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Department of the Treasury Internal Revenue Service

932001 02-04-10

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

▶ The organization may have to use a copy of tops return to satisfy state reporting requirements.

Open to Public

OMB No 1545-0047

<u>A</u> _	For the	e 2009 cal	endar year, or tax year beginning JUL 1, 2009 and ending	JUN	30, 20	10	
В	Check if applicable	e. Please	C Name of organization	DE	mployer ide	ntific	ation number
	Addre	ss label or e print or	KNOXVILLE MUSEUM OF ART FOUNDATION				
	Name chang	e type	Doing Business As		62	<u>-17</u>	737208
	initial retum Termir	See Specific	Number and street (or P 0 box if mail is not delivered to street address) Room/su 1050 WORLD'S FAIR PARK DRIVE	uite E T	elephone nur		525-6101
누	ated Amend	Instruc-		 		<u>03</u>	570,129.
늗	return Applic	1	City or town, state or country, and ZIP + 4 KNOXVILLE, TN 37916-1653		ross receipts \$		
Ц.	⊥ltiòn pendir			^{m(a)}	Is this a grou	-	Yes X No
			ne and address of principal officer:STEVE BAILEY E AS C ABOVE	1,,,,,	for affiliates?		
				^{H(D)}			uded? Yes No
			ss: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	┦,			ist. (see instructions)
		te: ► N /			Group exem		
		organizatio		ear of forn	nation 199	O M	State of legal domicile TN
<u> </u>	art I	Summa		סת תונ	IE KNOX	VITT	LE MUSEUM
Activities & Governance		OF AR	<u> </u>	K1 11	IE KNOX	VII	THE MOSEON
Ĕ	2	Check this	s box Fig. if the organization discontinued its operations or disposed of m	ore than	25% of its ne	et așs	sets.
Š	3	Number o	f voting members of the governing body (Part VI, line 1a)			3	7
ত	4	Number o	f independent voting members of the governing body (Part VI, line 1b)			4	7
es	5	Total num	ber of employees (Part V, line 2a)			5	0
ξ	6	Total num	ber of volunteers (estimate if necessary)			6	0
Ę	7a	Total gros	s unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	ь	Net unrela	tted business taxable income from Form 990-T, line 34			7b	0.
			RECEIVED	P	rior Year		Current Year
ō	8	Contributi	ons-and-grants (Part-VIII, line 1)		21,00	0.	96,500.
eun	9	Program	pervice revenue (Rait VIII) line 25)				
Revenue			tincome (Part VIII, column (A) lines 3, 4, and 7d)		22,06	4.	<5,267.
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total reve	nue add fines & through 1 (must equal Part VIII, column (A), line 12)		43,06		91,233.
	13	Grants an	d similar amounts pard (Part-IX, column (A), lines 1-3)		56,48	0.	58,176.
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)			\perp	
S	15	Salaries, c	other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)				
ă	Ь	Total fund	raising expenses (Part IX, column (D), line 25)				
Щ	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,79		5,290.
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		59,27		63,466.
	19	Revenue !	ess expenses. Subtract line 18 from line 12		<16,20	<u>7.</u> >	<u>27,767.</u>
S OF	20 21 22				g of Current Ye		End of Year
Set	20	Total asse	its (Part X, line 16)	2,	728,68	9.	2,850,791.
₹ Se	21	Total liabil	ities (Part X, line 26)			\perp	
컐	22	7	s or fund balances. Subtract line 21 from line 20	2,	728,68	<u>9. </u>	<u>2,850,791.</u>
	árt li		ture Block				
ر	و <u>ح</u> زر	and comple	ties of perjury. I declare that I have examined this return, including accompanying schedules and statemer te Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	nts, and to ti dge	he best of my kno	wiedge	and belief, it is true, correct,
		l. M	NUSTANIA			_	
Sig	jn '		N/H3/VU//		11.15	<u> </u>	
He	re	' "	ature of officer /		Date		
	;	_	EVE BAILEY, CHAIRMAN OF THE BOARD				
2	• ;	Туре	or print name and title	Charlet			
SCANINE S	ď	Preparer's		Check if self-	, [] (s	ee insti	's identifying number ructions)
	- parer's	signature	Shilly Hour, Cft 11.370	employed			P00050891
	Only	yours if	BIBBE MERKIB BHIII, FC		EIN ► 6	<u> </u>	333840
	•	self-employ address, an					CEVEAC 2200
		ZIP + 4	KNOXVILLE, TN 37902-2104		Phone no	<u> </u>	65)546-2300
Ma	v the IE	RS discuss	s this return with the preparer shown above? (see instructions)				X Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_	<u>L</u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	***************************************		***************************************
	Part VI.			
•	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.			
•	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.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	_16		<u> </u>
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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1,5
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19	\longrightarrow	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20		X

Part IV Checklist of Required Schedules (continued)

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			 -
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	Х
Ь				
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			.,
	person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	··· · ·	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		х
22	If "Yes," complete Schedule N, Part I	31		-
32		32		х
33	Schedule N, Part II	<u> </u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			_
00	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 /	2000

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0· if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	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 Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
Ь	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 this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Ь	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	the second secon	5a		<u>X</u>
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			1
•	Tax Shelter Transaction?	5c	l	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		Ú
_	any contributions that were not tax deductible?	<u>6a</u>		<u>X</u>
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	۵.		
7	Organizations that may receive deductible contributions under section 170(c).	6Ь		
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
ь	If "You " did the executation patify the depay of the value of the goods are entires arounded?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on Part VIII, line 12		}	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	1	1	
100	amounts due or received from them.)	40-	- 1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
0	in res, enter the amount of tax-exempt interest received or accrued during the year	<u></u>		

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

sec	tion A. Governing Body and Management			
4.	Estable surely of units and the commission hads		Yes	No
_	Enter the number of voting members of the governing body			
ь				ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		X
2	officer, director, trustee, or key employee? :	-		
3		3		х
_	of officers, directors or trustees, or key employees to a management company or other person?	4	•	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
0	Does the organization have members or stockholders?	•		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7.		v
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		٠,	l
	by the following:			v
	The governing body?	8a		X
_	Each committee with authority to act on behalf of the governing body?	8ь		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	- 	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	· · · · · · · · · · · · · · · · · · ·		.,	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		,,	l
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			.,
	in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			į
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			É
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	-	X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			Ė
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		,	ŀ
	exempt status with respect to such arrangements?	16b	'	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶TN	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ncial	
	statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:		
	JOYCE JONES - (865)525-6101			
	1050 WORLD'S FAIR PARK DRIVE, KNOXVILLE, TN 37916-1653			
		Form	990 ((2009)

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

(A)	(B)			(((D)	(E)	(F)	
Name and Title	Average hours	(ct		Pos		app	lv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week		Institutional trustæ	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
STEPHEN BAILEY										0	
CHAIRMAN		X	<u> </u>	X		-	<u> </u>	0.	0.	0.	
ROBERT A. SUKENIK TRUSTEE		x						0.	0.	0.	
BARBARA APKING		-	-			\vdash	\vdash	-			
TRUSTEE		Х						0.	0.	0.	
SUSAN HYDE										•	
TRUSTEE	· ·	Х		_	<u> </u>	ļ		0.	0.	0.	
JIM SHELBY TRUSTEE		x						0.	0.	0.	
ROBERT S. MARQUIS							Г				
SECRETARY/TREASURER		X		X			L	0.	0.	0.	
KENNETH CREED		x						0.	0.	0.	
TRUSTEE		^						0.	0.		
	•			ļ							
				<u> </u>						_	
				-						-	
						 					
											
			-	 	-						

	* THE Section A. Officers, Directors, 170	ISLEES, NEY EI	iipic	уее	'S, a	ilu i	nigh	1621	Compensated Employ	ees (continued)	-, -		
	(A)	(B)	l			C)			(D)	(E)		(F)	
	Name and title	Average	/6		Pos		n : app		Reportable compensation	Reportable compensation		stimate	
		hours per	_	Heck	(all	mai	app	γι <u>γ)</u> Τ	from	from related	ا ا	mount other	
		week	gg						the	organizations	CO	npensa	
			Individual trustee or director	R			Highest compensated employee		organization	(W-2/1099-MISC)		from th	
			125	15			SE		(W-2/1099-MISC)	,		ganızat	
			E	200		e e	2 8	١.			a	nd relat	ted
			1	Institutional trustee	B G G	Key employee	Short	E			org	ganızati	ions
					L	×	T B	<u>"</u>	, -				
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	<u>.</u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>			_		
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1b	Total		·						0.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	,000 in reportable			
	compensation from the organization									•			0
				•								Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or t	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3	<u> </u>	X
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J 1	for such individual		4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y unr	elat	ed organization for serv	ices rendered to			
	the organization? If "Yes," complete Sched	ule J for such	pers	on						· · · · · · · · · · · · · · · · · · ·	5	<u>L.</u>	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsation	from	
	the organization. NONE									Γ			
	(A) Name and business	addrace							(B) Description of s	ondoon	Comp	(C)	
	14ame and business	2001633						-	Description of s	ict vices	Comp	BIISALIO	
		•								İ			
											·		
										İ			
				•				\dashv					
								\dashv					
		-							,				
2	Total number of independent contractors (i	ncluding but n	ot li	mıte	d to	tho	se li	stec	above) who received m	nore than			
	\$100,000 in compensation from the organization						0		·				

Business Code

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	lete column (A) but are		ete columns (B), (C), an	d (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			·	
	organizations in the U.S. See Part IV, line 21	58,176.	58,176.		
2	Grants and other assistance to individuals in				,
_	the U.S. See Part IV, line 22	•			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			***************************************	
5	Compensation of current officers, directors,				<u></u>
3	·				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		r		
_	persons described in section 4958(c)(3)(B)	· ·			
7	Other salaries and wages			- , - ,	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	· · · · ·			
11	Fees for services (non-employees):	5 000		5 000	
а	Management	5,290.		5,290.	
þ	Legal				
C	Accounting				
d	Lobbying				
8	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	•			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	+			`
a				· ··· · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Ь					
C					
d					
e				1	· · · · · · · · · · · · · · · · · · ·
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	63,466.	58,176.	5,290.	0.
26	Joint costs. Check here 🕨 🔲 if following				
	SOP 98-2. Complete this line only if the organization	.			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Part X Balance Sheet (A) Beginning of year . End of year 1 Cash · non-interest-bearing 2 2 Savings and temporary cash investments 1,161,000. 924,000. 3 Pledges and grants receivable, net 3 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10ь 10c 1,567,689. 1,926,791. 11 Investments · publicly traded securities 11 12 12 Investments · other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,728,689. 2,850,791. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable .. 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances $<316,121.>_{27}$ 27 Unrestricted net assets <257,019.> 28 28 Temporarily restricted net assets 3,044,810. 3,107,810. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Retained earnings, endowment, accumulated income, or other funds ... 32 32 2,728,689. 2,850,791. 33 33 Total net assets or fund balances 2,728,689. 2,850,791. Total liabilities and net assets/fund balances

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			······
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

Inspection

Employer identification number

			LE MUSEUM OF						62	<u>-1737</u>	208
Part I	Reason	for Public Char	ity Status (All organi	zations mu	ust comple	te this par	t.) See ins	tructions.	_		
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one t	ox.)				
1 🔲	A church, co	onvention of churche	s, or association of chur	rches desc	cribed in se	ection 170	(b)(1)(A)(i	i).			
2			/0(b)(1)(A)(ii). (Attach So					•			
3 🔲			tal service organization	-		170(b)(1)	(A)(iii).				
4 🔲	=	•	operated in conjunction)(b)(1)(A)(i	ii). Enter th	ne hospital	's name.
	city, and sta		•		•				•		,
5 🔲	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	t describe	d in	
)(b)(1)(A)(iv). (Comple	-				- 3 - · · · · ·				
6 🔲			ent or governmental un	ıt describe	d in sectio	n 170(b)(Ι)(Α)(ν) .				
7			eives a substantial part					or from the	neneral n	ublic desci	nhed in
		(b)(1)(A)(vi). (Comple		o cop	3011 11 0111 0	govornin	ma om v		, Acutorar b	abile desci	1060 111
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II \						
9 🗔			eives: (1) more than 33			rom contr	butions n	nemberch	n foon on	d aroon roo	nointo fram
•			nctions - subject to certa								
			axable income (less sec								
		509(a)(2). (Complete		11011 5 1 1 12	20) 110111 00	1311103303	acquired t	by the orga	unization a	iter Julie S	U, 1975.
10			perated exclusively to te	et for pub	lic eafety (See sectio	n 500/a)/	4 \			
11 🗓			perated exclusively for the pe						v out the r	NIMOSOS O	f ann ar
***			ations described in secti							•	
			organization and compl				.). 366 361	Clion Jose	ajtoj. Onet	SK (118 DOX	mai
	a Type	_			e III - Fund		egrated		a 🗀	Type III - C	What
e 🗀	= =		at the organization is not	• • •		•	•	r more die			
•			han one or more publicl			-	-				
f			ten determination from						3(a)(1) O1 S1	ection sus	(4)(2).
•		organization, check th		uie ino ui	atitisaty	pe i, Type	ii, or Type	9 111			Γ
•		- ·		 ov sift or o	.antribution	·····	 af tha fall	 			<u> </u>
9			organization accepted a			=				1	Van Ni
			lirectly controls, either al upported organization?	ione or tog	jetner with	persons c	iescribed	ın (ıı) and (iii) below,	44-6	Yes No
	_	- ·	n described in (i) above?		•	•	•		•• • •	11g(i)	X
		•	person described in (i)							11g(ii)	X
h			about the supported or				•	• ••	• • ••••	11g(iii)	
"	FIOVICE LITE I	onowing information	about the supported of	ganization	(5).						
		411.511	(iii) Type of	Viu) le the	organization	(w) Did you	. notifi the	(vi) is	the		 -
• •	of supported	(ii) EIN	organization	in col. (i) li	sted in your	organizat		Lorganizatio	on in col	(vii) Am	
orga	anızation		(described on lines 1-9		document?			(I) organiz U S		supt	ποι
			above or IRC section (see instructions))	Yes	No	Yest	No	Yes	No		
KNOXV	TLLE	-	(000)	1.00	 	1001.		1	''		
		62-0677701	9	х		x		x	1	5	8,176.
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Total		<u> </u>								5	8,176.
	rivacy Act ar	d Panerwork Redu	ction Act Notice, see t	he Instruc	tions for	<u> </u>		Schodul	o Δ /Form		0-EZ) 2009
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932021 02-08-10

Form 990 or 990-EZ.

1	(Complete only if you checke	-			ANTITATION		'''
Sec	ction A. Public Support		. ,		2.		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(8) 2000	(9) 2000	(0) 2007	1 (4, 2444	(0) 2000	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-		
	by each person (other than a						
	governmental unit or publicly	-					
	supported organization) included		<u> </u>				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	<u> </u>	<u> </u>				
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	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 IV.)				1		
11							
12		etc. (see Instructi	ons)			12	
13	First five years. If the Form 990 is fo			rd, fourth, or fifth t	tax year as a section		
- •	organization, check this box and sto						▶□
Se	ction C. Computation of Pub		rcentage				
14	Public support percentage for 2009 (line 6, column (f) d	vided by line 11,	column (f))		14	. 9
15	Public support percentage from 2008					15	9
16a	33 1/3% support test - 2009.If the c			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
t	33 1/3% support test - 2008.If the c						
	and stop here. The organization qua	-					_
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			· ·	-	-	
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets t						
	organization meets the "facts-and-cir						_
18	Private foundation. If the organization				;		
		•				edule A (Form 990	

	Support Schedule for (Jiganizations	Described in	360011011309(8	·/(∠/ (Complete only	if you checked the b	ox on line 9 of Par
	on A. Public Support	, (=) 000T	(F) 0000	(-) 0007	(4,0000	(4) 0000	
	ar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	its, grants, contributions, and embership fees received. (Do not						ł
	embership tees received. (Do not clude any "unusual grants.")	•					
	•	•		1			
	oss receipts from admissions, erchandise sold or services per-						
	med, or facilities furnished in						ļ
	y activity that is related to the					İ	į
	ganization's tax-exempt purpose			 	1	ļ	
	oss receipts from activities that						
	not an unrelated trade or bus-						
	ss under section 513			ļ	-		
	x revenues levied for the organ-						
	tion's benefit and either paid to]				
or e	expended on its behalf						
5 The	e value of services or facilities						
fur	nished by a governmental unit to		1				
the	organization without charge						
6 To	tal. Add lines 1 through 5		<u> </u>				
7a Am	nounts included on lines 1, 2, and	•					
3 r	eceived from disqualified persons						
b Amo	ounts included on lines 2 and 3 received						
	n other than disqualified persons that						
	eed the greater of \$5,000 or 1% of the punt on line 13 for the year						
	d lines 7a and 7b						
	blic support (Subtract line 7c from line 6)						
	on B. Total Support	<u> </u>	<u> </u>	······································	<u> </u>	<u> </u>	
	ar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	nounts from line 6	(4) 4000	(3) 2000	19,200	10,2000	19/2000	(7.014)
	oss income from interest,						
	idends, payments received on						
	curities loans, rents, royalties d income from similar sources						
	related business taxable income						
	ss section 511 taxes) from businesses						
-	juired after June 30, 1975						
	d lines 10a and 10b						
	t income from unrelated business						
	tivities not included in line 10b,						
	ether or not the business is	•					
_	gularly carried on her income. Do not include gain			ļ	-		
	loss from the sale of capital						
ass	sets (Explain in Part IV.)			 			
	al support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	ļ		
	st five years. If the Form 990 is for	the organization's	s first, second, thi		-	n 501(c)(3) organiz	ation,
	eck this box and stop here .				<u>. </u>		<u>.</u> . ▶∟_
	on C. Computation of Publ					,	
	blic support percentage for 2009 (l		-	• • • •		15	
	blic support percentage from 2008				 	16	
<u>Section</u>	on D. Computation of Inves	<u>stment Incom</u>	e Percentage				
17 Inv	estment income percentage for 20	09 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	
18 Inv	estment income percentage from 2	2008 Schedule A,	Part III, line 17			18	
19a 33	1/3% support tests - 2009. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
mo	ore than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	▶□
	1/3% support tests - 2008. If the				· ·		and
	a 18 is not more than 33 1/3%, che						
	vate foundation. If the organizatio					-	▶

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

	KNOXVILLE MUSEUM C	OF ART FO	JNDATION		6	<u>2-1737:</u>	208
Pa	t I Organizations Maintaining Donor Advis	ed Funds or (Other Similar Fu	nds or A	ccounts.	Complete if	the
	organization answered "Yes" to Form 990, Part IV, III	ne 6.					
			r advised funds	(b) Funds an	d other acco	unts
1	Total number at end of year						
2	Aggregate contributions to (during year)						-
							
3	Aggregate grants from (during year)						
4	Aggregate value at end of year	L			 	 	
5	Did the organization inform all donors and donor advisors in			dvised fun	ds		
	are the organization's property, subject to the organization's	•				Yes	∟ No
6	Did the organization inform all grantees, donors, and donor	_	•		•		
	for charitable purposes and not for the benefit of the donor	or donor advisor,	or for any other purp	ose confer	ring		_
	impermissible private benefit?				<u> </u>	Yes Yes	No_
Pa	† II Conservation Easements. Complete if the or	organization answe	red "Yes" to Form 99	0, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organiza	ation (check all tha	t apply).				
	Preservation of land for public use (e.g., recreation or	r pleasure)	Preservation of a	n historicall	y important	land area	
	Protection of natural habitat		Preservation of a	certified his	storic struct	ure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	alified conservation	contribution in the fo	orm of a co	nservation (easement on	the last
	day of the tax year.						
	•				Held	at the End of th	ne Tax Year
а	Total number of conservation easements				2a		
ь	Total acreage restricted by conservation easements				2ь		
	Number of conservation easements on a certified historic st	tructure included	n (a)		2c		
d	Number of conservation easements included in (c) acquired		·· (-,		2d		
3	Number of conservation easements modified, transferred, re			·· / the organ		no the tax	
	year >		,	, the engan	Lation Gon	ig the tax	
4	Number of states where property subject to conservation ea	assement is locate	4 >				
5	Does the organization have a written policy regarding the pe						
•	violations, and enforcement of the conservation easements	_		O		Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting			 te durina th		163	
7	Amount of expenses incurred in monitoring, inspecting, and			_	1		
8	Does each conservation easement reported on line 2(d) abo						
•		ove sausiy tile leq	ulierilerits of section	170(11)(4)(0	7(1)	Yes	□ No
•	and section 170(h)(4)(B)(ii)?						
9	In Part XIV, describe how the organization reports conserva		•				
	include, if applicable, the text of the footnote to the organiza	ation s financial st	atements that descri	oes the org	anization's	accounting to	or
Da	conservation easements. † III Organizations Maintaining Collections	of Art Historia	al Transuras a	- Othor 9	Similar A		· · · ·
	Complete if the organization answered "Yes" to Form			Quiei v	ommar A	33013.	
	Complete in the organization answered Tes To Form	11 550,1 12 (14, 111)				•	
4-	If the organization elected, as permitted under SFAS 116, n						1
18	• •	•				•	
	treasures, or other similar assets held for public exhibition,		arch in furtherance o	public ser	vice, provia	e, in Part XIV,	, tne text of
	the footnote to its financial statements that describes these						
Ь	If the organization elected, as permitted under SFAS 116, to						
	or other similar assets held for public exhibition, education,	, or research in furt	herance of public ser	vice, provi	de the follov	ving amounts	relating to
	these items:				_		
	(i) Revenues included in Form 990, Part VIII, line 1				P \$		
	• •				> \$		
2	If the organization received or held works of art, historical tr	reasures, or other	sımılar assets for fina	ncial gain, į	provide		
	the following amounts required to be reported under \ensuremath{SFAS}	-					
a	Revenues included in Form 990, Part VIII, line 1				> \$		
b	Assets included in Form 990, Part X				> \$	· · · · · · · · · · · · · · · · · · ·	

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

Schedule D (Form 990) 2009

Part VI | Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(a) Cost or other

basis (investment)

Sched	tule ((Form	990)	2009

(d) Book value

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

Other

Description of investment

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Financial derivatives Closely-held equity interests

Other_

(including name of security)

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Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

the organization	KNOXVILLE MUSEUM OF ART FO	F ART FOUND	UNDATION				Employer identification number 62-1737208
Part f General Information on Grants and Assistance	nd Assistance						
	to substantiate the stance?	amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec	tion Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant	funds in the United	d States.		000	W 122 04 62 222
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	Governments and \$5,000. Check this	box if no one recipier	e United States. Unit received more th	omplete it the org: ian \$5,000. Use Pa	anization answered at IV and Schedule I-	res to Form 990, Fan 1 (Form 990) if addition	iv, line 21, for any nal space is needed
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOXVILLE MUSEUM OF ART 1050 WORLD'S FAIR PARK DRIVE, KNOXVILLE, TN 37916 - KNOXVILLE, TN 37916	62-0677701		58,176,				
							•
							-
2 Enter total number of section 501(c)(3) and government organizations	nd government or	janizations					
۱,,	ction Act Notice,	see the Instructions	for Form 990.		::		Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Schedule | (Form 990) 2009 KNOXVILLE MUSEUM OF ART FOUNDATION

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

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 23 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

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Page 2

62-1737208

KNOXVILLE MUSEUM OF ART FOUNDATION

SCHEDULE 0

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Internal Revenue Service

Name of the organization

KNOXVILLE MUSEUM OF ART FOUNDATION

Employer identification number 62-1737208

FORM 990, PART VI, SECTION A, LINE 8A: THE FOUNDATION BOARD USUALLY ONLY
MEETS 1-2 TIMES PER YEAR AND MINUTES ARE NOT RECORDED. THE BANK INVESTING
THE ASSETS PRESENTS A REPORT ON THE ACTIVITIES IN ACCORDANCE WITH THE
WRITTEN INVESTMENT POLICY.
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH
AUTHORITY TO ACT ON BEHALD OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF FORM 990 IS PROVIDED TO
THE ORGANIZATION FOR REVIEW BY MANAGEMENT AND THE BOARD.
•
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST
·
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Copen to Public Inspection

▶ See separate instructions. ▶ Attach to Form 990.

Employer identification number 62-1737208

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

KNOXVILLE MUSEUM OF ART FOUNDATION

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **@** Total income Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity

Direct controlling entity status (if section Public charity 501(c)(3)) LINE 9 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) TENNESSEE Primary activity EXHIBITION OF ART KNOXVILLE MUSEUM OF ART - 62-0677701 Name, address, and EIN of related organization 1050 WORLDS PAIR PARK DRIVE TN 37916-1653 KNOXVILLE, Part #

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

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Schedule R (Form 990) 2009

932161 02-04-10

62-1737208 Schedule R (Form 990) 2009 KNOXVILLE MUSEUM OF ART FOUNDATION

Part III

Page 2

Schedule R (Form 990) 2009 General or managing partner? Percentage ownership 6 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Share of end-of-year assets ϵ ₿ ate allocations? Disproportion-Yes No Ξ Share of total income ε Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) € Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ð **©** Legal domicile (state or foreign country) Q (d)
(Direct controlling entity Primary activity 9 Legal domicile (state or foreign country) Q Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 02-04-10 Part IV

62-1737208

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Schedule R (Form 990) 2009 KNOXVILLE MUSEUM OF ART FOUNDATION

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

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(a)	ê e	<u>©</u>	€		E		
Name, address, and EIN of entity	Primary activity	Legal domicite (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
		country)	Yes No		Yes No		1.
	T						
						.	-
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Schedule R (Form 990) 2009

KNOXVILLE MUSEUM OF ART FOUNDATION SALES OF PUBLICLY TRADED SECURITIES YEAR ENDED JUNE 30, 2010

SUPPORT FOR FORM 990, PART VIII, LINE 7

			- 1	5 M 5 M	0	Cont	Carettana)
Description	Units	CUSIP	Trade Date	Settle Date	Proceeds	Cost	Gain(Loss)
SALE OF ASSET DAVID MARTIN LARGE CAP GROWTH FUND	-5,875 94	MARTIN	2/28/2010	3/1/2010	\$50,000	(\$55,383)	(\$5,383)
SALE OF ASSET DAVID MARTIN LARGE CAP GROWTH FUND	-305 913	MARTIN	3/31/2010	4/1/2010	\$2,757	(\$2,844)	(\$87)
SALE OF ASSET DAVID MARTIN LARGE CAP GROWTH FUND	-9,831.11	MARTIN	5/31/2010	6/1/2010	\$82,158	(\$89,157)	(\$6,999)
SALE OF ASSET FSB FTN TAXABLE FUND	-105 504	FTNTAXABLE	1/31/2010	2/1/2010	\$1,029	(\$1,088)	(\$59)
SALE OF ASSET FSB FTN TAXABLE FUND	-1,279 22	FTNTAXABLE	1/31/2010	2/1/2010	\$12,472	(\$12,921)	(\$449)
SALE OF ASSET FSB FTN TAXABLE FUND	-1,720 97	FTNTAXABLE	2/15/2010	2/16/2010	\$16,770	(\$17,383)	(\$613)
SALE OF ASSET FSB FTN TAXABLE FUND	-205 755	FTNTAXABLE	2/28/2010	3/1/2010	\$2,000	(\$2,097)	(\$97)
SALE OF ASSET FSB FTN TAXABLE FUND	-1,502.36	FTNTAXABLE	3/31/2010	4/1/2010	\$14,560	(\$15,312)	(\$752)
SALE OF ASSET FSB FTN TAXABLE FUND	-2,647 52	FTNTAXABLE	5/31/2010	6/1/2010	\$25,582	(\$27,433)	(\$1,851)
SALE OF ASSET FSB FTN TAXABLE FUND	-47 898	FTNTAXABLE	6/15/2010	6/16/2010	\$463	(\$496)	(\$34)
SALE OF ASSET INDUSTRIAL SPOR ETF	-4	81369Y704	2/19/2010	2/24/2010	\$116	(\$110)	\$5
SALE OF ASSET INDUSTRIAL SPDR ETF	-60	81369Y704	5/5/2010	5/10/2010	\$1,913	(\$1,657)	\$256
SALE OF ASSET ISHARES S&P 100 INDEX FUND ETF	-81	464287101	5/4/2010	5/7/2010	\$4,333	(\$4,177)	\$156
SALE OF ASSET MICROSOFT CORP	· -416	594918104	4/1/2010	4/7/2010	\$12,035	(\$8,133)	\$3,902
SALE OF ASSET MICROSOFT CORP	-252	594918104	4/1/2010	4/7/2010	\$7,290	(\$4,680)	\$2,611
SALE OF ASSET S&P 500 SPDR ETF	-82	78462F103	4/7/2010	4/12/2010	\$9,729	(\$9,843)	(\$114)
SALE OF ASSET VANGUARD GROWTH INDEX INST	-153 965	922908868	5/6/2010	5/7/2010	\$4,242	(\$4,187)	\$55
SALE OF ASSET VANGUARD HIGH YIELD CORP ADM	-80 118	922031760	5/6/2010	5/7/2010	\$443	(\$438)	\$5
SALE OF ASSET VANGUARD HIGH YIELD CORP ADM	-601 987	922031760	6/21/2010	6/22/2010	\$3,293	(\$3,293)	(\$0)
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-648 071	922040100	2/4/2010	2/5/2010	\$63,096	(\$85,694)	(\$22,598)
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-1.438	922040100	2/19/2010	2/20/2010	\$146	(\$189)	(\$42)
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-17 969	922040100	2/19/2010	2/20/2010	\$1,828	(\$2,376)	(\$548)
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-212 517	922040100	3/4/2010	3/5/2010	\$21,906	(\$25,464)	(\$3,558)
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-10 681	922040100	3/4/2010	3/5/2010	\$1,101	(\$1,382)	(\$281)
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-18.884	922040100	3/4/2010	3/5/2010	\$1,947	(\$2,287)	(\$341)
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-7.57 3	922040100	3/4/2010	3/5/2010	\$781	(\$994)	(\$213)
SALE OF ASSET VANGUARD INT TERM CORP BOND FUND	-959.159	922031810	5/25/2010	5/26/2010	\$9,505	(\$9,306)	\$200
SALE OF ASSET VANGUARD INT TERM CORP BOND FUND	-36 293	922031810	5/25/2010	5/26/2010	\$360	(\$355)	\$5
SALE OF ASSET VANGUARD MID-CAP INDEX FUND	-102 007	922908835	5/6/2010	5/7/2010	\$1,775	(\$1,686)	\$89
SALE OF ASSET VANGUARD TOTAL BOND FUND	-724 364	921937868	5/25/2010	5/26/2010	\$7,686	(\$7,586)	\$100
SALE OF ASSET VANGUARD TOTAL INTERNATIONAL INDEX	-187 821	921909602	4/7/2010	4/8/2010	\$2,787	(\$3,715)	(\$928)
SALE OF ASSET VANGUARD TOTAL INTERNATIONAL INDEX	-103.845	921909602	4/7/2010	4/8/2010	\$1,541	(\$2,062)	(\$521)
SALE OF ASSET VANGUARD INT TERM CORP BOND FUND	-92 133	922031810	2/19/2010	2/20/2010	\$895	(\$890)	\$5
SALE OF ASSET VANGUARD MID-CAP INDEX FUND	-17 451	922908835	5/6/2010	5/7/2010	\$304	(\$292)	\$12
SALE OF ASSET VANGUARD HIGH YIELD CORP ADM	-8 249	922031760	5/6/2010	5/7/2010	\$46	(\$45)	\$1
SALE OF ASSET VANGUARD TOTAL BOND FUND	-616 184	921937868	5/18/2010	5/19/2010	\$6,525	(\$6,465)	\$60
SALE OF ASSET S&P 500 SPDR ETF	· -82	78462F103	5/18/2010	5/21/2010	\$9,217	(\$9,071)	\$146
SALE OF ASSET VANGUARD TOTAL BOND FUND	-1805.713	921937868	5/25/2010	5/26/2010	\$19,159	(\$18,946)	\$212
SALE OF ASSET VANGUARD INT TERM CORP BOND FUND	-857.212	922031810	5/25/2010	5/26/2010	\$8,495	(\$8,317)	\$178
SALE OF ASSET VANGUARD GROWTH INDEX INST	-107 464	922908868	5/27/2010	5/28/2010	\$2,896	(\$2,842)	\$54
SALE OF ASSET VANGUARD TOTAL BOND FUND	-695.728	921937868	5/28/2010	6/1/2010	\$7,354	(\$7,300)	\$54
SALE OF ASSET VANGUARD INT TERM CORP BOND FUND	-491 594	922031810	5/28/2010	6/1/2010	\$4,847	(\$4,770)	\$77
SALE OF ASSET VANGUARD INSTITUTIONAL INDEX FUND	-1.871	922040100	6/21/2010	6/22/2010	\$191	(\$200)	(\$8)
SALE OF ASSET VANGUARD HIGH YIELD CORP ADM	-553	922031760	6/21/2010	6/22/2010	\$3,025	(\$3,025)	(\$0)
SALE OF ASSET VANGUARD SMALL CAP INDEX SIGNAL	-5 132	922908421	6/21/2010	6/22/2010	\$136	(\$132)	\$4
SALE OF ASSET VANGUARD TOTAL BOND FUND	-622.948	921937868	6/21/2010	6/22/2010	\$6,609	(\$6,537)	\$73
SALE OF ASSET VANGUARD INT TERM CORP BOND FUND	-340 022	922031810	6/21/2010	6/22/2010	\$3,363	(\$3,300)	\$63
SALE OF ASSET VANGUARD GROWTH INDEX INST	-114.853	922908868	6/21/2010	6/22/2010	\$3,130	(\$3,038)	\$92
SALE OF ASSET FIDELITY INSTITUTIONAL MONEY MARKET	-0.67	31607A109	6/22/2010	6/22/2010 _	\$1	\$0	\$1
TOTAL				=	\$441,833	(\$478,896)	(\$37,063)