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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf

| For calendar year 2015 or tax year beginning | | , and ending | _ | |
|--|------------------------------------|-----------------------------------|--|---|
| Name of foundation | | | A Employer identification | number |
| PEABODY PLACE MUSEUM FOUND | ATION | | 62-1759105 | |
| Number and street (or P O box number if mail is not delivered to street a | | Room/suite | B Telephone number | |
| 100 PEABODY PLACE | | 1400 | 901-767-47 | 80 |
| City or town, state or province, country, and ZIP or foreign p | ostal code | | C If exemption application is pe | ending, check here |
| MEMPHIS, TN 38103 | | | | |
| G Check all that apply: Initial return | Initial return of a fo | ormer public charity | D 1 Foreign organizations | s, check here |
| Final return | Amended return | | 2 | -h th - 050/ ht |
| Address change | Name change | | Foreign organizations me check here and attach co | mputation |
| H Check type of organization: X Section 501(c)(3) ex | empt private foundation | | E If private foundation sta | tus was terminated |
| | Other taxable private founda | tion | under section 507(b)(1) | (A), check here 🕨 🗔 |
| I Fair market value of all assets at end of year J Accounting | - | Accrual | F If the foundation is in a | 60-month termination |
| | ther (specify) | | under section 507(b)(1) | (B), check here 🕨 🔲 |
| 11,347,946. (Part I, colu | mn (d) must be on cash b | asis.) | | · · · · · · · · · · · · · · · · · · · |
| The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 1 Contributions, gifts, grants, etc., received | 10,000. | | | |
| 2 Check If the foundation is not required to attach Sch. B | | | | |
| 3 Interest on savings and temporary cash investments | 432. | 432. | 432. | STATEMENT 1 |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 62 Net gain or (loss) from sale of assets not on line 10 | | | | |
| D assets on line 6a | | | | |
| C a National towns and the con- | | 0. | | |
| 8 Net short-term capital gain | | | 0. | |
| 9 Income modifications Gross sales less returns 10a and allowances 15,380. | | | | STATEMENT 2 |
| 10a and allowances 15,380. b Less Cost of goods sold 1,347. | | | | SIRIEMENI 2 |
| 9 Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other Income 11 Other Income 12 380. | 14,033. | | 14,033. | <u> </u> |
| 11 Other income | 23,406. | 0. | | STATEMENT 3 |
| 12 (Total. Add lines 1 through 11 | 47,871. | 432. | 37,871. | |
| 13 Compensation of officers, directors, trustees, etc | 0. | 0. | 0. | 0. |
| 14 Other-employee salaries and wages | 73,688. | 0. | 73,688. | 73,688. |
| 15 Pension plans, employee benefits | 5,386. | 0. | 5,386. | 5,386. |
| (0) 40 | | | | |
| b Accounting fees STMT 4 c Other professional fees | 3,021. | 0. | 3,021. | 3,021. |
| c Other professional fees | | | | |
| 9 17 Interest | | | | |
| 18 Taxes | | | | |
| 19 Depreciation and depletion | 2,840. | 0. | 1,811. | |
| 20 Occupancy | 204 | | 20.4 | 204 |
| 21 Travel, conferences, and meetings | 384. | 0. | 384. | 384. |
| 22 Printing and publications | 12 400 | | 42 465 | 42.465 |
| 23 Other expenses STMT 5 | 43,466. | 0. | 43,467. | 43,467. |
| 24 Total operating and administrative | 128,785. | 0. | 107 757 | 125 046 |
| expenses Add lines 13 through 23 25 Contributions, gifts, grants paid | 30,000. | | 127,757. | 125,946. 30,000. |
| Other expenses STMT 5 Total operating and administrative expenses Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements | 30,000. | | | 30,000. |
| Add lines 24 and 25 | 158,785. | 0. | 127,757. | 155,946. |
| 27 Subtract line 26 from line 12: | 230,703. | <u></u> | 201,1310 | 100,040. |
| Excess of revenue over expenses and disbursements | <110,914.> | | | |
| b Net investment income (if negative, enter -0-) | | 432. | | |
| C Adjusted net income (if negative, enter -0-) | | | 0. | |
| 523501 11-24-15 LHA For Paperwork Reduction Act Notice, see | instructions | | | Form 990-PF (2015) |

3

4

340,865.

340,865.

Form 990-PF (2015)

523511 11-24-15

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

| (a) List and desc 2-story brick wa | (a) List and describe the kind(s) of property sold (e.g., real estate,2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | | (c) Date (mo., | acquired day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|------------------------|--|----------------|-------------------------------------|--------------------------------|----------------------------------|---|
| 1a | | | | | ow acquired Purchase Donation | | | |
| b NO | NE | | | | | | | |
| <u> </u> | · | | | | | | | |
| d | | | | <u> </u> | | - | | |
| e | | 1 | | <u> </u> | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | expense of sale | | | | Gain or (loss) is (f) minus (| |
| <u>a</u> | | | | | | | | · . |
| <u>b</u> | | | | - | | | | |
| <u>c</u> | | | | | | · | | |
| d e | | | | -+ | | | | |
| | g gain in column (h) and owned l | L by the foundation | n on 12/31/69 | | | (I) Gaine (| Col. (h) gaın | minue |
| (i) F.M.V. as of 12/31/69 | | | | C | ol. (k), but | not less than (from col. (I | 1 -0-) or | |
| a | | 1 | | | | | | |
| b | - | | | | | | | |
| C | | - | | | | | | |
| d | | | | | | | | |
| е | | | | | | | | |
| 2 Capital gain net income or (net ca 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8 | ss) as defined in sections 1222(5) column (c). | | | } | 3 | | | |
| Part V Qualification U | nder Section 4940(e) fo | or Reduced | lax on Net I | inves | tment ind | come | | N/A |
| f section 4940(d)(2) applies, leave the Mas the foundation liable for the sect f "Yes," the foundation does not qual | ion 4942 tax on the distributable | complete this pa | art. | | | | | Yes N |
| 1 Enter the appropriate amount in a | each column for each year; see th | e instructions be | fore making any en | itries. | | | | 7.33 |
| (a) Base period years Calendar year (or tax year beginnii | ng in) Adjusted qualifying | distributions | Net value of no | (c) ncharit | able-use asse | ts | Distrib | (d) ution ratio ided by col. (c)) |
| 2014 | | | | | | | | |
| 2013 | | | | - | | | | |
| 2012 | | | | | | | | |
| 2011 2010 | | | | | | - | 1 | |
| 2010 | | | <u>. </u> | | | | 1 | |
| 2 Total of line 1, column (d) | | | | | | 2 | | |
| 3 Average distribution ratio for the | 5-year hase period - divide the tot | tal on line 2 by 5 | or by the number | of vear | s · | <u> </u> | | |
| the foundation has been in exister | | | , or by the number | or you. | · | 3 | | |
| Enter the net value of noncharitab | · | X, line 5 | | | | 4 | | |
| 5 Multiply line 4 by line 3 | | • | | | | 5 | | |
| 6 Enter 1% of net investment incom | ie (1% of Part I. line 27h) | | | | | 6 | | |
| 7 Add lines 5 and 6 | | | | | | 7 | | |
| | a Part VII. Iraa 4 | | | | | | | -, |
| B Enter qualifying distributions from | • | | | | | 8 | 1 | |
| If line 8 is equal to or greater than See the Part VI instructions. | i line /, check the box in Part VI, I | line 1b, and comp | plete that part using | g a 1% | tax rate. | | | |

| | 1990-PF (2015) PEABODY PLACE MUSEUM FOUNDATION | | 104 | 10/b) / | 040/61 | Or AC | | -1755 | | tion | Page 4 |
|----|---|----------------|--------|-------------|-------------|-------------|------|--|---------|-----------|----------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940(| • | | | 134U(E) | , or 48 | 740 | - see ir | เรเรน | LION |) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here X and ent | | | | | | | | | | į |
| | Date of ruling or determination letter: (attach copy of letter if neces | $\overline{}$ | | | - | 1 | | | | | |
| b | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | | | | | | | | N/ | <u> </u> | |
| | of Part I, line 27b | | | | | | | | | | 1 |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% o | | | | ol. (b). |) | | | | | j |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other | rs ent | ter - | -0-) | | | 2 | | | | |
| 3 | Add lines 1 and 2 | | | | | | 3 | - | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Oth | ers er | nter | -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: | | | | | | | | | | ! |
| | 2015 estimated tax payments and 2014 overpayment credited to 2015 | 6a | ╀ | | | | ļ | | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | \bot | | - | | | | | | ļ |
| C | Tax paid with application for extension of time to file (Form 8868) | 6c | 1 | | | | ļ | | | | İ |
| d | Backup withholding erroneously withheld | 6d | | | | | | . | | | |
| 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 attach | ned | | | | | 8_ | <u> </u> | | | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | | | 9 | \bot | | | 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 2016 estimated tax | | | | Refun | ded 🚩 | 11 | <u> </u> | | | |
| Pa | rt VII-A Statements Regarding Activities | | | | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislated | tion o | r di | d it parti | ipate or i | ntervene | ın | | | Yes | No |
| | any political campaign? | | | | | | | | 1a | | _X_ |
| b | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? | | | | | | | | 1b | | _X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and | соріе | es o | of any m | atenals p | ublishe | d or | | | | |
| | distributed by the foundation in connection with the activities | | | | | | | | | | |
| C | c Did the foundation file Form 1120-POL for this year? | | | | | | | 1c | | <u> X</u> | |
| 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. | ▶ \$ | _ | | | 0. | | | | | Ì |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditu | re tax | (IM) | posed or | foundation | on | | | | | |
| | managers. ► \$0 . | | | | | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS | ? | | | | | | | 2 | | <u> </u> |
| | If "Yes," attach a detailed description of the activities | | | | | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing ins | | ent, | articles of | of incorpo | ration, o | r | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | | | | | | 3 | | <u>X</u> |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | | | | _ | | 4a | | _X_ |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | | J | N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | | | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | er: | | | | | | | | | |
| | By language in the governing instrument, or | | | | | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that effectively amends the governing instrument so that no mandatory of the state legislation that the state legislation is the state legislation that the sta | directi | ions | s that cor | iflict with | the state | law | | - | | ! |
| | remain in the governing instrument? | | | | | | | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp | olete | Par | rt II, col. | (c), and | Part XV | | | 7 | X | |
| | | _ | | | | | | | | | 1 |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions | s) > | | | | | | | | | ! |
| | TN | | _ | | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto | orney | Ger | neral (or | designate |) | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | | _ | | | 8b_ | Х | - |
| 9 | 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | | | | 1. | -,- | · | |
| | year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," co. | | | | | | | | 9 | X | 77 |
| 10 | 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | | | | | 10_ | <u></u> | _X_ | |

| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
|----|--|---------------|---------------|-----|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | Х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► WWW.BELZMUSEUM.ORG | | | |
| 14 | The books are in care of ▶ JIMMIE D. WILLIAMS Telephone no. ▶ 901-76 | | <u> 780</u> | |
| | Located at ► 100 PEABODY PLACE, SUITE 1400, MEMPHIS, TN ZIP+4 ►38 | 103 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | , > | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | \vdash | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| Рa | foreign country ► rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | Щ | | |
| | | $\overline{}$ | Yes | No |
| 1. | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | \vdash | 163 | 140 |
| 14 | During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | , | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | 1 |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2015? | 1c | | _X_ |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2015? | | | |
| L | If "Yes," list the years , , , , , , , , , , , , , , , , , , , | | | |
| D | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | i |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A | ۱ ۵۰ | - | _1 |
| • | statement - see instructions.) N/A If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 2b | | |
| Ü | in the provisions of section 4342(a)(2) are being applied to any of the years listed in 2a, list the years field. | | 1 | |
| 32 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| Ja | during the year? | | j | , |
| b | If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after | | , | |
| • | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | , |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | , |
| | Form 4720, to determine if the foundation had excess business holdings in 2015) N/A | 3ь | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeonardy before the first day of the tay year beginning in 2015? | 145 | - | Ÿ |

| Form 990-PF (2015) PEABODY PLACE MUSEUM FOU | | | 62-17591 | 05 | Page 6 | |
|--|---|-----------------------------|--|------|----------------------------------|--|
| Part VII-B Statements Regarding Activities for Which I | orm 4720 May Be R | equired (contin | ued) | | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es X No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); (| ectly, | } | | | | |
| any voter registration drive? | Y | es X No | | 1 | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | Y | es X No | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | | | | - - | |
| 4945(d)(4)(A)? (see instructions) | | Y | es X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or f | or | | , | | |
| the prevention of cruelty to children or animals? | , , , | | es X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | ider the exceptions described i | n Regulations | | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | - | N/A | 5b | | |
| Organizations relying on a current notice regarding disaster assistance check h | • | | ▶□ □ | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | ned | | | | |
| expenditure responsibility for the grant? | | I/A 🗌 Y | es No | İ | | |
| If "Yes," attach the statement required by Regulations section 53 4945 | | | | | - - | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | • • | | | | | |
| a personal benefit contract? | | | es X No | | 1 ! | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | ٠٠ لبــــيا | | 6b | X | |
| If "Yes" to 6b, file Form 8870 | | | | 1 | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | Ye | es X No | | i | |
| b. If "Yes," did the foundation receive any proceeds or have any net income attribution | utable to the transaction? | | N/A | 7b | | |
| Part VIII Information About Officers, Directors, Trustone Paid Employees, and Contractors | | nagers, Highly | - - | | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) | Expense unt, other | |
| (a) Name and address | to position | (If not paid, enter -0-) | and deferred compensation | acco | unt, other wances | |
| JACK A. BELZ | PRESIDENT/DIR | | · · | | | |
| 100 PEABODY PLACE, SUITE 1400 | 7 | | | | | |
| MEMPHIS, TN 38103 | 0.00 | 0. | 0. | | 0. | |
| RAYMOND M. SHAINBERG | DIRECTOR | | | | | |
| 100 PEABODY PLACE, SUITE 1400 | | | | | | |
| MEMPHIS, TN 38103 | 0.00 | 0. | 0. | . 0. | | |
| | | | , | | | |
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| |] | | | | | |
| | | | | | | |
| | <u> </u> | | • | | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Contributions to | | <u></u> | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | acco | Expense unt, other owances | |
| NONE | | | · | | | |
| | | | | | | |
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| | | | | | | |
| | 1 | | | | | |
| | | | | | | |
| | 1 | | | | | |
| | L | | L | L | | |
| Total number of other employees paid over \$50,000 | | | ▶ | | 0 | |

| Form 990-PF (2015) PEABODY PLACE MUSEUM FOUNDATION | 62-175 | 9105 Page | ? 7 |
|---|---------------------------------------|------------------|-----|
| Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued) | nagers, Highly | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | · · · · · · · · · · · · · · · · · · · | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation | on |
| NONE | | | _ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total number of others receiving over \$50,000 for professional services | | > | 0 |
| Part IX-A Summary of Direct Charitable Activities | | · | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ation such as the | Expenses | |
| 1 OPERATION AND MAINTENANCE OF THE MUSEUM AND THE M | JSEUM GIFT | | |
| SHOP | | 105 046 | |
| • | | 125,946 | • |
| 2 | | | |
| | | <u></u> | |
| 3 | | | |
| | | | |
| 4 | | | |
| | | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and | 2. | Amount | _ |
| 1 N/A | | | |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| All other program-related investments. See instructions. | | | |
| 3 | | | |
| | | | |
| Total. Add lines 1 through 3 | > | 0 | ٠. |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | dations, s | ee instructions.) |
|----------|---|----------------|-------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 316,920. |
| C | Fair market value of all other assets | 1c | 0. |
| d | Total (add lines 1a, b, and c) | 1d | 316,920. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 316,920. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 4,754. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 312,166. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 15,608. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here X and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2015 from Part VI, line 5 | | |
| b | Income tax for 2015. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |
| <u>P</u> | 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 | 155,946. |
| 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 | 155,946. |
| 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 | 155,946. |
| | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of | ualifies for t | he section |

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

| Part XIII Undistributed Income (see | | N/A | | |
|---|---------------|--|-------------|-------------|
| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
| 1 Distributable amount for 2015 from Part XI, | | | | |
| line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2015 | |] | | |
| a Enter amount for 2014 only | | | | |
| b Total for prior years: | | | | |
| 3 Excess distributions carryover, if any, to 2015: | | | | |
| a From 2010 | | | | |
| b From 2011 | | İ | | |
| c From 2012 | | | | |
| d From 2013 | | | | |
| e From 2014 | | | | |
| f Total of lines 3a through e | - | | | |
| 4 Qualifying distributions for 2015 from | | | | |
| Part XII, line 4: ►\$ | | | | |
| a Applied to 2014, but not more than line 2a | | | * | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | i | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | | 1 | | |
| d Applied to 2015 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2015 | | | | |
| (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 indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract | | i i | | |
| 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 the section 4942(a) tax has been previously | | | | |
| assessed d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | | | |
| e Undistributed income for 2014. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | | |
| f Undistributed income for 2015. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2016 | | | | |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2010 | | | | |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2016 | | | | |
| Subtract lines 7 and 8 from line 6a | | | | |
| | | | | |
| 0 Analysis of line 9: | | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | | | |
| d Excess from 2014 | | | | |
| e Excess from 2015 | | 1 | į. | |

| P | art XIV Private Operating Fe | oundations (see ins | structions and Part VII- | A, question 9) | | - | | | | |
|---|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------|--|--|--|--|
| 1 | a If the foundation has received a ruling o | r determination letter that | it is a private operating | | | | | | | |
| | foundation, and the ruling is effective for | r 2015, enter the date of t | he ruling | ▶ 03/ | 16/00 | | | | | |
| | 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) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Total | | | | |
| | investment return from Part X for | | - | | | | | | | |
| | each year listed | 0. | 0. | 0. | 0. | 0. | | | | |
| | b 85% of line 2a | 0. | 0. | 0. | 0. | 0. | | | | |
| | c Qualifying distributions from Part XII, | | | | | | | | | |
| | line 4 for each year listed | 155,946. | 130,439. | 124,053. | 116,543. | 526,981. | | | | |
| | 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 | 155,946. | 130,439. | 124,053. | 116,543. | 526,981. | | | | |
| 3 | Complete 3a, b, or c for the | | | | · | | | | | |
| | alternative test relied upon: a "Assets" alternative test - enter: | | | | | | | | | |
| | (1) Value of all assets | 11,392,456. | 11,484,736. | 11,600,866. | 11,690,777. | 46,168,835. | | | | |
| | (2) Value of assets qualifying | | | | Ï | | | | | |
| | under section 4942(j)(3)(B)(i) | 11,076,883. | 11,081,893. | 11,088,878. | 11,103,263. | 44,350,917. | | | | |
| | b "Endowment" alternative test - enter | | | | | | | | | |
| | 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | | | | | |
| | listed | | | | | 0. | | | | |
| | : "Support" alternative test - enter: | | | | | | | | | |
| | (1) Total support other than gross | | | | | | | | | |
| | investment income (interest, | | | | | | | | | |
| | dividends, rents, payments on securities loans (section | | | | | | | | | |
| | 512(a)(5)), or royalties) | | | | | 0. | | | | |
| | (2) Support from general public | | | | | | | | | |
| | and 5 or more exempt organizations as provided in | | | | | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | 0. | | | | |
| | (3) Largest amount of support from | | | | | | | | | |
| | an exempt organization | | | | _ | 0. | | | | |
| _ | (4) Gross investment income | | | | | 0. | | | | |
| P | art XV Supplementary Info | | | the foundation ha | ad \$5,000 or more | in assets | | | | |
| | at any time during the | ne year-see instru | ictions.) | | | | | | | |
| 1 | Information Regarding Foundation | _ | | | | | | | | |
| | List any managers of the foundation who | | | butions received by the fo | undation before the close o | of any tax | | | | |
| | year (but only if they have contributed m | iore than \$5,000). (See se | CTION 507(a)(2).) | | | | | | | |
| | CK A. BELZ | | | | | | | | | |
| ١ | List any managers of the foundation who | | | r an equally large portion | of the ownership of a parti | nership or | | | | |
| | other entity) of which the foundation has | s a 10% or greater interest | | | | | | | | |
| | NE | | | | | | | | | |
| 2 | Information Regarding Contribution | | | | | | | | | |
| | Check here X if the foundation of | | | | | | | | | |
| | the foundation makes gifts, grants, etc. (| <u> </u> | | | | | | | | |
| | The name, address, and telephone numb | er or e-mail address of th | e person to whom applica | ations should be addresse | d: | | | | | |
| | | | | | | | | | | |
| | The form in which confident and the 111 | a automotical and office of | | and a pale of the | | | | | | |
| | The form in which applications should be | e submitted and informati | on and materials they sho | ould include: | | | | | | |
| | Any culturation deadlines | | | | | | | | | |
| (| Any submission deadlines. | | | | | | | | | |
| | 1 Any restrictions or limitations on superdo | euch as hy goographical | arage obsertable fields 1 | ande of metatatates as === | ar factors: | | | | | |
| | 1 Any restrictions or limitations on awards | o, such as by geographical | areas, charitable fields, k | anus oi mstitutions, or oth | ier factors; | | | | | |

| Part XV Supplementary information | | D | | |
|---|--|--------------------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye | If recipient is an individual | Payment | | <u> </u> |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | Tooplant | | |
| | | | | |
| ORPHEUM THEATRE | | 501(C)(3) | CAPITAL CAMPAIGN | |
| 203 SOUTH MAIN | | | ORPHEUM CENTRE FOR THE | |
| MEMPHIS, TN 38103 | | | PERFORMING ARTS & | |
| | | | LEADERSHIP. | 30,000. |
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| Total | I | | ► 3a | 30,000. |
| b Approved for future payment | | | | |
| | | | | |
| NONE | | | | |
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| Total | | | ▶ 3b | 0. |

| Form 990 | -PF (2015) PEABODY PLACE I | MUSEUM FC | DONDATION | | 62-1 | 759105 | Page 12 |
|---------------------|--|--|--------------------------|--|---------------------------------------|---------------|---------|
| Part X | Analysis of Income-Produc | cing Activitie | es | | | | |
| Enter area | ss amounts unless otherwise indicated. | Unrelated | business income | Excluded | by section 512, 513, or 514 | (e) | |
| _ | | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or ex | • |
| | ım service revenue: ICKET SALES | Code | | Code | | | ,406. |
| . – | | | | + | | | ,400. |
| | | | | + | | | |
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| | | 1 1 | | + | | | |
| e | · | | | + | | | |
| - Eoo | es and contracts from government agencies | - | | + | - | | |
| • | - | | | + + | | | |
| | ership dues and assessments | - | | + + | | | |
| | st on savings and temporary cash | | | 14 | 432. | | |
| Investr | nerits nds and interest from securities | | | 1 4 | 4341 | | |
| | | | | | | | |
| | ntal income or (loss) from real estate: | | | | | | |
| | ot-financed property debt-financed property | | | + | | | |
| | | | | + | | | |
| | ntal income or (loss) from personal | | | | | | |
| proper 7 Other 1 | ry nvestment income | | | | | | |
| | r (loss) from sales of assets other | | - | | | | |
| | ventory | | | | | | |
| | come or (loss) from special events | | | ++ | | | |
| | profit or (loss) from sales of inventory | - | | | ··· | 1.4 | ,033. |
| 11 Other r | | | | + + | | | ,033. |
| | | | | | | | |
| | | | | - | | - | |
| | | | | | | | |
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| e | | - | | | | | |
| _ | al. Add columns (b), (d), and (e) | | 0. | | 432. | 37 | ,439. |
| | Add line 12, columns (b), (d), and (e) | <u> </u> | | <u> </u> | 13 | 37 | ,871. |
| | sheet in line 13 instructions to verify calculations.) | | | | | | 70710 |
| | | - 4b - A | alialam ant of Eu | | | | |
| Part X | VI-B Relationship of Activities to | o tne Accom | plishment of Ex | empt PL | irposes | | |
| Line No | Explain below how each activity for which inco | me is reported in c | column (e) of Part XVI-A | contributed | d importantly to the accomp | lishment of | |
| ▼ | the foundation's exempt purposes (other than | | | | . , , | | |
| 1 | THE FOUNDATION GENERATE | D TICKET | SALES THRO | OUGH I | TS CHARITABL | E FUNCT | ION |
| | OF OPERATING AND MAINTA | INING AN | ART GALLE | RY/MUS | SEUM FOR THE | EXHIBIT | ION |
| | AND DISPLAY OF PAINTING | | | | | | |
| | AND ANCILLARY FACILITIE | | RVICES, ALI | L FOR | THE BENEFIT, | EDUCAT: | ION, |
| | AND IMPROVEMENT OF THE | PUBLIC. | | | | | |
| 10 | THE MUSEUM SOLD SMALL C | | | | | | |
| | (SIMILAR TO THOSE DISPL | | | | | C EDUCA | TION |
| | AND APPRECIATION OF AND | LIENT CHI | NESE ART AL | ND CUI | TURE. | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | |
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Form 990-PF (2015) PEABODY PLACE MUSEUM FOUNDATION 62-1759105 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

| 1 L | lid the c | organization directly or indir | rectly engage in any | of the following | ng with any | other organizati | ion described in sec | tion 501(c) of | | res | NO |
|---|--|---------------------------------------|-------------------------|------------------|---------------|----------------------|--|--------------------------------------|---------------------------|---------|----------|
| the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | | | | |
| a T | ransfer | s from the reporting founda | ation to a noncharita | ble exempt or | ganızatıon c | of: | | | 1 | | |
| (| 1) Casi | h | | | | | | | 1a(1) | | X |
| C | 2) Othe | er assets | | | | | | | 1a(2) | | X |
| | • | insactions: | | | | | | | | | |
| | | s of assets to a noncharitat | hle exempt organizat | tion | | | | | 1b(1) | | X |
| , | • | | | | | | | | | _ | X |
| | • | chases of assets from a nor | • | ı ganızanıdı | | | | | 1b(2) | | |
| • | • | tal of facilities, equipment, i | or other assets | | | | | | 1b(3) | | X |
| • | • | nbursement arrangements | | | | | | | 1b(4) | | X |
| (| 5) Loai | ns or Ioan guarantees | | | | | | | 1b(5) | | X |
| (1 | 6) Perf | ormance of services or mei | mbership or fundrais | sing solicitatio | ns | | | | 1b(6) | | X |
| c S | haring | of facilities, equipment, mai | ılıng lısts, other asse | ts, or paid em | ployees | | | | 1c | | X |
| d If | the ans | swer to any of the above is | "Yes." complete the | followina sche | dule. Colun | nn (b) should al | lways show the fair | market value of the goods, o | other ass | ets. | |
| | | | | | | | | n or sharing arrangement, st | | 0.0, | |
| | | (d) the value of the goods, of | | | 00 1000 11101 | · iaii iiiaiioi vaii | ao in any tranoadiron | ir or onaring arrangement, or | 1011 | | |
| a)Line | | (b) Amount involved | | f noncharitable | a avamnt or | manization | (d) D | | h | | |
| # <i>y</i> Emic | | (b) Amount involved | (c) Ivaille of | | exempt of | yanızatıdı | (u) Description | on of transfers, transactions, and s | naring arra | angemen | ıts |
| | _ | | | N/A | | | | | | | |
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| Da lo | the for | ındatıon directly or indirect | ly affiliated with or i | related to one | or more to | v avamnt organi | Izationa dagarihad | | | | |
| | | | | | | x-exempt organi | izations described | Γ | ٦., | 177 | ٦ |
| | | n 501(c) of the Code (other | | (3)) or in secti | ION 52/7 | | | L. | Yes | X | No |
| b II | "Yes," c | complete the following sche | | | I = | | T | | | | |
| | | (a) Name of orga | anization | | (b) Type | of organization | | (c) Description of relations | пр | | |
| | | N/A | | | ļ | | | | | | |
| | | | | | | | <u> </u> | | | | |
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| | | r penalties of perjury, I declare th | | | | | | | | | <u> </u> |
| Sigr | 1 | pelief, it is true, correct, and comp | | | | | | nas any knowledge retu | the IRS or rn with the | prepare | er |
| Here | | Jack C | R Ester | | 15 | 113128 | DDECT | | wn below | | 7 I |
| | <u> </u> | instance of officer or tructee | | | | 1,20 | PRESI | DENT | Yes | | No |
| | Siy | nature of officer or trustee | | · · | Date |) · | Title | 01 1 5 7 7 1 5 7 1 1 | | | |
| | | Print/Type preparer's nar | me | Preparer's si | ignature | | Date | Check if PTIN | | | |
| | | ANDREW J. | | | _ | | | self- employed | | | |
| Paid | | SAKALARIOS | | Inshew | -g. 8 | abalario | 5/9/2016 | | L606 | | |
| • | oarer | Firm's name ► DELO | OITTE TAX | LLP | | | | Firm's EIN ▶ 86-10 | 657 | 72 | |
| Jse | Only | | | | | | | | - | | |
| | | Firm's address ▶ 60' | 75 POPLAR | AVE | SIIT | TE 350 | | <u> </u> | | | |
| | | | MPHIS, TN | | | | | Phone no. 901-32 | 22.6 | 700 | |
| | | I PIEI | LILLO, IN | 20113. | 0112 | | | | | | 100 15: |
| | | | | | | | | Fo | orm 99 0 |)-PF | (2015) |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

| | PEABODY PLACE MUSEUM FOUNDATION | 62-1759105 |
|------------------------|---|--|
| Organization | type (check one) | |
| Filers of: | Section: | |
| Form 990 or 9 | 90-EZ 501(c)() (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 | |
| Note. Only a | organization is covered by the General Rule or a Special Rule . ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R | ule See instructions |
| General Rule | | |
| | n organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalinerty) from any one contributor. Complete Parts I and II. See instructions for determining a contributo | |
| Special Rules | | |
| secti any c | n organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supporting 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a are contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo Form 990-EZ, line 1 Complete Parts I and II | , or 16b, and that received from |
| year, | n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edurevention of cruelty to children or animals Complete Parts I, II, and III | |
| year, ıs ch purp | n organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled excked, enter here the total contributions that were received during the year for an exclusively religiouse. Do not complete any of the parts unless the General Rule applies to this organization because ous, chantable, etc., contributions totaling \$5,000 or more during the year. | more than \$1,000 If this box us, charitable, etc., |
| but it must ar | organization that is not covered by the General Rule and/or the Special Rules does not file Schedule swer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its oes 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.

Name of organization

Employer identification number

PEABODY PLACE MUSEUM FOUNDATION

62-1759105

| Part I | Contributors (see instructions) Use duplicate copies of Part I | f additional space is needed | |
|--------------|--|------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ARTS MEMPHIS 575 SOUTH MENDENHALL MEMPHIS, TN 38117 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 523452 10-26 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization .

Employer identification number

PEABODY PLACE MUSEUM FOUNDATION

62-1759105

| art II | Noncash Property (see instructions) Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. rom art i | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _ | | | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| - | | | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| _ - | | | |
| - | | \$ | |

| ame of organiz | zation ' | | | Employer identification number | | |
|--------------------------|--|--|--|---|--|--|
| | PLACE MUSEUM FOUNDATION | N | | 62-1759105 | | |
| Part III | Exclusively religious, charitable, etc., contribute year from any one contributor. Complete colu | mns (a) through (e) and the folio | OWING TIME ENTRY. For organization | ons | | |
| | completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional si | naritable, etc., contributions of \$1,000 or | less for the year (Enter this into or | ıce) ► \$ | | |
| (a) No. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | scription of how gift is held | | |
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| - | | | | | | |
| | 1 | (e) Transfer of git | ft | | | |
| | | | | | | |
| | Transferee's name, address, and a | ZIP + 4 | Relationship of tra | ansferor to transferee | | |
| - | | | | | | |
| | | | | | | |
| a) No | | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | |
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| - | | (e) Transfer of git | | | | |
| | (c) transier of gift | | | | | |
| <u> </u> | Transferee's name, address, and a | Relationship of tra | ansferor to transferee | | | |
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| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | |
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| | | (0, 110.000 01 g | | | | |
| - | Transferee's name, address, and a | ZIP + 4 | Relationship of tra | ansferor to transferee | | |
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| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Des | cription of how gift is held | | |
| Part I | | | | | | |
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| | | (e) transier of gi | | | | |
| <u> </u> | Transferee's name, address, and a | ZIP + 4 | Relationship of transferor to transferee | | | |
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| FORM 990-PF | INTEREST | ON SAVI | IGS AND I | EMPORARY | CASH | INVESTMENTS | STATEMENT 1 |
|--------------|-----------|---------|-------------|------------------------|------|-----------------------------|-------------------------------|
| SOURCE | | | | (A) EVENUE BOOKS | NET | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
| INTEREST INC | OME | | | 432. | | 432. | 432. |
| TOTAL TO PAR | T I, LINE | 3 | | 432. | | 432. | 432. |

| FORM 990-PF | INCOME AND COST OF GOODS SOLI INCLUDED ON PART I, LINE 10 | D | STATEMENT 2 |
|---|---|--------|-------------|
| INCOME | | | |
| 1. GROSS RECEIPTS 2. RETURNS AND ALLOWA 3. LINE 1 LESS LINE 2 | ANCES | 15,380 | 15,380 |
| 4. COST OF GOODS SOLE 5. GROSS PROFIT (LINE | O (LINE 15) | 1,347 | 14,033 |
| 6. OTHER INCOME 7. GROSS INCOME (ADD | LINES 5 AND 6) | | 14,033 |
| 9. MERCHANDISE PURCHA 0. COST OF LABOR 1. MATERIALS AND SUPP | PLIES | 23,223 | 23,223 |
| 4. INVENTORY AT END O | OF YEAR | 21,876 | 1,347 |

| FORM 990-PF OTHER | R INCOME | | STATEMENT 3 | |
|---------------------------------------|-----------------------------|-----------------------------------|-------------------------------|--|
| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | |
| TICKET SALES | 23,406. | 0. | 23,406. | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 23,406. | 0. | 23,406. | |

| FORM 990-PF | ACCOUNTI | NG FEES | STATEMENT 4 | | |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| DELOITTE & TOUCHE | 3,021. | 0. | 3,021. | 3,021. | |
| TO FORM 990-PF, PG 1, LN 16B | 3,021. | 0. | 3,021. | 3,021. | |

| FORM 990-PF | OTHER E | XPENSES | STATEMENT 5 | | |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| BANK CHARGES | 5,834. | 0. | 5,834. | 5,834. | |
| OFFICE SUPPLIES | 9,195. | 0. | 9,196. | 9,196. | |
| TN ANNUAL REPORT | 358. | 0. | 358. | 358. | |
| REPAIRS & MAINTENANCE | 3,060. | 0. | 3,060. | 3,060. | |
| INSURANCE EXPENSE | 17,969. | 0. | 17,969. | 17,969. | |
| ADVERTISING & PROMOTIONAL | 1,244. | 0. | 1,244. | 1,244. | |
| DUES & SUBSCRIPTIONS | 780. | 0. | 780. | 780. | |
| FREIGHT AND POSTAGE | 190. | 0. | 190. | 190. | |
| PAPER & FORMS | 40. | 0. | 40. | 40. | |
| SECURITY ALARM SYSTEM | 4,792. | 0. | 4,792. | 4,792. | |
| OTHER BUSINESS TAXES | 4. | 0. | 4. | 4. | |
| TO FORM 990-PF, PG 1, LN 23 | 43,466. | 0. | 43,467. | 43,467. | |

| FORM 990-PF DEPRECIATION OF ASSE | TS NOT HELD FOR | INVESTMENT | STATEMENT 6 |
|--|------------------------|-----------------------------|-------------|
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
| SHARP CASH REGISTER | 1,205. | 1,205. | 0. |
| NEW CCTV SECURITY SYSTEM DELL PRECISION T3500 MT | 3,896. | 3,896. | 0. |
| COMPUTER | 2,246. | 2,052. | 194. |
| HOLOCAUST GALLERY IMPROVEMENT | 9,587. | 524. | 9,064. |
| CAMERAS | 5,237. | 1,047. | 4,190. |
| TOUR PRODUCTIONS & HEADSETS | 9,920. | 1,418. | 8,503. |
| TOTAL TO FM 990-PF, PART II, LN 14 | 32,091. | 10,142. | 21,949. |

| FORM 990-PF OTHER LIABILITIES | | STATEMENT 7 |
|--|----------------|-------------|
| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
| SALES TAX PAYROLL LIABILITIES | 209. 1,873. | 61. 17. |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 2,082. | 78. |

| FORM 990-PF | OTHER ASSETS | | STATEMENT 8 |
|----------------------------------|-------------------------------|---------------------------|----------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| ANCIENT CHINESE & JUDAIC ARTWORK | 11,053,660. | 11,053,660. | 11,053,660. |
| TO FORM 990-PF, PART II, LINE 15 | 11,053,660. | 11,053,660. | 11,053,660. |

FORM 990-PF TOTAL OPERATING AND STATEMENT 9
ADNINISTRATIVE EXPENSES

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

COLUMN (C): EXPENSES OF \$127,757 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)).

COLUMN (D): EXPENSES OF \$125,946 ATTRIBUTABLE TO OPERATING THE MUSEUM AND GIFT SHOP WERE INCURRED TO CARRY OUT THE ORGANIZATION'S PURPOSES DESCRIBED IN SECTION 170(C)(2)(B) OF THE CODE AND THUS ARE INCLUDED IN DETERMINING QUALIFYING DISTRIBUTIONS UNDER SECTION 4942(J)(3)(A) AND 4942(G) OF THE CODE AND SECTION 53.4942(A)-3(A)(2) OF THE REGULATIONS.

| Asset | Description of property | | | | | | | |
|--------|------------------------------|---------------------|-----------------|--------------|--|--------------------|---------------------------------------|------------------------|
| Number | Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
| 1 | SHARP CA | SH RE | | | | | | |
| | 101698 | 3200DB | 7.00 | 17 | 1,205. | | 1,205. | 0. |
| 2 | NEW CCTV 071311 | | | <u> </u> | 3,896. | Γ | 3,896. | 0. |
| 3 | | | | | MT COMPUTER | | 3,030. | <u> </u> |
| J | 092712 | | | 17 | 2,246. | | 1,923. | 129. |
| 4 | HOLOCAUS | | | | | | -/5-7-1 | |
| | 111313 | SL | 39.00 | 17 | 9,587. | | 278. | 246. |
| 5 | CAMERAS | | | | | | | |
| | 123015 | | | | | | | 1,047. |
| 6 | TOUR PRO | DOCLI | ONS & | HEAC | 9,920. | | | 1,418. |
| | * TOTAL | | | | | | | 1,410. |
| | | | 1 | <u> </u> | 32,091. | 0. | 7,302. | 2,840. |
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| 516261 | | | | 14 | Current year section 179 | (D) · Asset dispos | od. | |