EXTENDED TO MAY 15, 2020

Exempt Organization Business Income Tax Return

Ø5804423

Form 990-T

Form 990-T	,,,,,,,,,,,,,		62-60	63304	Page 2
Part I	Total Unrelated Business Taxable Income				
33 /	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructions)		33	-34,975.
34	Amounts paid for disallowed fringes			3/4	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions) ${f S}$	TMT 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s	um of ;			
	ines 33 and 34	141	~	36	<u>-34,975.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) $\qquad \qquad \qquad \qquad \qquad \qquad \qquad \bigvee \mathcal{C}$	0,16		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,	1.1		
_	enter the smaller of zero or line 36			· 3j8_ _	-34,975.
Part I\	· · · · · · · · · · · · · · · · · · ·				
	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:			
	Tax rate schedule or Schedule D (Form 1041)			40	
	Proxy tax. See instructions		•	41	
	Alternative minimum tax (trusts only)			42	
	Tax on Noncompliant Facility Income. See instructions			43	0.
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments			44	0.
Part V		450			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		┥ ┃	
	Other credits (see instructions)	45b		-	
	General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827)	45c 45d		1]	
	Total credits. Add lines 45a through 45d	_43u		45e	
e 46	Subtract line 45e from line 44			46	0.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	366 Other	(attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)	,00 0tile:	(attach schools)	48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments: A 2017 overpayment credited to 2018	50a		"	
	2018 estimated tax payments	50b		7	
	Tax deposited with Form 8868	50c		7	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		7	
	Backup withholding (see instructions)	50e		7	
	Credit for small employer health insurance premiums (attach Form 8941)	501		7	
	Other credits, adjustments, and payments: Form 2439			7	
9	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	
54	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		efunded 🕨	55	
Part V	Statements Regarding Certain Activities and Other Information	n (see instru	uctions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other author	ıty		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	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 t	ransferor to, a fo	oreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.				1 1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct, and complete Declaration of which preparer (other than taxpayer) is based on all information of which prepare	atements, and to th er has any knowled	ie best of my know ge	ledge and beli	et, it is true,
Here	1 (1) 4 1 1 1 1 1 1 1 1			May the IRS d	iscuss this return with
Here	Stemature of Officer Date Title	KEK			hown below (see
				instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	ate	Check	ıf PTIN	
Paid	NOT N DOOL IN DOOL IN	7/11/20	self- employe		1207217
Prepa	PLYON INCHES COOPMAN IID	7/11/20	Francis ent. 1		<u>1297217</u> -07 4 7981
Use O	nly Firm's name ► DIXON HUGHES GOODMAN LLP 999 S. SHADY GROVE RD. STE 400	- 1-	Firm's EIN		-U/4/JOI
			Phone no.	(901)	761-3000
200711.5	Firm's address ► MEMPHIS, TN 38120		Tritolie ilo.		Form 990-T (2018)
823711 01-	na- ia				- Onn (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > COS	r				
1 Inventory at beginning of year	1	42,660.		Inventory at end of year			6	46,01	16.
2 Purchases	2	50,246.		Cost of goods sold. Su		ine 6			
3 Cost of labor	3			from line 5. Enter here					
4 a Additional section 263A costs				line 2		,	7	46,89	90.
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	•				
5 Total. Add lines 1 through 4b	5	92,906.		the organization?		, , , ,			X
Schedule C - Rent Income (I			Per		ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1)	_								
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0(a) Daduations dispeth		d with the leasens in	
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a	nd 2(b) (at	tach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		ter			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)	nstru	ictions)					
			2	2. Gross income from		Deductions directly conto debt-finante	nected w	th or allocable	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	3
(1)									
(2)				1.1					
(3)							 		
(4)		. 470					1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	(6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deduction of the state of the s	
(1)				%					
(2)				%					
(3)				%					
(4)		<u> </u>		%					
						inter here and on page 1, Part I, line 7, column (A)		nter here and on page Part I, line 7, column (E	
Totals				•	1	0			0.
Total dividends-received deductions in	cluded in colum	n 8		•			•		0.
								Form 990-T	(2018)

0 0 Totals (carry to Part II, line (5)) Form 990-T (2018)

(2) (3) (4)

823731 01-09-19

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.		_	_	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)		%	<u> </u>
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

EODM OOO m	DECORTOMICM	OF ODCINITARION!	DOTMADY INDEXADED	STATEMENT 1
FORM 990-T	DESCRIPTION	OF ORGANIZATION 2	PRIMARY UNRELATED	SIMIEMENI I
		DITCENTEGG ACMETER	T11.7	
		BUSINESS ACTIVI	T. X	

FULL SERVICE RESTAURANT AND MUSEUM GIFT SHOP

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
MEALS & ENTERTAINMENT @ 50% PROFESSIONAL SERVICES OFFICE EXPENSE UNIFORMS		1,025. 7,459. 14,847. 1,045.
TOTAL TO FORM 990-T, PAGE 1, LII	NE 28	24,376.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/01	55,580.	55,580.	0.	0.
06/30/02	133,969.	133,969.	0.	0.
06/30/03	89,305.	78,257.	11,048.	11,048.
06/30/04	219,689.	0.	219,689.	219,689.
06/30/05	72,098.	0.	72,098.	72,098.
06/30/06	149,618.	0.	149,618.	149,618.
06/30/07	126,846.	0.	126,846.	126,846.
06/30/08	41,162.	0.	41,162.	41,162.
06/30/09	115,042.	0.	115,042.	115,042.
06/30/11	55,615.	0.	55,615.	55,615.
06/30/15	207,826.	0.	207,826.	207,826.
06/30/16	295,628.	0.	295,628.	295,628.
06/30/17	19,934.	0.	19,934.	19,934.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,314,506.	1,314,506.

4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return '

Depreciation and Amortization

(Including Information on Listed Property) 990-T

Business or activity to which this form relates

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Sequence No 179

62-6063304 MEMPHIS BROOKS MUSEUM OF ART, INC. FORM 990-T PAGE 1 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 ▶ 13 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 11,324. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed in service 3-year property 19a 5-year property 7-year property C 10-year property d 15-year property е 20-year property f 25 yrs S/L 25-year property q мм S/L 27 5 yrs. h Residential rental property 27 5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/I 20a Class life 12-year 12 yrs S/L b 30 yrs. 30-year MM S/L C 40 yrs. ММ S/L 40-year Part IV | Summary (See instructions) 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 11,324. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2018)	MEMPHIS	BROOKS	MUSE	CUM (OF A	RT,	INC.			62-	<u>6063</u>	304	Page 2
Part V Listed Property (In			ner vehicl	es, certa	ain aircr	aft, and	property	used for	•				•
entertainment, recr Note: For any vehic			standard	i mileao	e rate o	r deduc	ting lease	expense	e. comp	lete on	lv 24a.		
24b, columns (a) th	rough (c) of Section	on A, all of S	ection B,	and Se	ction C	f applic	able.						
	preciation and Ot			<u>ition: S</u>	ee the i	nstruct	ions for lir	nits for p	asseng	er auton	nobiles)		
24a Do you have evidence to suppo	ort the business/inve	stment use cla	aimed?	Y(es	No	24b If "Y	es," is the	<u>e evidei</u>	nce writt	en?	Yes	No
(a)	(b) (c) Date Busin		(d)	, p.s.	(e) is for depre		_ (f)	(9			h)	EI.	(i) cted
Type of property (list vehicles first)	aced in invest	ment	Cost or ther basis		iness/inve	stment	Recovery	Meti Conve			eciation uction		on 179
(list verifices in st)	ervice use perc	entage			use only	')		001170	1			С	ost
25 Special depreciation allowar	nce for qualified lis	sted property	placed in	n service	e during	the tax	year and	l		1			
used more than 50% in a gu	alified business us	se							25			L	
26 Property used more than 50	% in a qualified bu	isiness use:								Т		,	
		%								ļ		ļ	
		%											
		%								L			
27 Property used 50% or less in	a qualified busin	ess use								Τ		т	
		%						<u>S/L</u>		1			. a .
		%						S/L·				l	
		%		L				S/L -	_	-		ļ	
28 Add amounts in column (h),	_				page 1				28	<u> </u>			
29 Add amounts in column (i), I	ine 26. Enter here	and on line	7, page 1								29	ļ	
			B - Inforr										
Complete this section for vehicle	•							-					
to your employees, first answer	the questions in S	ection C to s	see if you	meet a	n excep	tion to	completin	g this se	ction fo	r those v	rehicles.		
						1		Γ.					
			(a)	•	o)	l	(c)	(d	•		e)	1	f) .
30 Total business/investment miles	•	Ve	hicle	Veh	ncle	V	ehicle	Veh	cle	Vel	ncle	Vel	nicle
year (don't include commuting	•					<u> </u>						 	
31 Total commuting miles drive						├	,					ļ—	
32 Total other personal (nonco	mmuting) miles					İ							
driven						<u> </u>						.	
33 Total miles driven during the	e year												
Add lines 30 through 32						ļ	1	ļ		1			
34 Was the vehicle available fo	r personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?			 		ļ	ļ.—	+			 		 	ļ
35 Was the vehicle used prima	rily by a more												
than 5% owner or related pe		-	 							ļ	-	<u> </u>	
36 Is another vehicle available	for personal							1					
use?			1		L	<u> </u>		<u> </u>]	<u> </u>	<u> </u>	
	ection C - Question	-	-										
Answer these questions to dete		an exception	to comp	leting S	ection E	3 for ve	hicles use	ed by emi	oloyees	who a	ren't		
more than 5% owners or related												1,,	т
37 Do you maintain a written po	olicy statement the	at prohibits a	all person	al use o	t venicle	es, inclu	iding com	imuting, i	by your			Yes	No.
employees?												-	
38 Do you maintain a written po									ur				
employees? See the instruc				icers, di	rectors,	or 1% (or more o	wners				-	+
39 Do you treat all use of vehic					_							-	
40 Do you provide more than fi	•			ntormati	on from	your e	mployees	about				1	
the use of the vehicles, and						_							+
41 Do you meet the requirement	• • •												
Note: If your answer to 37,	38, 39, 40, or 41 is	s "Yes," don	t comple	te Secti	on B for	the co	vered veh	icles			-		
Part VI Amortization		(h)	1	/c\		<u> </u>	/41	Т	101	Т		(6)	
(a) Description of cost	s	(b) Date amortization	,	(C) Amortizat	ole		(d) Code		(e) Amortiza	ation	Ą	(f) mortization	1
		begins		amount			section		eriod or per	rcentage		or this year	
42 Amortization of costs that b	egins auring your	ZU18 tax yea	ar:			T		- 1			_		
		 	1			+-		-+		+	_		
		1	1							+	_		
43 Amortization of costs that b	_	-								43	-		-
44 Total. Add amounts in colui	mn (f). See the ins	tructions for	where to	report						44			

Form **4562** (2018)

816252 12-26-18