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³orm 990-PF

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

2010

OMB No 1545-0052

For et al modalion Check all that apply minist return Address change First ristum Annoted return Address change First ristum Annoted return Address change First ristum Annoted return Address change First ristum PERBODY PLACE MUSEUM FOUNDATION 62–1759105 City or from, stitt, and 21P code Address change		Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements								
Name of foundation	For									
Rame of foundation PEARODY PLACE MUSEUM FOUNDATION 62-1759105	G	Chec	k all that apply				· · · —			
Numerous and street (or P O bean surface of mains not decidented to street addressed) 1400 901-76-74780 901-76-74780	Na									
1.00 PEARODY PLACE		PEABODY PLACE MUSEUM FOUNDATION 62-1759105								
Colvert frown, state, and Zire cools	Nu	mber	,			t address)			80	
Check type of organization Section 501(c)(3) exempt private foundation Section 4947(3)(1) nonexempt charable trust Other (specify) Section 4947(4)(1) nonexempt charable trust Other (specify) Section 4947(4)(1) nonexempt charable trust Section 4947(4) nonexempt charable trust Sectio	Cit	y or			20102			C If exemption application is pe	ending, check here	
Section 497(a)(1) nonexempt charitable trust	Н	Chec				vernat private foundation		D 1. Foreign organizations 2. Foreign organizations med	, check here eting the 85% test,	
Fall market value of all assets at end of year Accounting method Cash Accrual Filt method (co.) (c), file file New Year Cash Cash Accrual Filt method (co.) (c), file file New Year Cash		_	• •				ation			
Part A 783, 934,					·		Accrual	under section 507(b)(1)	(A), check here	
Part							basis)			
1 Contributions, gifts, grants, etc., received 2	P	art				(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for chantable purposes	
Interest on assing and temporary 698 698 698 698		1				100,000.			(cash basis only)	
## Dividends and interest from securities 5a Gross rents		I -				600	600	600		
B Net rental income or (loss) 6 Ret spin or (loss) from sale of assets not on line 10 b Gas Sade pane of the income (from Part IV, line 2) 9 Net short-term capital gain 9 Income modifications 10a and discovances 10b Less Cost of poods sold 11 Other income 12 Total. Add lines 1 through 11 11 119, 469. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salents and wages 15 Pension plans, employee benefits 1, 297. 10 Interest 18 Taxes 19 Depreciation and depletion 29 Occupancy 21 Travel, conferences, and meetings 22 Potal and administrative expenses and disbursements. Add lines 13 through 23 25 Contributions, grifs, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 45, 902. 10 Net Investment income (frequence, entr-co-) 15 Add lines 24 and 25 15 Dension plans, grifs, grants paid 16 Compensation of compensation		4				090.	030.	090.		
Sample Note part of the season in the season Income		52	Gross rents							
D Gross sales proce for all D Capital gain ten Income (from Part IV, line 2)		t	Net rental income of	or (loss)						
8 Not short-term capital gain 9	Je Je	6a	Gross sales price f		assets not on line 10		······································			
8 Not short-term capital gain 9	ever	assets on line 6a Capital gain net income (from Part IV, line 2)					0.			
10a Gross sade less returns b Less Cost of goods sold 12,852 c Gross profit or (loss)	ď	8 Net short-term capital gain			•			0.		
10 and allowances 12,852.		9	Cross sales less m							
Company Comp		Ι.	and allowances	-					STATEMENT 1	
11 Other income 22,503. 0. 22,503. STATEMENT 2		l		-	12,852.	2 722	*	<2.722		
12 Total. Add lines 1 through 11 119,469. 698. 19,469.			. ,	,1055)			***************************************			
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 24,813. 0. 24,813. 24,813. 15 Pension plans, employee benefits 1,297. 0. 1,297. 1,297.		1		1 through	n 11				STITT DITCHT 2	
15 Pension plans, employee benefits 1,297. 0. 1,297. 1,2		13	Compensation of o	officers, direc	ctors, trustees, etc	0.	0.		0.	
16a Legal fees b Accounting fees Cother professional fees STMT 4 250. 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		14			•					
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	Š			employee t	benefits	1,297.	0.	1,297.	1,297.	
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	ense				ደ ጥΜጥ 3	4 110			4 110	
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	χĎ					250.		\$10.		
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	ve I	ı	-				တ		230.	
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	trat	18					NOV S	2 1 2011		
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	inis			d depletion	1			RS		
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	E E						OGE	EN. UT		
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	βþ				neetings					
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) O .	g	•			STMT 5	15,432	0.	15.432	15 432	
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) O .	atin					20/1020		13/132.		
25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) O .)per		expenses. Add I	lines 13 th	rough 23	45,902.	0.	45,902.	45,902.	
Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0. 45,902. 45,902. 45,902. 45,902. 45,902. 45,902. 698.	O		_	-		0.			0.	
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0.		26	-		rsements.	45 000	_	45 000	45 000	
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0.		27			12	45,902.	<u>U.</u>	45,902.	45,902.	
b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) O .		1			ì	73,567.				
C Adjusted net income (if negative, enter-0-) 023501				-			698.			
	02354	C 01						0.		

Part Balance Sheets Attached schedules and amounts in the description solvers should be for end-of-year amounts only	Beginning of year	End of	l year
Part II Balance Sheets Allacred Schedules and aniodnis in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing .	635,896.	721,589.	721,589.
2 Savings and temporary cash investments			
3 Accounts receivable ► 337.			
The state of the s	217.	337.	337.
Less allowance for doubtful accounts	2,1,0		
4 Pledges receivable ►			
Less allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons .			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts ▶			
2 8 Inventories for sale or use	23,771.	13,280.	13,280.
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 19 Investments - U.S. and state government obligations			
10a Investments - U S and state government obligations			
Tua mivestinents - 0 o and state government obligations .			
b Investments - corporate stock			
c Investments - corporate bonds		- 	
11 Investments - land, buildings, and equipment basis		+	
Less: accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment basis ► 1,205.			
14 Land, buildings, and equipment basis ► 1,205. Less accumulated depreciation STMT 6 ► 1,205.			
15 Other assets (describe STATEMENT 7)	11,048,728.	11,048,728.	11,048,728.
15 Offiel assets (describe)	22/010//201		
(C. T. I. Land to the constituted by all files)	11,708,612.	11,783,934.	11,783,934.
16 Total assets (to be completed by all filers)	219.	79.	11,700,751.
17 Accounts payable and accrued expenses	219.	13.	
18 Grants payable			
g 19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons			
Deterred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
22 Other liabilities (describe STATEMENT 8)	73.	1,968.	
23 Total liabilities (add lines 17 through 22)	292.	2,047.	
Foundations that follow SFAS 117, check here		· · · · · · · · · · · · · · · · · · ·	
and complete lines 24 through 26 and lines 30 and 31.			
ω 1			
24 Unrestricted			
25 Temporarily restricted			
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	11,708,320.	11,781,887.	
30 Total net assets or fund balances	11,708,320.	11,781,887.	
2 30 Total net assets or fund balances	11/100/3201	11//01/00/	
	11,708,612.	11,783,934.	
31 Total liabilities and net assets/fund balances	11,700,012.	11,703,334.	
Part III Analysis of Changes in Net Assets or Fund B	alances		
		 -	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line	30		11 700 220
(must agree with end-of-year figure reported on prior year's return)		1	11,708,320.
2 Enter amount from Part I, line 27a		2	73,567.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	11,781,887.
5 Decreases not included in line 2 (itemize)		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	11,781,887.
			Form 990-PF (2010)

(a) List and descri	be the kn	sses for Tax on In	, real estate,	·	(b)	How a	cquired hase	(c) Date acquired	(d) Date sold
2-story brick war	enouse,	or common stock, 200 shs	MLC Co)) - Don		(mo , day, yr)	(mo , day, yr)
18					ļ				
b NON	E			 	┼				
<u>C</u>					+				
e e					-				
(e) Gross sales price	(f) [Depreciation allowed (or allowable)	157	ost or other basis expense of sale	<u> </u>			(h) Gain or (loss) (e) plus (f) minus (
a									
b									
C									
d									
е						<u> </u>			
Complete only for assets showing		 1						I) Gains (Col (h) gain I (k), but not less than	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	xcess of col (i) r col (j), if any				Losses (from col (
<u>a</u>									
<u>b</u>									
<u> </u>									
d				•					
8					_				
2 Capital gain net income or (net cap	tal loss)	If gain, also enter of the lift (loss), enter -0-	in Part I, line in Part I, line	17 17	}	2			
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, culti (loss) enter 0 in Part I line 8.			J (6)		}				
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der S	ection 4940(e) for	Reducer	1 Tax on Net	lov	estn	ent Ind	rome	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify Enter the appropriate amount in ea	n 4942 t v under s	ax on the distributable amosection 4940(e). Do not con	nplete this p	art					Yes No
(a) Base period years Calendar year (or tax year beginning	ın)	(b) Adjusted qualifying distr	ributions	Net value of no	(c) oncha	(d) Distribution ratio (col (b) divided by col (c))			
2009	,							(001 (0) (1)	ded by cor (e//
2008						-			
2007							,		
2006									
2005									
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of year the foundation has been in existence if less than 5 years					of ye	ars		3	
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5								4	
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment income	(1% of F	Part I, line 27b)						6	
7 Add lines 5 and 6						-		7	
8 Enter qualifying distributions from F			lla acid	alaka Abrak I	•	n/ .t-		8	
If line 8 is equal to or greater than li See the Part VI instructions	ne /, che	eck the box in Part VI, line 1	D, and comp	DIETE THAT PART USIN	g a 1'	% tax r	ate		

_			759103		Page 4		
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	148 - 1	see instr	uctio	ns)		
18	Exempt operating foundations described in section 4940(d)(2), check here ► X and enter N/A on line 1	1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						
ı	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here And enter 1%						
	of Part I, line 27b	Ī					
(All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) 💚	1					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2					
3	Add lines 1 and 2	3					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.		
6	Credits/Payments	1					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a	1					
t	Exempt foreign organizations - tax withheld at source	1					
C	Tax paid with application for extension of time to file (Form 8868)	1					
C	Backup withholding erroneously withheld 6d	1					
7	Total credits and payments Add lines 6a through 6d	7			0.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶	11					
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	n		Yes	No		
	any political campaign?		1a		Х		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or.					
	distributed by the foundation in connection with the activities.	01			ŧ		
C	Did the foundation file Form 1120-POL for this year?		10	İ	X		
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ O.						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				ŧ		
·	managers > \$ 0.				ŧ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	1	X		
_	If "Yes," attach a detailed description of the activities.		-	<u> </u>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				ŧ		
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		,	ĺ	Х		
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3	1	X		
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/I	A 4b				
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14/1			X		
J	If "Yes," attach the statement required by General Instruction T.		5		<u> </u>		
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
U	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state language to the government of the gove	aw		v	ĺ		
_	remain in the governing instrument?		6	X	<u> </u>		
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	<u></u>		
_	If "Yes," complete Part II, col. (c), and Part XV.						
82	Enter the states to which the foundation reports or with which it is registered (see instructions)		<u> </u>				
-	TN		_		ĺ		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				ŧ		
	of each state as required by General Instruction G? If "No," attach explanation		8b	X			
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	dar			ŧ		
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	X	<u></u>		
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X		

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Form 990-PF (2010) PEABODY PLACE MOSEUM FO		Doguirod (******	02-1759.	102	Page 6
Part VII-B Statements Regarding Activities for Whic	n Form 4720 May be	Required (contil	nued)		
5a During the year did the foundation pay or incur any amount to:		<u> </u>	(.		1
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec	,		es 🗓 No		1
(2) Influence the outcome of any specific public election (see section 4955	o), or to carry on, directly or indi		es X No		· ·
any voter registration drive?		· —	es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purpo		1	es (V) NO		1
(4) Provide a grant to an organization other than a charitable, etc., organization (4) (2) (2) (3) (3) (4) (4) (4) (4) (5)	ation described in section		es X No		I
509(a)(1), (2), or (3), or section 4940(d)(2)?	one ar adventional avenages or		es (TV) MO		-
(5) Provide for any purpose other than religious, charitable, scientific, literative accounts of cruelly to abilition as a graph 2	ary, or educational purposes, or		es X No		Ī
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify		• •	E2 [37] MO		•
section 53 4945 or in a current notice regarding disaster assistance (see in		iii riegulations	N/A	5b	Ī
Organizations relying on a current notice regarding disaster assistance chec	•	•	▶ □	-	-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemptic		amed			ı
expenditure responsibility for the grant?		- /-	es 🗀 No		I
If "Yes," attach the statement required by Regulations section 53.4	• •				1
6a Did the foundation, during the year, receive any funds, directly or indirectly,	• •				Ī
a personal benefit contract?		Y	es X No		I
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.				\neg	
7a At any time during the tax year, was the foundation a party to a prohibited ta	ax shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income att	ributable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Tru	stees, Foundation Ma	anagers, Highl	У		
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and the	ir compensation				
List all officers, directors, trustees, foundation managers and the	(b) Title, and average	(c) Compensation	(d) Contributions to	(0)	Expense
(a) Name and address	hours per week devoted	(if not paid,	(d) Contributions to employee benefit plans and deferred	acco	ount, other
JACK A. BELZ	to position PRESIDENT/DIF	enter -0-)	compensation	and	owances
100 PEABODY PLACE, SUITE 1400	- KESIDENI/DII	WECTOR .			
MEMPHIS, TN 38103	- 	0.	0.	}	0.
RAYMOND M. SHAINBERG	DIRECTOR		<u> </u>	 	
100 PEABODY PLACE, SUITE 1400					
MEMPHIS, TN 38103		0.	0.		0.
· · · · · · · · · · · · · · · · · · ·					
	-				
Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none,	enter "NONE."			
(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) l accor allo	Expense unt, other owances
NONE					
				<u> </u>	
	_				
· -	<u> </u>			<u> </u>	
· · · · · · · · · · · · · · · · · · ·					
			<u> </u>		
		<u> </u>			
f Allowsha of the control of the con				L	
Total number of other employees paid over \$50,000			<u></u> ▶		0

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0.

All other program-related investments. See instructions

Total. Add lines 1 through 3

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	indations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	643,001.
	Fair market value of all other assets	16	337.
d	Total (add lines 1a, b, and c)	1d	643,338.
8	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	643,338.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 9	4	12,852.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	630,486.
6	Minimum investment return. Enter 5% of line 5	6	31,524.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	_
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b]	
C	Add lines 2a and 2b	20	
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	art XII 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	45,902. 0.
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		
а	Suitability test (prior IRS approval required)	3a	
b	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	45,902.
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	45,902.
	Note. The amount on line 6 will be used in Dart V, column (b) in subsequent users when coloulating whether the foundation	aualifica far th	a agation

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
Distributable amount for 2010 from Part XI, line 7		1		
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only		1		
h Total for prior years				
a rotal to provide the				1
3 Excess distributions carryover, if any, to 2010				
a From 2005		1		
b From 2006		1		
c From 2007				
d From 2008				1
e From 2009				1
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4 > \$		1		1
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)		1		
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				1
indicated below:		1		
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5			***************************************	
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				1
the section 4942(a) tax has been previously				
assessed .				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				1
a Excess from 2006		1		·
b Excess from 2007		1		1
c Excess from 2008		<u> </u>		1
d Excess from 2009		1		#
e Excess from 2010	<u> </u>	<u> </u>		<u> </u>

Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)					
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating						
foundation, and the ruling is effective for 2010, enter the date of the ruling								
b Check box to indicate whether the foundation is a private operating foundation described in section X 4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years					
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total			
investment return from Part X for					<u>-</u>			
each year listed	0.	11,545.	3,334.	18,257.	33,136.			
b 85% of line 2a	0.	9,813.	3,334. 2,834.	15,518.	28,166.			
c Qualifying distributions from Part XII,					·			
line 4 for each year listed	45,902.	15,566.	27,020.	11,745.	100,233.			
d Amounts included in line 2c not			-	-				
used directly for active conduct of								
exempt activities	0.	0.	0.	0.	0.			
e Qualifying distributions made directly								
for active conduct of exempt activities								
Subtract line 2d from line 2c	45,902.	15,566.	27,020.	11,745.	100,233.			
3 Complete 3a, b, or c for the alternative test relied upon:								
a "Assets" alternative test - enter								
(1) Value of all assets	11,705,346.	11,574,421.	11,381,779.	11,447 <u>,</u> 306.	46,108,852.			
(2) Value of assets qualifying								
	11,075,197.	11,075,666.	11,078,896.	11,165,492.	44,395,251.			
b "Endowment" alternative test - enter 2/3 of minimum investment return								
shown in Part X, line 6 for each year								
listed					0.			
c "Support" alternative test - enter								
(1) Total support other than gross investment income (interest,								
dividends, rents, payments on								
securities loans (section					0			
512(a)(5)), or royalties)					0.			
(2) Support from general public and 5 or more exempt								
organizations as provided in					0.			
section 4942(j)(3)(B)(iii) (3) Largest amount of support from					0.			
an exempt organization					0.			
(4) Gross investment income					0.			
Part XV Supplementary Info	rmation (Complet	te this part only i	f the foundation	had \$5,000 or mo				
at any time during t				40,000 01 1110				
1 Information Regarding Foundatio								
a List any managers of the foundation who	o have contributed more t	han 2% of the total contr	ibutions received by the f	oundation before the clos	se of any tax			
year (but only if they have contributed m	iore than \$5,000) (See se	ection 507(d)(2))						
JACK A. BELZ								
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large portion	of the ownership of a pa	artnership or			
NONE	a 10% of greater interest	•						
2 Information Regarding Contributi	on Grant Gift Loan	Sahalarship ata Pra	aramo:	-				
Check here If the foundation of				t accent unschloited requ	acts for funds. If			
the foundation makes gifts, grants, etc. (see instructions) to indivi	duals or organizations un	ider other conditions, con	nplete items 2a. b. c. and	d			
a The name, address, and telephone numb				·	 			
N/A	·	••						
					·			
b The form in which applications should be	e submitted and informati	on and materials they sho	ould include					
N/A								
c Any submission deadlines. N/A								
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields, k	ands of institutions, or ott	ner factors				
N/A								

T 4 107 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	If recipient is an individual	Payment	T	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient		
a Paid during the year	Ì			
NONE				
•				
		i		
Total			▶ 3a	0.
b Approved for future payment				
NONE		,		
,				
		ļ		
_				
Total			▶ 3h	
1 444			▼ 3h	U .

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)		
	(a)	(b)	(C) Exclu-	(d)	Related or exempt		
1 Program service revenue	Business code	Amount	sion code	Amount	function income		
a TICKET SALES					22,503.		
b					<u> </u>		
C							
d		·					
e					 		
1							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments			14	698.			
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory							
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory					<3,732.>		
11 Other revenue							
a							
b		 			· · · · · · · · · · · · · · · · · · ·		
C							
d							
e	_		_				
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	0	•	698.	18,771.		
13 Total. Add line 12, columns (b), (d), and (e)				13	19,469.		
(See worksheet in line 13 instructions to verify calculations.)							

Part X	VI-B Relationship of Activities to the Accomplishment of Exempt Purposes
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.

Part X				haritable
1 Did	Exempt Organizations the organization directly or indirectly engage in any of the	following with any other eventuation	an department in each on EQ1(a) of	Yes No
	ine organization directly of monectly engage in any of the code (other than section 501(c)(3) organizations) or in se			162 140
	sfers from the reporting foundation to a noncharitable ex	- · · · · · · · · · · · · · · · · · · ·	nzations:	
	Cash	ompt organization of		1a(1) X
	Other assets		•	1a(2) X
	r transactions	•		
(1)	Sales of assets to a noncharitable exempt organization			1 _{b(1)} X
(2)	Purchases of assets from a noncharitable exempt organiz	zation .		1b(2) X
(3)	Rental of facilities, equipment, or other assets			1b(3) X
(4)	Reimbursement arrangements _		•	1b(4) X
(5)	Loans or loan guarantees			1b(5) X
(6)	Performance of services or membership or fundraising s	olicitations		1b(6) X
	ing of facilities, equipment, mailing lists, other assets, or answer to any of the above is "Yes," complete the followi			1c X
			(d) Description of transfers, transactions, a	
_				
				
		·····		
ın se	foundation directly or indirectly affiliated with, or related stion 501(c) of the Code (other than section 501(c)(3)) o s," complete the following schedule (a) Name of organization	· · ·	zations described (c) Description of relation	Yes X No
	N/A	(2) 1)po oi oiganizacion	(e) bosomption of relation	
_	· 			
Sign Here	Under penalties of perjury, I declare that I have examined this return and complete Declaration of preparer (other than taxpayer or fiduce).	m, including accompanying schedules and clary) is based on all information of which p	preparer has any knowledge	belief, it is true, correct,
. 1016	Signature of officer or trustee	Date	PRESIDENT Title	
		arer's signature	Date Check If PTI	N
Paid	David A. Craiz E	Said A. Craig, CAA	Sulu self- employed	
Prepa Use O			Firm's EIN ►	
	Firm's address MEMPHIS TN 38	3103	Phone no 901	-322-6700

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

2010

Name of the organization Employer identification number PEABODY PLACE MUSEUM FOUNDATION 62-1759105 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable 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**

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

contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000.

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%

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, charitable, scientific, literary, or educational purposes, or

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,

of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II

the prevention of cruelty to children or animals. Complete Parts I, II, and III

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	4	- 1	
Page	⊥ of	1	of Part I

Schedule B	Form 990	990-F7	or gan_DE	/2010)
ocnequie o i	ronn 990,	990-EZ,	or 990-PF)	(2010)

Name of organization

Employer identification number

PEABODY PLACE MUSEUM FOUNDATION

62-1759105

Part [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	\$\$	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
100.	nume, address, and En 1	\$	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
	Nume, dedicos, and En	\$	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.)

of Part II

Name of organization

Employer identification number

PEABODY PLACE MUSEUM FOUNDATION

62-1759105

	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization Employer identification number 62-1759105 PEABODY PLACE MUSEUM FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 1
INCOME			
1. GROSS RECEIPTS 2. RETURNS AND ALLOWAN 3. LINE 1 LESS LINE 2		9,120	9,120
	(LINE 15)	12,852	<3,732>
6. OTHER INCOME			
7. GROSS INCOME (ADD L	INES 5 AND 6)		<3,732>
9. MERCHANDISE PURCHAS 10. COST OF LABOR	ING OF YEAR	23,771 2,361	
	12		26,132
14. INVENTORY AT END OF 15. COST OF GOODS SOLD	YEAR (LINE 13 LESS LINE 14)	13,280	12,852

FORM 990-PF OTHER	INCOME		STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
TICKET SALES	22,503.	0.	22,503.
TOTAL TO FORM 990-PF, PART I, LINE 11	22,503.	0.	22,503.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DELOITTE & TOUCHE	4,110.	0.	4,110.	4,110.	
TO FORM 990-PF, PG 1, LN 16B	4,110.	0.	4,110.	4,110.	

FORM 990-PF (SI	FATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COUNCIL OF AMERICAN JEWISH MUSEUM	250.	0.	250.	250.
TO FORM 990-PF, PG 1, LN 16C	250.	0.	250.	250.

FORM 990-PF	OTHER E	Sī	STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	2,742.	0.	2,742.	2,742.
OFFICE SUPPLIES	781.	0.	781.	781.
TN ANNUAL REPORT	22.	0.	22.	22.
INSURANCE EXPENSE	9,626.	0.	9,626.	9,626.
ADVERTISING & PROMOTIONAL	383.	0.	383.	383.
PAPER & FORMS	40.	0.	40.	40.
DUES & SUBSCRIPTIONS	125.	0.	125.	125.
MISCELLANEOUS EXPENSE	30.	0.	30.	30.
SECURITY ALARM SYSTEM	1,683.	0.	1,683.	1,683.
TO FORM 990-PF, PG 1, LN 23	15,432.	0.	15,432.	15,432.

FORM 990-PF	DEPRECIATION	OF ASSE	TS NOT	HELD	FOR	INVESTMENT	STATEMENT	6
DESCRIPTION			COS! OTHER	r or Basis	5	ACCUMULATED DEPRECIATION	BOOK VALUE	S
SHARP CASH RE	GISTER			1,20)5.	1,205.		0.
TOTAL TO FM 9	90-PF, PART II	I, LN 14		1,20	5.	1,205.		0.

FORM 990-PF	OTHER ASSETS	STATEMENT 7	
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 OTHER LIABILITIES			STATEMENT	8
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
ACCRUED SALES TAX ACCRUED PAYROLL LIABILITIES	-	73.	1,88	34. 34.
TOTAL TO FORM 990-PF, PART II,	LINE 22	73.	1,96	58.

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT PART X, LINE 4

THE AVERAGE MONTHLY CASH BALANCE IS \$643,001. \$12,852 OF THIS IS CASH THAT IS HELD FOR CHARITABLE ACTIVITIES. THE 2010 COST OF GOODS SOLD WAS \$12,852. THE FOUNDATION IS EXPECTING THE SAME LEVEL OF SALES FOR THE YEAR 2011 AND THUS IS EXPECTING THE SAME LEVEL OF CASH TO BE NEEDED TO REPLENISH THE INVENTORY ONCE IT IS SOLD.

EIN: 62-1759105

FORM 990-PF TOTAL OPERATING AND STATEMENT 10 ADNINISTRATIVE EXPENSES

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

EXPENSES OF \$45,902 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 \$45,902 OF EXPENSE ATTRIBUTABLE TO OPERATING THE MUSEUM AND GIFT SHOP WAS 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 OUALIFYING DISTRIBUTIONS UNDER SECTION 4942(J)(3)(A) AND 4942(G) OF THE CODE AND SECTION 53.4942(A)-3(A)(2) OF THE REGULATIONS.