Form 990-T	E	EXTENDED TO NO Exempt Organization Bu	usi	ine	ss Inc	om	e T	29 393 ax Return			3 3 3 4 No 1545-0687
	For cal	(and proxy tax usendar year 2018 or other tax year beginning	nde	r se		33(e ending	•			2	2018
Department of the Treasury		► Go to www.irs.gov/Form990T fo Do not enter SSN numbers on this form as it n			ons and the la	atest	inform			Open to	Public Inspection fo
A Check box if address changed		Name of organization (Check box if name	anon 15 a 30 ((c)(3).	D Employer identification number (Employees' trust, see instructions)							
	empt under section Print DIXON GALLERY AND GARDENS										
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box, see instructions.										943809 iness activity code
408(e) 220(e)										nstruction	ns)
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38117									
Book value of all assets at end of year		F Group exemption number (See instructions.))	>							
		G Check organization type ► X 501(c) o	corpo	oration	n 5	01(c)	trust	401(a)	trust		Other trust
	•	tion's unrelated trades or businesses.				_		the only (or first) un			
		UNRELATED BUSINESS IN						, complete Parts I-V.			ne,
		ce at the end of the previous sentence, complete	Part	ts I an	d II, complete	a So	hedule	M for each additiona	al trade	or	
business, then complete I		v. oration a subsidiary in an affiliated group or a pa	arent.	-cuhe	diary control	lod ar	01102		Ye	· [X No
		ifying number of the parent corporation.	aront	Juba	dialy control	icu yi	oup.			3 <u>L</u>	<u> </u>
J The books are in care of							Teleph	one number 🕨 9	01-	761 -	-5250
Part I Unrelated	Trac	le or Business Income			(A) Inc	come		(B) Expenses			(C) Net
1a Gross receipts or sale	S										
b Less returns and allow		c Balance	▶ -	1c							
2 Cost of goods sold (S		· · · · · ·	ŀ	2							
3 Gross profit. Subtract4a Capital gain net incom			-	3 4a						\neg	
=	•	art II, line 17) (attach Form 4797)	┢	4a 4b				RECEIVE		10	
c Capital loss deduction		. , ,	F	4c			Г			181	
5 Income (loss) from a	partners	hip or an S corporation (attach statement)		5			43	NOV 2 2 2	019	S	
6 Rent income (Schedul	e C)			6	-		Ö	110		<u> 기교</u>	
7 Unrelated debt-finance	ed incom	ne (Schedule E)	L	7			-	OCDEN	UT		
		nd rents from a controlled organization (Schedule	_ ⊢	8			<u> </u>	OGDEN			
		n 501(c)(7), (9), or (17) organization (Schedule	G) -	9							
10 Exploited exempt active11 Advertising income (S	•	` '	┝	10							
12 Other income (See ins		•	┝	12							
13 Total. Combine lines		•		13			0.				
		t Taken Elsewhere (See instructions	s for		itions on de	duct					
		tions, deductions must be directly connec						income)			
14 Compensation of offi	cers, dır	ectors, and trustees (Schedule K)							14		
15 Salaries and wages									15		
6 Repairs and maintenance									16		
17 Bad debts	4								17		
IN Interest (attach schedule) (see instructions) Taxes and licenses									18 19	-	
	ns (See	instructions for limitation rules)							20		
21 Depreofation (attach						21	1				
		Schedule A and elsewhere on return				22a			22b		
23 Depletions									23		
Contributions to deferred compensation plans											
25 Employee benefit pro	_								25 26		_
26 Excess exempt expenses (Schedule I)											
27 Excess readership co 28 Other deductions (att									27		<u>.</u>
1 1		•							28 29		0 .
(2.2)		come before net operating loss deduction. Subti	ract I	line 20	from line 13				30		0.
		not operating toos accounting Count			1110				H		

<u>32 Unrelate business taxable income. Subtract line 31 from line 30</u>
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Form 990-T		62-094	<u> 13809</u>	Page 2
Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0.
Part I\	/ Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		1	
	Tax rate schedule or Schedule D (Form 1041)	>	40	
41	Proxy tax. See instructions	>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		」 Ⅰ	
b	Other credits (see instructions) 45b		」 │	
C	General business credit. Attach Form 3800		」 │	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		<u>.</u>	
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: 🔲 Form 4255 🦳 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (att	ach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018			
b	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868			
d	Foreign organizations; Tax paid or withheld at source (see instructions) 50d			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439			
·	Form 4136 Other Total 50g			
51	Total payments. Add lines 50a through 50g		51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded 🕨	55	
Part V	Statements Regarding Certain Activities and Other Information (see instruction)	ons)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, applicample Declaration propagator (other than taxpayer) is based on all information of which preparer has any knowledge	st of my knowle	edge and belief,	it is true,
Sign		Г	May the IRS disc	uss this return with
Here	MA MARIETTOR DIRECTOR		he preparer sho	
	Signature of officer Date Title	ı ı	nstructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Ci	heck	ıf PTIN	
Paid	s se	elf- employed	ı	
Prepa	AMY M. DOOLIN AMY M. DOOLIN 09/25/19			297217
Use O	DIVON HIGHER COODMAN LID	ırm <u>'s EIN</u>	<u> 5</u> 6−	0747981
USE U	999 S. SHADY GROVE RD, STE 400			
	Firm's address ► MEMPHIS, TN 38120	Phone no.		61-3000
823711 01-	09-19		Fo	rm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea		6	I		
2 Purchases	nases 2			7 Cost of goods sold. Subtract line 6				1	
3 Cost of labor	of labor 3 from line 5. Ente			from line 5. Enter here	and in l	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes	No
Other costs (attach schedule)	4b		property produced or acquired for resale) apply to the organization?					j	
5 Total. Add lines 1 through 4b	5								
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty) 	
1. Description of property									
(1)									
(2)									
(3)									
_(4)	· _								
	2. Rent receiv	ed or accrued				04.10.1			
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(8) Deductions directly columns 2(a) ar	rectly connected with the income in 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)		l							
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
				2. Gross income from		3. Deductions directly con to debt-finance			
Description of debt-financed property				or ellocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1				+		
(2)			1				1		
(3)			1	- "			1		
(4)			1				1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			•	Column 4 divided by column 5	7. Gross income reportable (column (c 2 x column 6)			8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			1	%					
(2)				%		• • • • • • • • • • • • • • • • • • • •			
(3)				%					
(4)				%					
				•		inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7 column	
Totals				•	1	0			0.
Total dividends-received deductions	cluded in columi	n 8		•			•		0.
	••.							Form 990-T	(2018)

Schedule F - Interest, /				Controlled O				(see inst		<u>. </u>
Name of controlled organizat	tion	2. Employer identification number	3. Net unra (loss) (see	elated income instructions)	4. Tota paym	if of specified ents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5
(1)										
(2)	- i i i i i i i i i i i i i i i i i i i									
(3)						-				
(4)										
Nonexempt Controlled Organi	zations				•					
7. Taxable Income	8. Net unrelate (see ins	id income (loss) ructions)	9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organi s income	is included zation's	11. Ded with	uctions directly connected income in column 10
(1)	1-									
(2)										
(3)										
(4)	·					_		Î		· -
			•			Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals					•			0.		0
Schedule G - Investme		of a Section	on 501(c)(7	'), (9), or (17) Org	anization				
	cription of income			2. Amount of	Income	3. Deduction directly conne (attach sched	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)										
(4)										
				Enter here and Part I, line 9, co				_		Enter here and on page Part I, line 9, column (B)
Totals			•	}	0.					0
Schedule I - Exploited	-	ivity Inco	me, Other	Than Adv		g Income				· -
* 1. Description of exploited activity	2. Gross unrelated busing income from trade or busine	ess direc	Expenses citly connected h production fundated income	4. Net inconfrom unrelated business (communication minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Expo attribute colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					ĺ					
(2)										
(3)								· . <u>-</u>		
(4)	<u> </u>				İ	1.				
	Enter here and page 1, Part line 10, col (A	l, pa line	er here and on age 1, Part I, e 10, col (B)		•			ŧ		Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisi	na Income	0. /see.petrus	0 ·			_				
Part I Income From				solidated	Basis					
1. Name of periodical	adve	Gross rtising	3. Direct advertising costs	or (loss) (o col 3) If a g	tising gain of 2 minus ain compute	5. Circula		6. Reade		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		[cois 5 t	hrough 7					
(2)				7						
(3)										
(4)	-			\dashv						
.,	<u> </u>					1	-			
Totals (carry to Part II, line (5))	<u>▶</u>	0.	0				_			0
										Form 990-T (20

Form 990-T (2018) DIXON GALLERY AND GARDENS 62-09438 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					· ·		
(3)							·
(4)							
Totals from Part I	•	0.	0.	-			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.	<u></u>	ь.		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	,	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on page 1, Part II, line 14			•	0.

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