTION				T OR BASIS	5	ACCUMULATED DEPRECIATION	BOOK VALUI	E
SHARP CASH RE	GISTER	-		1,20	)5.	1,205.		0.
TOTAL TO FM 9	90-PF, PART I	r, LN 14		1,20	)5.	1,205.		0.

FORM 990-PF	OTHER ASSETS	STATEMENT 6	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ANCIENT CHINESE & JUDAIC ARTWORK	11,048,728.	11,048,728.	11,048,728.
TO FORM 990-PF, PART II, LINE 15	11,048,728.	11,048,728.	11,048,728.

FORM 990-PF

CASH DEEMED CHARITABLE EXPLANATION STATEMENT PART X, LINE 4

STATEMENT

THE AVERAGE MONTHLY CASH BALANCE IS \$501,681. \$2,950 OF THIS IS CASH THAT IS HELD FOR CHARITABLE ACTIVITIES. THE 2009 COST OF GOODS SOLD WAS \$2,926. THE FOUNDATION IS EXPECTING THE SAME LEVEL OF SALES FOR THE YEAR 2010 AND THUS IS EXPECTING THE SAME LEVEL OF CASH TO BE NEEDED TO REPLENISH THE INVENTORY ONCE IT IS SOLD.

\_\_\_\_\_\_\_\_\_\_\_

#### FORM 990-PF TOTAL OPERATING AND ADNINISTRATIVE EXPENSES

STATEMENT 8

#### PART I, LINES 13 THROUGH 24, COLUMNS (C) AND (D)

EXPENSES OF \$15,566 ATTRIBUTABLE TO THE ORGANIZATION'S PRODUCTION OF INCOME FROM OPERATION OF THE MUSEUM AND GIFT SHOP ARE DEDUCTED IN DETERMINING THE ORGANIZATION'S ADJUSTED NET INCOME BECAUSE SUCH EXPENSES WERE INCURRED IN OPERATING THE MUSEUM AND GIFT SHOP AND WOULD BE DEDUCTIBLE BY A CORPORATION SUBJECT TO TAX UNDER SECTION 11 OF THE CODE (SEC. 4942(F)).

THE \$15,566 OF EXPENSE ATTRIBUTABLE TO OPERATING THE MUSEUM AND GIFT SHOP WERE ALSO INCURRED TO CARRY OUT THE ORGANIZATION'S PURPOSES DESCRIBED IN SECTION 170(C)(2)(B) OF THE CODE AND THUS ARE INCLUDED IN DETERMINING QUALIFYING DISTRIBUTIONS UNDER SECTION 4942(J)(3)(A) AND 4942(G) OF THE CODE AND SECTION 53.4942(A)-3(A)(2) OF THE REGULATIONS.

## Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

<ul> <li>If you are</li> <li>Do not comp</li> </ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this box . filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on polete Part II unless you have already been granted an automatic 3-month extension on a previous process. Automatic 3-Month Extension of Time. Only submit original (no copies needed)	age 2 o	f this form).				
A corporation Part I only .	on required to file Form 990-T and requesting an automatic 6-month extension—check this	box an	d complete				
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 ncome tax returns.	to requ	est an extension of				
one of the relectronically returns, or a	illing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automaterums noted below (6 months for a corporation required to file Form 990-T). However, y if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990 composite or consolidated Form 990-T. Instead, you must submit the fully completed and signore details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for C	you car 0-BL, 60 aned pag	nrot file Form 8868 069, or 8870, group ge 2 (Part II) of Form				
Type or			lentification number				
print		-1759	9105				
File by the due date for filing your	Number, street, and room or suite no. If a PO box, see instructions.  100 Peabody Place, Suite 1400						
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Memphis, TN 38103						
————— Check type	of return to be filed (file a separate application for each return)						
Form 990	<u> </u>		☐ Form 4720				
Form 99	· · · · · · · · · · · · · · · · · · ·		Form 5227				
☐ Form 99			Form 6069				
☑ Form 99	0-PF		Form 8870				
Telephone If the orga If this is fo	s are in the care of ► Jimmle D Williams  No ► 901-767-4780  FAX No ►  Inization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN)  e group, check this box . ► ☐ If it is for part of the group, check this box .  e names and EINs of all members the extension will cover		If this is				
1   requuntil for the	est an automatic 3-month (6 months for a corporation required to file Form August $15$ , $2010$ , to file the exempt organization return for the organization namorganization's return for calendar year $2009$ or tax year beginning, 20, and ending	ed abo	ve. The extension is				
	ax year is for less than 12 months, check reason 🔲 Initial return 🗀 Final return 🗀 C	hange	in accounting period				
less an	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, y nonrefundable credits. See instructions	За	\$				
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax into made. Include any prior year overpayment allowed as a credit.	3b	\$				
deposit	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment) See instructions.	3с	\$				
Caution. If y for payment	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-functions	O and	Form 8879-EO				