

### **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.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2012

2020

Fore	aler	ndar year 2020 or tax year beginning		, and ending		
Name of foundation - A Employer identification number						
		BODY PLACE MUSEUM FOUND	62-1759105			
		and street (or P O box number if mail is not delivered to street a	B Telephone number	aa A		
		PEABODY PLACE, SUITE 1	901-767-47	<del></del> 1		
		own, state or province, country, and ZIP or foreign p PHIS, TN 38103	C If exemption application is pe	ending, check here		
G C	heck	call that apply: Initial return	D 1. Foreign organizations	i, check here		
		Final return	Amended return		2 Foreign organizations ma	eting the 85% test
		Address change	Name change	^2	Foreign organizations me check here and attach co	mputation
H C	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
			Other taxable private foundaring method: X Cash		under section 507(b)(1)	• •
		arket value of all assets at end of year   J Accounti Part II, col. (c), line 16)	ther (specify)	Accrual	F If the foundation is in a under section 507(b)(1)	. —
(" •			nn (d), must be on cash bas	is.)	under Section 307(b)(1)	(b), check here
	<del>řt I</del>	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
_		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	52,500.			
	2	Check If the foundation is not required to attach Sch. B			DECENT	D-
	3	Interest on savings and temporary cash investments			KECEIVE	
	4	Dividends and interest from securities				S
	5a	Gross rents			<u>11 20 JUN 1 1 20</u>	
	Ь	Net rental income or (loss)	5 050	,		
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	-5,050.	1	OGDEN	JT -
en.	7	Gross sales price for all assets on line 6a 1,500.  Capital gain net income (from Part IV, line 2)		0.		
Revenue	7 8	Net short-term capital gain		0.	0.	
	9	Income modifications				
	10a	Gross sales less returns   0 010			_	STATEMENT 1
	b	Less Cost of goods sold 1,358.				
	C	Gross profit or (loss)	661.		661.	
	11	Other income	6,498.	0.	6,498.	STATEMENT 2
	12_	Total. Add lines 1 through 11	54,609.	0.	7,159.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages	83,830.	0.	83,830.	83,830.
s	15	Pension plans, employee benefits	12,464.	0.	12,464.	12,464.
enses	IOA	Legal fees Accounting fees STMT 3	6,262.	0.	6,262.	6,262.
Expe		Other professional fees	0,202.	<u> </u>	0,202.	0,202.
	17	Interest				
ative	18	Taxes	- "			
st	19	Depreciation and depletion	1,432.	0.	1,663.	
Admin	20	Occupancy				
-	21	Travel, conferences, and meetings				
and	22	Printing and publications			00.00=	0 0 0 0 0 0
n	23	Other expenses STMT 4	23,895.	0.	23,895.	23,895.
rati	24	Total operating and administrative	127,883.	0.	120 114	126 451
Operating	9E	expenses. Add lines 13 through 23	0.	U •	128,114.	126,451.
	ZJ	Contributions, gifts, grants paid  Total expenses and disbursements.	<del>                                     </del>	<del></del>	<del></del>	•
	20	Add lines 24 and 25	127,883.	0.	128,114.	126,451.
	27	Subtract line 26 from line 12:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Excess of revenue over expenses and disbursements	-73,274.			
	b	Net investment income (if negative, enter -0-)		0.		
	c	Adjusted net income (if negative, enter -0-)			0.	

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

627

Form 990-PF (2020)

10,846,189.

10,846,186.

Form 990-PF (2020)

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023511 12-02-20

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶ BOOK TO TAX ROUNDING ADJUSTMENT

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

8 Reserved

	990-PF (2020) PEABODY PLACE MUSEUM FOUNDATION	62-175		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see	instruction	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1.			
	Date of ruling or determination letter: 03/16/00 (attach copy of letter if necessary-see instructions)	<b>1</b>		
b	Reserved	1	N/A	
	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4%	<del>                                     </del>		
·	of Part I, line 12, col. (b)	1 1		
	, · · · · · · · · · · · · · · · · · · ·			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		
	Add lines 1 and 2	3		
	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		<u>      0                              </u>
6	Credits/Payments.	1 1		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 0.	J i		1
b	Exempt foreign organizations - tax withheld at source 6b 0.	]		
C	Tax paid with application for extension of time to file (Form 8868)  6c  6c	] ]		
d	Backup withholding erroneously withheld 6d 0.	1		
	Total credits and payments. Add lines 6a through 6d	7		0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		<del></del> -
	Enter the amount of line 10 to be: Credited to 2021 estimated tax	11		
	rt VII-A Statements Regarding Activities	<u> </u>		
			Ye	s No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in	<del></del>	<del></del>
	any political campaign?		1a	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ition	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.			_
C	Did the foundation file Form 1120-POL for this year?		10	X
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:			1 1
	(1) On the foundation. ▶ \$ 0 .	_	1 1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$ 0 .			_ 1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
	If "Yes," attach a detailed description of the activities.			T
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r	1 1	1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	X
4a	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?	N/A	4b	1
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5	x
,	If "Yes," attach the statement required by General Instruction T		<del>                                      </del>	+==
£	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
U	The tite requirements of section 300(o) (relating to sections 121 tillough 1243) Satisfied cities.		1 1	
	Py language in the governing instrument, or			
	By language in the governing instrument, or      Divide to project on that off actively amends the accurring partitional test according to the conflict with the state.	law	\ \	1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law		_
_	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?	law	6 X	
7	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	6 X 7 X	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	law		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.	law		
8a	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.  TN	law		
8a	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.  TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	law	7 X	
8a b	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.  TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation			
8a b	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.  TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		7 X	
8a b	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.  TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		7 X	
8a b	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered. See instructions.  TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cales.	ndar	7 X	X

had not been removed from jeopardy before the first day of the tax year beginning in 2020?

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Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be R	equired (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:				Yes	No	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	Y	es 🗓 No			
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,				
any voter registration drive?		Y	es X No			
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?	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	1		
(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?		Y	es X No	1		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described					
section 53.4945 or in a current notice regarding disaster assistance? See inst	· ·		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check			▶ï──			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined			Ιί	
expenditure responsibility for the grant?			es No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav nremilims on					
a personal benefit contract?	pay promiumo on	□ v	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit contract?	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	_	 6b	<u>                                    </u>	
If "Yes" to 6b, file Form 8870.	poroonal ponont contract.		F	<del>-</del>	+	
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	□ v	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	+'	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than			-17 ft  -	<del>""</del>	+	
excess parachute payment(s) during the year?	φ 1,000,000 in remaineration of		es X No			
Part VIII Information About Officers, Directors, Trust	ees Foundation Mar		55 [ZL] NU ]		1	
Paid Employees, and Contractors	oco, i canadion ina	lagers, riigiliy				
1 List all officers, directors, trustees, and foundation managers and	their compensation.			-		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex account	pense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account allowa	t, other	
JACK A. BELZ	PRESIDENT/DIR	<del></del>	compensation			
100 PEABODY PLACE, SUITE 1400						
MEMPHIS, TN 38103	0.00	0.	0.		0.	
RONALD A. BELZ	SECRETARY				<del></del>	
100 PEABODY PLACE, SUITE 1400						
MEMPHIS, TN 38103	0.00	0.	0.		0.	
111111111111111111111111111111111111111	<del>                                     </del>	, · · · ·	•		<del></del>	
	-					
<del></del>	┪					
<del></del>	<del></del>					
	┪					
	1					
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none.	enter "NONE."	l			
	(b) Title, and average		(d) Contributions to	(e) Ex	pense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account allowa	t, other	
NONE	devoted to position	<del> </del>	compensation	anove	111003	
HOND	╡					
	<u> </u>	<del>  -</del>				
	╡					
	┥					
	<del>   </del>	<del> </del>				
	┥					
<del></del>	<del></del>	<del> </del>				
	†					
Total number of other employees paid over \$50,000	<u> </u>	I	<b></b>		0	
TOTAL CONTROL OF CONTR						

Form 990-PF (2020) PEABODY PLACE MUSEUM FOUNDATION

62-1759105

Part VIII Information About Officers, Directors, Trustees, Foundation Management	02-1/5	9105 Page 7
Paid Employees, and Contractors (continued)	igers, mignly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		_
<del></del>		į
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 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 informati number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the	Expenses
1 OPERATION AND MAINTENANCE OF THE MUSEUM AND THE MUS	SEUM GIFT	
SHOP		106 150
		126,452.
2		
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
1N/A		
<u></u>		
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	•	0.

ĮΡ	art:X Minimum Investment Return (All domestic foundations	must complete this part.	Foreign four	dations, see	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	able, etc., purposes:			
а	Average monthly fair market value of securities		1a	0.	
ь	Average of monthly cash balances			1b	103,850.
C	Fair market value of all other assets			1c	
đ	Total (add lines 1a, b, and c)			1d	103,850.
e	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	103,850.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt, see instructions)		4	1,558.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	102,292.
6	Minimum investment return. Enter 5% of line 5			_6	5,115.
ĮP.	art}XI■ Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations, check here ➤ X and do not complete this pa	and (j)(5) private operating t	oundations an	d certain	
1	Minimum investment return from Part X, line 6			1	
2a	Tax on investment income for 2020 from Part VI, line 5				
ь	Income tax for 2020. (This does not include the tax from Part VI.)	2b			
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	
1_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	art XIII, line 1		7	
P	art:XII] Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	urposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	•		1a	126,451.
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 charit	table, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
a	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	126,451.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	vestment			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	126,451.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years.	when calculating whether th	e foundation q	ualifies for the	section

Form 990-PF (2020)

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Part XIII Undistributed Income (so	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
•	Corpus	Years prior to 2019	2019	2020
1 Distributable amount for 2020 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2020				}
a Enter amount for 2019 only				
b Total for prior years:				
<del></del> ':- <del></del> '				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
<b>b</b> From 2016		,	<b>'</b>	
c From 2017				
d From 2018		/ /		
e From 2019		/		
f Total of lines 3a through e				
4 Qualifying distributions for 2020 from			п	
Part XII, line 4:  \$				
a Applied to 2019, but not more than line 2a		/		
b Applied to undistributed income of prior		/		
years (Election required - see instructions)		/	<u> </u>	
c Treated as distributions out of corpus		/		
(Election required - see instructions)		/		
d Applied to 2020 distributable amount	· · · · · · · · · · · · · · · · · · ·	/		
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2020		7	<del></del>	<del></del>
(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:				
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 the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions			<u></u>	
e Undistributed income for 2019. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2020. Subtract	/			
lines 4d and 5 from line 1. This amount must	/			
be distributed in 2021	/		<del> </del>	<del></del>
7 Amounts treated as distributions out of	/			
corpus to satisfy requirements imposed by				Į
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)			<del></del>	<u> </u>
8 Excess distributions carryover from 2015				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2021.				
Subtract lines 7 and 8 from line 6a				
0 Analysis of line 9: a Excess from 2016				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019	;			
e Excess from 2020				
023581 12-02-20	<del></del> -		<del></del>	Form <b>990-PF</b> (2020)

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here **X** if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed;
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Total

Part XVI-A	Analysis of Income-Producing	<b>Activities</b>
,	, , , , and , , , , o , , , o a d o , , o a d o , , g	

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
• • • • • • • • • • • • • • • • • • •	(a)	(b)	(C) Exclu-	(d)	Related or exempt
4 Program convice revenue:	Business code	Amount	sion	Amount	function income
1 Program service revenue:  8 TICKET SALES	· code	-	COUG		
8 TICKET SALES	<u> </u>		-		6,498.
b					<del></del>
c					
d					
6					
f ·				<u></u> <u>-</u>	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities	<del></del>				
5 Net rental income or (loss) from real estate:					
a Debt-financed property	<u> </u>		_		
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	ļ		ļ		
than inventory			05	-5,050.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					661.
11 Other revenue:				,	
a			<del> </del>		
b	<del></del>			<del></del>	<del>,</del> .
<u> </u>					<del></del>
d		•		<u> </u>	
e			<u> </u>	5 350	5 450
12 Subtotal. Add columns (b), (d), and (e)		0.		-5,050.	4 4 4 4
13 Total. Add line 12, columns (b), (d), and (e)				13	2,109.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	mnt	Purnoses	
Treationship of Additions to	tile Acce	inpusinion of Exc	,iiipt	i di poscs	
Line No. Explain below how each activity for which incom	ne is reported	in column (e) of Part XVI-A	contrit	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than by				, ,	•
1 THE FOUNDATION GENERATED	TICKE	T SALES THRO	UGE	ITS CHARITAB	LE FUNCTION
OF OPERATING AND MAINTA					
AND DISPLAY OF PAINTING					
AND ANCILLARY FACILITIES					
AND IMPROVEMENT OF THE				A THE DERIFIE	, bbcmion,
10 THE MUSEUM SOLD SMALL CI			· 7 7 7	ם שמג משעשה ת	TECEC
(SIMILAR TO THOSE DISPLA	AVED TA	ARI REPUICAS	MC YTI	TO CINE ARI P	TO BUILDANTON
					IC EDUCATION
AND APPRECIATION OF ANC	LENT CE	IINESE ART AN	ים עו	ULTURE.	
		···			
		<u> </u>			
		<del></del>			<del></del>

# Form 990-PF (2020) PEABODY PLACE MUSEUM FOUNDATION 62-1759105 [Part:XVIII] Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did th	ie organization directly or indi	rectly engage in any	of the following	ng with any other organizati	on described in sec	tion 501(c)	Yes	NO
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
a Trans	fers from the reporting founda	ation to a noncharita	ble exempt or	ganization of:				
(1)	Cash						18(1)	X
	Other assets						18(2)	X
	transactions:							
	Sales of assets to a noncharital	hle exempt organizat	tlon				15(1)	X
	urchases of assets from a nor						16(2)	X
	tental of facilities, equipment,						1b(3)	X
							15(4)	X
	leimbursement arrangements							X
	oans or loan guarantees						15(5)	$\frac{x}{x}$
	erformance of services or me						16(6)	$\frac{\hat{x}}{x}$
	ng of facilities, equipment, ma						10	<u> </u>
	answer to any of the above is							
	vices given by the reporting fo				ue in any transactioi	i or sharing arrangement, sh	ow in	
	in (d) the value of the goods,				<del></del>	<del> </del>		
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	n of transfers, transactions, and sh	aring arrangeme	ents
			N/A			<del></del>		
			<del></del>					
		<u> </u>				<del></del>		
		<del></del>				<del></del>		
		·						
		<del></del>		<del></del>	<del></del>			
		<del></del>	<del></del>	<del></del>				
		<u> </u>		<del></del>	<del></del>			
		<del></del>						
		<del></del>		- <del></del>				
<del></del>			<del>.,,,</del>		<del></del>		<del></del>	
		l		<del></del>	L			
	foundation directly or indirect							_
in sec	tion 501(c) (other than section	n 501(c)(3)) or in se	ction 527?			<i></i> 🗀	Yes 🔀	<b>∑</b> No
b If Yes	,* complete the following sche	adule.		·				
	(a) Name of org	anization		(b) Type of organization		(c) Description of relationsh	lp	
	N/A							
					1			
						<del></del>		
Ju	nder penalties of perjury, I declare th	hat I have exampled this	return, including	accompanying schedules and st	tatements, and to the be	st of my knowledge	and the state of	
Sign   "	nd belief, it is bue, correct, and com	plete Declaration of pre-	parer (other than	taxpayer) is based on all informat	tion of which propager t	as any knowledge return	the IRS discuss n with the prepa	re
Here	$\langle \langle a \rangle \rangle$			15-14-21	PRESI	510%	rn below? See in	I
	Signature of officer or trustee			Date	Title		168	No
	Print/Type preparer's na	me.	Preparer's si		Date	Check   if   PTIN		
	Trime (3the brehalet 3 flat	1119		~		self- employed		
Paid	CAPAU D D	XDUXW	121	Bol	5/5/2021		151177	
Prepare	SARAH D. BI				3/3/2021		454173	
Use On	Thin Stignic P Date	OLTIK TAX	אחח			Firm's EIN ► 86-10	00//2	
Joe OII	·	75 000110	3.112	OUTMR 250		<del></del>		
	Firm's address ► 60					004 30	2 6844	
	ME)	MPHIS, TN	38119.	-0TT7		Phone no. 901-32		
						For	m <b>990-PF</b>	(2020)

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

PRABODY PLACE MUSEUM FOUNDATION

Employer identification number

, 1	PEABODY PLACE MUSEUM FOUNDATION	62-1759105				
Organization type (check one)						
Filers of:	Section:					
Form 990-or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule See instructions				
X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
sections 509(a)( any one contrib	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.					
contributor, dur literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III					
year, contribution is checked, enter purpose Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

### PEABODY PLACE MUSEUM FOUNDATION

62-1759105

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	BELZ FOUNDATION  100 PEABODY PLACE, SUITE 1400  MEMPHIS, TN 38103	\$50,000.	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 Oncash Occupiete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

# PEABODY PLACE MUSEUM FOUNDATION

62-1759105

Part II	Noncash Property (see instructions) Use duplicate copies of Part 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			
		\$				
(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	В	(Form	990	990-FZ	or 990-PF	١,	(2020)
ocifedule	u	(1 (1)	330,	JJU-LZ,	01 330-11	, ,	2020

Page 4

Name of or	ganization	•	Employer identification number						
PEABOL	OY PLACE MUSEUM FOUNDAT	ION	62-1759105						
Partille	Exclusively religious, charitable, etc., contribute from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ons to organizations described in s ) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearty. For organizations						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-	•								
	<b>-</b>	(e) Transfer of gif							
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
F	·	(e) Transfer of gif	ift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-		(e) Transfer of gif	ft						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I			(a) December of the war is not						
	(e) Transfer of gift								
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						

# 2020 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation	1,205.	3,896.	2,246.		1,753.	5,237.	8,591.	22,928.					9					
	Current Year Deduction	0.	0.	0.		245.	302.	885.	1,432.										
	Current Sec 179 Expense					The state of the s													
	Beginning Accumulated Depreciation	1,205.	3,896.	2,246.		1,508.	4,935.	7,706.	21,496.					-		- -			
	Basis For Depreciation	1,205.	3,896.	2,246.		9,587.	5,237.	9,920.	32,091.										
	Reduction In Basis																		
	Section 179 Expense								-										
990-PF	Bus % Excl								_										
	Unadjusted Cost Or Basis	1,205.	3,896.		1	9,587.	5,237.	9,920.	32,091.				The survey of th						
þ	So So	H¥17	H <u>V</u> 17	H <u>Y</u> 17		<u> </u>	HZ17	HY17											'
F	000>			<u> </u>	<del></del>	5	<del></del>						!	<u> </u>		<u> </u>	1	<u> </u>	
L	Lufe	7.00	7.00	5.	1 3	20,00	5.00	7.00			. I				<u> </u>				
	Method	200DB	20008	200DB	,	ZZ	200DB	200DB											
	Date Acquired	10/16/98	07/13/11	09/27/12		11/13/13	12/30/15	09/11/15											
FORM 990-PF PAGE 1	Description	SHARP CASH REGISTER	NEW CCTV SECURITY SYSTEM	DELL PRECISION T3500 MT COMPUTER	HOLOCAUST GALLERY	IMPROVEMENT	CAMERAS	TOUR PRODUCTIONS & HEADSETS	* TOTAL 990-PF PG 1 DEPR										-01-20
38M 95	Asset No		7	m		4	2	9											028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-PF	INCOME AND COST OF GOODS SOLI INCLUDED ON PART I, LINE 10	D :	STATEMENT 1
INCOME ·			
	WANCES	2,019	2,019
	OLD (LINE 15)	1,358	661
6. OTHER INCOME		_	
7. GROSS INCOME (ALCOST OF GOODS SOLD	DD LINES 5 AND 6)	=	661
8. INVENTORY AT BEG 9. MERCHANDISE PURC 0. COST OF LABOR 1. MATERIALS AND SU 2. OTHER COSTS		13,617 294	
3. ADD LINES 8 THRO	OUGH 12	-	13,911
4. INVENTORY AT END.5. COST OF GOODS SO	OF YEAR	12,553	1,358

FORM 990-PF OTHER	INCOME		STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
TICKET SALES	6,498.	<u> </u>	6,498.
TOTAL TO FORM 990-PF, PART I, LINE 11	6,498.	0	6,498.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 3			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
DELOITTE TAX LLP	6,262.	. 0.	6,262.	6,262.		
TO FORM 990-PF, PG 1, LN 16B	6,262.	0.	6,262.	6,262.		

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADVERTISING & PROMOTIONAL	3,849.	0.	3,849.	3,849.	
BANK CHARGES	4,383.	0.	4,383.	4,383.	
GENERAL & ADMINISTRATIVE	4,756.	0.	4,756.	4,756.	
INSURANCE EXPENSE	6,054.	0.	6,054.	6,054.	
IT DEPARTMENT EXPENSE	540.	0.	540.	540.	
OFFICE SUPPLIES	2,065.	0.	2,065.	2,065.	
REPAIRS & MAINTENANCE	223.	0.	223.	223.	
SECURITY EXPENSE	1,925.	0.	1,925.	1,925.	
TN ANNUAL REPORT	100.	0.	100.	100.	
TO FORM 990-PF, PG 1, LN 23	23,895.	0.	23,895.	23,895.	

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 5
DESCRIPȚION	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.	2,246.	0.
HOLOCAUST GALLERY IMPROVEMENT	9,587.	1,753.	7,834.
CAMERAS	. 5,237.	5,237.	0.
TOUR PRODUCTIONS & HEADSETS	9,920.	8,591.	1,329.
TOTAL TO FM 990-PF, PART II, LN 14	32,091.	22,928.	9,163.

FORM 990-PF	OTHER ASSETS	STATEMENT 6	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ANCIENT CHINESE & JUDAIC ARTWORK	10,783,715.	10,777,465.	10,777,465.
TO FORM 990-PF, PART II, LINE 15	10,783,715.	10,777,465.	10,777,465.

FORM 990-PF OTHE	R LIABILITIES		STATEMENT 7
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
SALES TAX PAYROLL LIABILITIES	·	68. 3,000.	0. 3,536.
TOTAL TO FORM 990-PF, PART II, LINE	22	3,068.	3,536.

### GENERAL EXPLANATION

STATEMENT 8

### FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

990-PF, PART I, LINES 13-24, COLUMNS C & D - OPERATING/ADMINISTRATIVE EXP

### **EXPLANATION:**

COLUMN (C): EXPENSES OF \$128,114 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 \$126,451 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.