Unrelated business taxable income before get operating loss deduction. Subtract line 28 from line 13

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

For Paperwork Reduction Act Notice, see instructions

(and proxy tax under section 6033(e))

► Go to www irs.gov/Form990T for instructions and the latest information.

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN

Name of organization (Check box if name changed and see instructions.)

F/K/A ATLANTA LANDMARKS, INC.

660 PEACHTREE STREET, NE

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code

30308

FOX THEATRE, INC.

ATLANTA, GA

Exempt Organization Business Income Tax Return 2020 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number (Employees' trust, see instructions) 13-1240132 E Unrelated business activity code (See instructions) 541800 401(a) trust Other trust X No Telephone number \triangleright 404-881-2027 (C) Net 778 2,622 778 2,622 14 15 16 17 18 19 21b 22 23 24 25 26 27 0. 28 2,622 29

30

31

2,622

Form 990-T (2019

21a

(see instructions)

923701 01-27-20 LHA

Employee benefit programs

21

22

23

24

25

26

27

28

29

30

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income Subtract line 30 from line 29

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions Add lines 14 through 27

Other deductions (attach schedule)

Form 990-T

Department of the Treasury

Check box if

B Exempt under section

区 501(c)(3 0ろ

408A

]529(a)

address changed

408(e) 220(e)

530(a)

Print

Type

Internal Revenue Service

Form 99		FOX THEATRE, INC. F/K/A ATLANTA LANDMARKS, INC.	<u>13</u>	<u>-1240</u>	<u> 132</u>	Page 2
Par	<u> </u>	otal Unrelated Business Taxable Income				
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		2,6	22.
33		s paid for disallowed fringes	33		•	
34	Charitab	le contributions (see instructions for limitation rules) STMT 1 STMT 2	3,4	-	1	62.
35		related business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	. — 1			60.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		~ / ~	•••
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		2 /	60.
		A				00.
38		· ·	38		<u> </u>	00.
39		ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,				<i>-</i> 0
_ N		smaller of zero or line 37	39		1,4	<u>60.</u>
Par		ax Computation				
40	Organiz	ations Taxable as Corporations Multiply line 39 by 21% (0.21)	40		3	07.
41	Trusts T	axable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	111			
	Ta	x rate schedule or Schedule D (Form 1041)	41			
42	Proxy ta	x. See instructions	42			
43	Alternat	ve minimum tax (trusts only)	43			
44,	√ax on l	loncompliant Facility Income. See instructions	44			
		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45		3	07.
		ax and Payments				
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
b		edits (see instructions) 46b	1 			
_		business credit. Attach Form 3800	1 !			
C		r prior year minimum tax (attach Form 8801 or 8827)	1			
d		,	┤ 			
		edits Add lines 46a through 46d	46e	· · · ·		07
47		line 46e from line 45		•		<u>07.</u>
48		xes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			~=
49		Add lines 47 and 48 (see instructions)	49			<u>07.</u>
50		t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.
51 a	Paymen	ts: A 2018 overpayment credited to 2019	- 			
b	2019 es	timated tax payments 51b	J i I			
C	Tax dep	osited with Form 8868 51c	」			
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 51d] []			
е	Backup	withholding (see instructions) 51e]]			
f	Credit fo	r small employer health insurance premiums (attach Form 8941)] []			
g	Other cr	edits, adjustments, and payments: Form 2439	111			
	_	rm 4136 ☐ Other ☐ Total ► 51g				
52		yments. Add lines 51a through 51g	7 J			
53	•	d tax penalty (see instructions). Check if Form 2220 is attached	53			
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		3	07.
55		ment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			<u> </u>
56		e amount of line 55 you want: Credited to 2020 estimated tax	56			
Part		statements Regarding Certain Activities and Other Information (see instructions)	1 30 1			
		<u> </u>	<u>.</u>		V	N1
57	-	me during the 2019 calendar year, did the organization have an interest in or a signature or other authority		ŀ	Yes	No
		nancial 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					<u>X</u>
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				<u>X</u>
	If "Yes,"	see instructions for other forms the organization may have to file.				
59		e amount of tax-exempt interest received or accrued during the tax year 🕨 💲				L
		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knorect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wledge ar	nd belief, it is	true,	
Sign		VICE PRESIDENT &	av the IRS	S discuss this	return v	with
Here	•			r shown belo		,,,,,
			structions			No
		Print/Type preparer's name Preparer's signature Date Check	f PTII	N .		
		Creparer s signature State Sta	' ' '			
Paid		G. BLISS JONES 7. 800 6000 CAR 10/19/2020	p/	00087	087	
	parei			8-176		
Use	Only	Firm's name ► JONES AND KOLB / Firm's EIN ► 3475 PIEDMONT ROAD NE, SUITE 1500		<u> </u>	<u>,,,</u>	-
			101	1262	702	Λ
		Firm's address ► ATLANTA, GA 30305 Phone no. (404) 262- Form 99		

Form 990-T (2019) F/K/A ATLANTA LANDMARKS, INC.

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation	N/A		 			
1 Inventory at beginning of year	1		T	ory at end of year	_		6	<u> </u>	
2 Purchases	2		1	goods sold Su		ine 6			
3 Cost of labor	3		7	ne 5. Enter here					
4a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8 Do the	rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		propert	ty produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			anization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Persona	l Property	Lease	ed With Real Pro	pert	y) 	
1 Description of property									
(1) MARQUEE RENTAL				····					
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2, 2			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for p	nd personal prop ersonal property t is based on pro	erty (if the percenta exceeds 50% or if fit or income)	age	3(a) Deductions directly columns 2(a) a SEE STAT	nd 2(b)	(attach schedule)	
(1)	· · · · · · · · · · · · · · · · · · ·		· · ·	11,4	00.			8,77	8.
(2)									
(3)									
(4)									
Total	0.	Total		11,4	00.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Det	ı (A)		inatri (ationa)	11,4	00.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	8,77	8.
Schedule L - Officiated Det	Jt-i manced	income (see				3 Deductions directly cor to debt-finance			
1 Description of debt-fit	nanced property		or allocal	income from ble to debt- d property	(a)	Straight line depreciation (attach schedule)	J. J	(b) Other deductions (attach schedule)	
(1)		· · · · · · · · · · · · · · · · · · ·						**	
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)		n 4 divided Ilumn 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of colur 3(a) and 3(b))	
(1)				%					
(2)	-			%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1 Part I, line 7, column (B)	
Totals				•		0			0.
Total dividends-received deductions in	cluded in column	18				<u> </u>	-		0.
	2					<u>F</u> _		Form 000 T (2	

Schedule F - Interest,	Annuities, Roya	alties, an		S From Controlled O			zatior	1S (see ins	truction	ns)
1 Name of controlled organizat	ident	mployer ification mber	3 Net unr	related income instructions)	4, Tot	al of specified nents made	includ	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)									+	
(2)									<u> </u>	· · · · · · · · · · · · · · · · · · ·
(3)						**				•
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inco (see instructio		9 Total	of specified payi made	ments	10 Part of column the controll gross		iization's		eductions directly connected h income in column 10
(1)										
(2)										
(3)		-								•
(4)										
						Add colur Enter here and line 8, 6		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals	···- <u>-</u>							0.		0
Schedule G - Investme (see inst		Section	501(c)(7), (9), or	(17) Or	ganizatior	1			
1 Desc	ription of income			2. Amount of	ıncome	3 Deduction directly connected (attach scheool)	ected	4 Set- (attach s	asides chedule)	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 (8)
Totals				L	0.					0
Schedule I - Exploited (see instru	-	y Income	e, Othe	r Than Ac	Ivertisi	ng Income	•			
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Exp directly co with pro of unre business	onnected duction elated	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		_								
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, e	Part I,					_		Enter here and on page 1, Part II, line 25
Totals •	0.	<u> </u>	0.	<u>L</u>		<u></u>				0_
Schedule J - Advertisi Part I Income From	ng income (see Periodicals Rej			solidated	Basis					<u> </u>
1. Name of periodical	2 Gross advertising income		B Direct	or (loss) (c	tising gain of 2 minus ain, comput hrough 7	5 Circula e income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>	_			1		_		
(2)										1
(3)										
(4)										
Totals (carry to Part II, line (5))	>	0.	0			<u> </u>				O Form 990-T (2019

ייטפפ ווווטי	(2013) F/K/A	AILMIA	THUMPHAKES,	INC.		<u> </u>
Part W	Income From	Periodicals F	Reported on a S	eparate Basis	(For each periodical list	ted in Part II, fill in

columns 2 through 7 on a line-by-line basis)

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 Circutation 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 26
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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	•
Total. Enter here and on page 1, Part II, line 14	<u> </u>	•	0.

Form 990-T (2019)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	436,850.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	436,850.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	2
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 192,170 YEAR 2016 43,906 YEAR 2017 534,453 YEAR 2018 758,783		
TOTAL CARE	RYOVER 1,529,312 RENT YEAR 10% CONTRIBUTIONS 436,850		
	PRIBUTIONS AVAILABLE 1,966,162 NCOME LIMITATION AS ADJUSTED 162		
EXCESS 100	TRIBUTIONS 1,966,000 OF CONTRIBUTIONS 0 ESS CONTRIBUTIONS 1,966,000		
ALLOWABLE	CONTRIBUTIONS DEDUCTION		162
TOTAL CONT	TRIBUTION DEDUCTION		162

FORM 990-T DEDUCTIONS CONNECTED W	VITH RENTAL	INCOME	STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES AND WAGES - MARQUEE RENTAL - SUBTOTAL	- 1	8,778.	8,778.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN	1 3		8,778.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an

Unrelated Trade or Business

Employer identification number

ENTITY

Department of the Treasury Internal Revenue Service Name of the organization

FOX THEATRE, INC.

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0047

F/K/A ATLANTA LANDMARKS, INC. 13-1240132 Unrelated Business Activity Code (see instructions) 812900 ► ATM SERVICE COMMISSIONS Describe the unrelated trade or business Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,342. 1a Gross receipts or sales 1,342 **b** Less returns and allowances c Balance ▶ 10 2 Cost of goods sold (Schedule A, line 7) 1,342 1,342. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 1,342. 1,342. Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	2,647.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	_	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	2,647.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-1,305.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 4	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-1,305.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

, ,						ENTITY	•	1
orm 990-T (2019) FOX THEAT	•						F	Page 3
F/K/A ATL	ANTA LA	NDMARKS,	INC.		13-124	0132		
Schedule A - Cost of Good	S Sold. Enter	method of inven				1 - 1		
1 Inventory at beginning of year	1	-	6 Inventory at end of ye		0	6		
2 Purchases	2		7 Cost of goods sold S					
3 Cost of labor	3	·	from line 5. Enter here	e and in P	art I,	_		
4a Additional section 263A costs			line 2	- 0004 (7	Yes	No
(attach schedule)	4a		8 Do the rules of section	•	•		168	NO
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			v
5 Total Add lines 1 through 4b Schedule C - Rent Income	/From Book	Proporty on	the organization?	Loose	d With Doal Bro	norty)	L	<u> </u>
(see instructions)	(From Real	Property and	u Personai Property	Lease	eu Willi Neal Fil	operty)		
(See instructions)				·				
Description of property								
(1)	·							
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percen personal property exceeds 50% or i nt is based on profit or income)	tage If	3(a) Deductions direct columns 2(a) a	ly connected with the and 2(b) (attach sched		n
(1)			· · · · · · · · · · · · · · · · · · ·					
(2)								
(3)								
(4)								
Total	0.	Total		0.				
c) Total income Add totals of columns nere and on page 1, Part I, line 6, column		nter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	.		0.
Schedule E - Unrelated Del	bt-Financed	l Income (see	instructions)	_				
			2. Gross income from		3 Deductions directly co to debt-finar	nnected with or allocated property	able	
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of (attach so		s
(1)		_						
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or	a adjusted basis allocable to inced property	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocabl (column 6 x to 3(a) a		

Form 990-T (2019)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Totals

%

%

% %

Enter here and on page 1,

Part I, line 7, column (A)

0

Total dividends-received deductions included in column 8

FOX THEATRE, INC. F/K/A ATLANTA LANDMARK

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	1,228.		1,228.	1,228.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,228.	1,228.