Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Inspection

A F	or the	2016 calendar year, or tax year beginning JUL 1, 2016 and	ending J	UN 30, 201	<u>7</u> _
В	Check if ipplicable	C Name of organization		D Employer ident	
	Addre:	88			
	Name change			13-	1240132
	Initial return	Number and street (or P 0, box if mail is not delivered to street address)	Room/suite	E Telephone numb	
	∏Final return/	660 PEACHTREE STREET, NE		(40	4) 881-2109
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	65,787,924.
	Ameno	ATLANTA, GA 30308		H(a) Is this a group	return
	Applic	F Name and address of principal officer ALLAN VELLA		for subordinat	es? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates	s included? Yes No
1.3	ax-exe	empt status X 501(c)(3)	or 🔲 527	If "No," attach	a list. (see instructions)
		e: ► WWW.FOXTHEATRE.ORG		H(c) Group exempt	
		organization: X Corporation Trust Association Other	L Year	of formation: 1974	M State of legal domicile: GA
Pa	art I	Summary			
ģ	1	Briefly describe the organization's mission or most significant activities TO PI	RESERV	E AND SHAR	E THE FOX
Activities & Governance		THEATRE			
eru		Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	than 25% of its net	1
Š		Number of voting members of the governing body (Part VI, line 1a)		<u> </u>	
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)		4	
ies		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		<u> 5</u>	
Ξ		Total number of volunteers (estimate if necessary)		<u> </u>	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	- ₁	7	
	b	Net unrelated business taxable income from Form 990-Thine 34 EIVED			
			ပျ	Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) [2] NOV 1 5 2017	ರ¦⊢	883,421	
Revenue		- []	ઝ -	<u>17,152,245</u>	
Re			≌	-206,822	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, (9c, and 11e)	-	4,291,396	~
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A); line 12)		22,120,240	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	192,170 0		
	l	Benefits paid to or for members (Part IX, column (A), line 4)	ļ		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	7,455,220	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	. , 	0	. 0.
Ĕ	!	Total fundraising expenses (Part IX, column (D), line 25) 168,55	34.	8,722,898	. 8,817,059.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 	16,370,288	
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		5,749,952	. 7,594,483.
es :		nevenue less expenses. Subtract line 16 from line 12	- Pa		
alo Sign	20	Total assets (Part X, line 16)		ginning of Current Yea 48,589,024	
458 1828	21	Total liabilities (Part X, line 16)	-	5,532,380	
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	 	43,056,644	
	art II	Signature Block		43,030,044	., <u>31,020,332.</u>
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			
-		May C	<u> </u>	11/14/	17
Sıgi	n	Signature of officer		Date	
Hér		L JEFFERY L. QUESENBERRY, VICE PRESIDENT	r & CF	0	
	<i>i</i>	Type or print name and title			
,	7	Print/Type preparer's name Preparer's suggesture		Date / Check	PTIN
Paid	112		· CPA	11/10/8017 self-emp	loyed P00087087
	arer	Firm's name JONES AND KOLB		/ Firm's EIN	. 58-1763570
	Only	Firm's address 3475 PIEDMONT ROAD NE, SUITE 150	00		
		ATLANTA, GA 30305		Phone no. (404)262-7920
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2016)-

SEE SCHEDULE O FOR CONTINUATION(S)

FOX THEATRE, INC.

Form 990 (2016) F/K/A ATLANTA LANDMARKS, INC.

Part IV Checklist of Required Schedules

			Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
^	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			•
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
7	during the tax year? If "Yes," complete Schedule C, Part II	4	_ X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>	-	 -
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_==_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	i		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		١ .	77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u>X</u> _	
128	Schedule D, Parts XI and XII	100	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		_	
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	<u>X</u>
		Form	990 (2016)

Form 990 (2016) F/K/A ATLANTA LANDMARKS, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_x	Į
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	ı	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	i l	ĺ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	, ,	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		ı	Į
	instructions for applicable filing thresholds, conditions, and exceptions)		. 1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	[X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		. [
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		.	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		. 1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		İ	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		,	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			47
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			47
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l
	Note. All Form 990 filers are required to complete Schedule O	38	990 ((0010)
		rorm	22U (,∠U16)

orm Pa ı		132	Р	age 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	i '		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	į į		
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			· -
	filed for the calendar year ending with or within the year covered by this return 2a 489		ļ	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	İ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶		ĺ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	.		ĺ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	, ,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
_b		_9b_		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			1
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter	,)		
	Gross income from members or shareholders			
-	Gross income from other sources (Do not net amounts due or paid to other sources against	, }		
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

Form 990 (2016)

Form 990 (2016) F/K/A ATLANTA LANDMARKS, INC. 13-1240132 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				_	X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1.	4							
	If there are material differences in voting rights among members of the governing body, or if the governing			7]	ì					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	4	}						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other	7							
	officer, director, trustee, or key employee?			2	L _	X_					
3	Did the organization delegate control over management duties customarily performed by or under	he dire	ct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		•	3	İ	X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X					
6	Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or			Ţ					
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or								
	persons other than the governing body?		·	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:								
а	The governing body?	_	-	8a	X_						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code)								
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to con	flicts?	12b	X	<u></u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," d	escribe								
	ın Schedule O how this was done			12c	X	<u> </u>					
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X_						
15	Did the process for determining compensation of the following persons include a review and appro	val by ır	dependent			ļ					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?									
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				Ì						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a								
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•		İ						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıo	n's			1					
	exempt status with respect to such arrangements?		<u> </u>	16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►GA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sect	ion 501(c)(3)s only)	avaılat	le						
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict c	f interest policy, an	id finan	cıal						
	statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	id records ►								
	JEFFERY L. QUESENBERRY - 404-881-2109										
	660 PEACHTREE STREET, NET, ATLANTA, GA 30308	_		_							

Form 990 (2016)

F/K/A ATLANTA LANDMARKS, INC.

13-1240132 Pag

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) EDWARD L. WHITE	5.00									
CHAIRMAN		X	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
(2) KEITH O. COWAN	5.00									
VICE-CHAIRMAN		X		X			Ĺ.,	0.	0.	0.
(3) CLARA HAYLEY AXAM	5.00									
TRUSTEE/DIRECTOR		X				_		0.	0.	0.
(4) ROBYN RIESER BARKIN	5.00									
TRUSTEE/DIRECTOR		X					L	0.	0.	0.
(5) BEAUCHAMP C. CARR	5.00									
TRUSTEE/DIRECTOR		X						0.	0.	0.
(6) RENEE DYE	5.00									
TRUSTEE/DIRECTOR		X						0.	0.	0.
(7) SHEFFIELD HALE	5.00									_
TRUSTEE/DIRECTOR		X						0.	0.	0.
(8) JOHN R. HOLDER	5.00								_	_
TRUSTEE/DIRECTOR		X				<u> </u>		0.	0.	0.
(9) EDWARD HUTCHISON	5.00								;	
TRUSTEE/DIRECTOR		X						0.	0.	0.
(10) CRAIG B. JONES	5.00									
TRUSTEE/DIRECTOR		X						0.	0.	0.
(11) JAY MYERS	5.00									
TRUSTEE/DIRECTOR		X				L		0.	0.	0.
(12) GLENN J. ROMM	5.00								_	
TRUSTEE/DIRECTOR		X						0.	0.	0.
(13) WALTER R. HUNTLEY, JR.	5.00							_	_	
TRUSTEE/DIRECTOR		X						0.	0.	0.
(14) HOWARD SMITH	5.00							_	_	_
TRUSTEE/DIRECTOR		X						0.	0.	0.
(15) SHELLY KLEPPSATTEL	40.00									
SECRETARY				X		_		84,418.	0.	14,545.
(16) ALLAN C. VELLA	40.00									
PRESIDENT & CEO	40.00	<u> </u>		X		<u> </u>	<u> </u>	528,408.	0.	50,775.
(17) JEFFERY L. QUESENBERRY	40.00				l			105 005	_	0.00
VICE PRESIDENT & CFO	L	L	Ш	X		L	L	187,295.	0.	27,232.
632007 11-11-16						-				Form 990 (2016)

Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	<u>ghe</u>	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)				
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	•	Es	tımat	ed
	hours per week	box,	, unle	ss pe	rson	s bot	h an	'	compensation		ar	ount	_
	(list any	<u> </u>			1	1	Τ	- 110111	from related	-		other	
	hours for	direct				9	1	the organization	organızatıor (W-2/1099-Mi			pensa om th	
	related	tee or	stee			ansate	}	(W-2/1099-MISC)	(** = / ********************************	00,		anıza	
	organizations	al trus	nal tri		oyee	e e	1				an	d rela	ted
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızat	ions
	 	트	<u>ii</u>	5	æ.	₹5	호	 					
(18) ADINA ALFORD ERWIN	40.00	{		X			1	200 472	1	_		2 2	20
VICE PRESIDENT & GM	40.00			^		_	-	200,472.		0.	3	3,4	30.
(19) JAMIE VOSMEIER	40.00	1 1			ļ	X		139,944.		0.	2	<i>c</i> 2	63.
SENIOR DIRECTOR, SALES & M	<u> </u>			-		^	_	139,944.		<u> </u>		0,3	03.
						-	-						
							_						
	ļ												
							\vdash						 -
									·				
	<u></u>												
			-				ļ						
1b Sub-total							•	1,140,537.		0.	15	2,1	45.
c Total from continuation sheets to Part V	II, Section A							0.		0.	1 5	2 1	0.
d Total (add lines 1b and 1c)			1				<u> </u>	1,140,537.	000 1	0.	Тp	<u> </u>	45.
 Total number of individuals (including but necessarian from the organization 	iot ilmited to th	iose	liste	eo ar	oove) wr	no re	eceived more than \$100	,000 от геропар	le			4
compensation non the organization	·						_					Yes	No
3 Did the organization list any former officer,	director, or tru	ıstee	, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on	ſ		-	
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su			-					•	the organization			7.7	
and related organizations greater than \$15Did any person listed on line 1a receive or a			•						dual for convoc	.	4	X	
rendered to the organization? If "Yes," com					-		CIAL	ed organization or indivi	dual for services	,	5		X
Section B. Independent Contractors	piete deriedan	<u>, 0 ,ç</u>	<i>31</i> 30	, C, , ,	<i>J</i> C/3	<u>Oi i</u>					<u> </u>		
Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npensa	ation f	rom	
the organization Report compensation for	the calendar y	ear e	ndır	ng w	uth c	or w	ithir	the organization's tax	ear				
(A) Name and business	addrags							(B) Description of s	021100	C	(C ompe		
GARBUTT CONSTRUCTION COM							$-\downarrow$	CONSTRUCTION	ervices		ompe	isalio	
212 SOUTH CALHOUN STREET		۷,	GA	A 3	310	21	,	SERVICES		1	.41	6,4	60.
ALLIED INTERNATIONAL CLE													,
PEACHTREE INDUSTRIAL BLV	D, STE 3	300),_					CLEANING SER	VICES		57	2,3	48.
ALLIED INTEGRATED MARKET ROAD, NE BUILDING 4 SUIT								MADVEMINO CE	DVICEC		2 =	5 0	63.
FAITH ELECTRICAL CONTRAC		Z T T	14T)	1 T.F	<u> </u>	GF	3 [MARKETING SE	VATCED		43	J, U	03.

Form 990 (2016)

193,260.

<u> 191,511.</u>

233 PEACHTREE STREET NE, ATLANTA, GA 30303 PARKING SERVICES

Total number of independent contractors (including but not limited to those listed above) who received more than

PO BOX 1838, VILLA RICA, GA 30180

\$100,000 of compensation from the organization

ELECTRICAL SERVICES

LANIER PARKING SYSTEMS

	VIII			A LANDMARI	M, THC.		13-1240	132 Pag
		Check if Schedule O con	tains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax unde sections 512 - 514
1	а	Federated campaigns	1a					
	b	Membership dues	1b					ļ
	С	Fundraising events	1c					
	d	Related organizations	1d					
	е	Government grants (contribut	tions) 1e	21,400.	İ			
	f	All other contributions, gifts, gran	its, and					Í
		similar amounts not included abo	ve 1f	923,718.				ļ
	g	Noncash contributions included in lines	3 1a- 1f \$			ł		
	h	Total. Add lines 1a-1f			945 118.			
				Business Code				
2	a	THEATRE & BALLROOM REN	TAL	531120	7,287,467.	7,267,538.	19,929.	<u> </u>
	b	TICKETS & HANDLING FEE	S	711110	6,466,292,	6,466,292,		
	С	RESTORATION FEES		711110	1,956,816.	1,956,816,		
	d	FOX PROMOTIONS		711110	989,392.	989,392,		
	e	TUITION/MEMBERSHIP		711110	115,474.	115,474.		
		All other program service reve	enue					
		Total. Add lines 2a-2f			16,815,441.			
3	1	Investment income (including	dividends, inter	est, and		}		
		other similar amounts)			490,867.			490,8
4 Income from investment of tax-exempt bond pro		proceeds						
5	•	Royalties	() De-1	(1) Parranal				
۰		0	(i) Real	(ii) Personal				
6	a	Gross rents	99,553					
	b	Less rental expenses	0 553					
	c	Rental income or (loss)	99,553		00			
_		Net rental income or (loss)	(A) Coourition	(v) Other	99,553,		 	99,5
′	а	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other		İ		
	h	Less cost or other basis	42,966,177	\				
	IJ	and sales expenses	40,753,084					
	^	Gain or (loss)	2,213,093			ļ		
		Net gain or (loss)	2,213,093		2,213,093,	1		2,213,0
Ω		Gross income from fundraisin	a events (not		2,213,093,			4,413,0
		including \$	-			1		
		contributions reported on line						
		Part IV, line 18	а а					
	b	Less direct expenses	b		Ì			
		Net income or (loss) from fund	draising events	•				1
9		Gross income from gaming ac	-					
_	_	Part IV, line 19	а					
	b	Less direct expenses	b			1		
		Net income or (loss) from gan	ning activities					
10		Gross sales of inventory, less	_					
		and allowances	а	4,437,173,	ĺ			
	b	Less cost of goods sold	b	1				
		Net income or (loss) from sale	s of inventory		3 705 378	3 705 378.		
		Miscellaneous Revenu	ie	Business Code				
11	а	MISCELLANEOUS REVENUE		900099	33,595.		15,974.	17,6
	b							
	С							
	d	All other revenue						
		Total, Add lines 11a-11d			33,595.	i 1		ĭ

Form 990 (2016) F/K/A ATLANTA LANDMARKS, INC.

Part IX | Statement of Functional Expenses

<u> </u>	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			inplote delatiti (i y	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	43,906.	43,906.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 001 100	016 505	162 670	10 010
_	trustees, and key employees	1,091,188.	916,597.	163,679.	10,912
6	Compensation not included above, to disqualified].		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	5,314,835.	4,442,281.	014 120	58,415
7	Other salaries and wages	3,314,635.	4,442,201.	814,139.	56,415
8	Pension plan accruals and contributions (include	71,051.	E0 072	11,123.	055
_	section 401(k) and 403(b) employer contributions)	894,034.	59,073. 789,190.	97,967.	855 6,877
9	Other employee benefits	476,489.	398,567.	72,757.	5,165
10	Payroll taxes Fees for services (non-employees)	470,403.	390,307.	12,131.	5,105
11		43,090.	21,150.	21,940.	
a b	Legal	134,496.	21,130.	134,496.	
C		26,913.		26,913.	12
d	· · · · · · · · · · · · · · · · ·	21,857.		21,857.	
e	0 (21/03/1		227037.	
f	Investment management fees	248,293.		248,293.	
g					· · · · · · · · · · · · · · · · · · ·
	column (A) amount, list line 11g expenses on Sch O.)	2,392.	2,009.	383.	
12	Advertising and promotion	398,529.	346,170.	10,211.	42,148
13	Office expenses	59,231.	21,233.	36,908.	1,090
14	Information technology	19,328.	16,236.	2,899.	193
15	Royalties				
16	Occupancy	1,697,260.	1,427,239.	253,438.	16,583
17	Travel	62,934.	52,865.	9,440.	629
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				····
19	Conferences, conventions, and meetings	91,242.	76,993.	13,360.	889
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,678,423.	1,409,875.	251,764.	16,784
23	Insurance	362,267.	131,426.	230,841.	
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PERFORMANCE RELATED FEE	3,463,552.	3,277,945.	179,965.	5,642
b	CUIDDI TEC	382,392.	343,413.	36,607.	2,372
c	DANIEL CHARGE	124,860.	112,374.	12,486.	
d					
e					
25	Total functional expenses Add lines 1 through 24e	16,708,562.	13,888,542.	2,651,466.	168,554
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	ļ	ļ		
	Check here if following SOP 98-2 (ASC 958-720)				

	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing	7,066,437.	1	7,836,575.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	112,960.	4	368,177.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	84,250.	8	71.780.
	9	Prepaid expenses and deferred charges	560,362.	9	71,780. 693,622.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 41,652,752.			1
	b	Less accumulated depreciation 10b 19,853,383.	18,719,207.	10c	21,799,369.
	11	Investments - publicly traded securities	21,984,268.	11	28,215,339.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	61,540.	15	76,004.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,589,024.	16	59,060,866.
	17	Accounts payable and accrued expenses	1,550,719.	17	1,389,171.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	1,921,054.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	3,981,661.	25_	4,724,109.
	26	Total liabilities. Add lines 17 through 25	5,532,380.	26	8,034,334.
		Organizations that follow SFAS 117 (ASC 958), check here			
S	1	complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	43,056,644.	27	51,026,532.
3ala	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			i
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	43,056,644.	33	51,026,532.
	34	Total liabilities and net assets/fund balances	48,589,024.	34	59,060,866.

FOX THEATRE, INC. Form 990 (2016) F/K/A ATLANTA LANDMARKS, INC. 13-1240132 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 24,303,045. Total revenue (must equal Part VIII, column (A), line 12) 1 1 16,708,562. Total expenses (must equal Part IX, column (A), line 25) 2 7,594,483. 3 Revenue less expenses Subtract line 2 from line 1 3 43,056,644. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 375,405. 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 Prior period adjustments 8 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 51,026,532. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII No Other Accounting method used to prepare the Form 990. Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Separate basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Both consolidated and separate basis X Separate basis Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

632012 11-11-16

2c X

За

Form 990 (2016)

X

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

FOX THEATRE. INC.

F/K/A ATLANTA LANDMARKS,

Employer identification number

13-1240132 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. 🔟 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (v) Amount of monetary (III) Type of organization (vi) Amount of other (i) Name of supported (II) EIN (described on lines 1-10) organization support (see instructions) support (see instructions) Yes above (see instructions))

13-1240132 Page 2

Schedule A (Form 990 or 990-EZ) 2016 F/K/A ATLANTA LANDMARKS, INC Part II Support Schedule for Organizations Described in Sections 170(Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge			1			"
4	Total. Add lines 1 through 3		-				
5	The portion of total contributions				ļ 		
Ū	by each person (other than a					}	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			· · · · · · · · · · · · · · · · · · ·		 	
	ction B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					}	
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI)		ľ)	ĺ	
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ons)	· · · · · · · · · · · · · · · · · · ·		12	
	First five years. If the Form 990 is for	,	•	d, fourth, or fifth to	ax vear as a section		
	organization, check this box and stop	here	_				
Sec	ction C. Computation of Publ	c Support Pe	rcentage				
14	Public support percentage for 2016 (I	ne 6, column (f) d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the c	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization	1			
b	33 1/3% support test - 2015. If the c	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	ns box
	and stop here. The organization qual	fies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	- 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	nis box and stop l	nere. Explain in Pa	rt VI how the organ	iization
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	s >
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2016 F/K/A ATLANTA LANDMARKS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	quality under the tests listed be ction A. Public Support	elow, please com	plete Part II)				
	indar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(-1) 001E	(2) 2016	(0 T-4-1
	Gifts, grants, contributions, and	(a) 2012	(6) 2013	(C) 2014	(d) 2015	(e) 2016	(f) Total
'	membership fees received (Do not				1		
	include any "unusual grants.")	325 846	310 432	610,318.	993 421	045 110	3075135.
2	Gross receipts from admissions.	323,040.	310,432.	010,316.	003,421.	345,116.	30/3133.
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	13058150.	14644719.	17217525.	21153675.	20422571.	86496640.
3	Gross receipts from activities that			1,21,323.	21133073.	2012571.	001300101
•	are not an unrelated trade or bus-				į.		į
	iness under section 513						
4	Tax revenues levied for the organ-			 		 	
·	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				į		
	the organization without charge						
6	Total. Add lines 1 through 5	13383996.	14955151.	17827843.	22037096.	21367689.	89571775.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	240,500.	253,890.	454,800.	596,433.	626,000.	2171623.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				ļ		
	amount on line 13 for the year					_	0.
c	: Add lines 7a and 7b	240,500.	253,890.	454,800.	596,433.	626,000.	2171623.
8	Public support. (Subtract line 7c from line 6)						87400152.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	<u> 13383996.</u>	<u>14955151.</u>	17827843.	<u>22037096.</u>	21367689.	89571775.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	291,830.	270,644.	328,504.	469,855.	590,420.	1951253.
b	Unrelated business taxable income			}			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	291,830.	270,644.	328,504.	469,855.	590,420.	1951253.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			656,375.			
13	Total support (Add lines 9, 10c, 11, and 12)	<u>14101707.</u>	<u>15691101.</u>	<u> 18812722.</u>	<u>23507373.</u>	22821747.	<u>94934650.</u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rc <u>entage</u>	_ 		,	
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	92.06 %
	Public support percentage from 2015					16	92.71 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage			, 	
17	Investment income percentage for 20	16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	2.06 %
	Investment income percentage from					18	2.02 %
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	•	-	•			$\triangleright x$
t	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	▶∟
20	Private foundation, If the organization	in did not check a	box on line 14, 19	a, or 19b, check th	us box and see ins	structions	▶i l

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
	2		
	3a		
			1
	<u>3</u> b		
	3c		
	4a		
	4b		
	4.5		!
	4c		
	5a		
	5b		
	5c		
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	7		
	8		
	9a		
	9b		
	9c_		
	10a		
	i		
n 9	10b 90 or 99	O-EZ)	2016

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Pa	rt IV Supporting Organizations (continued)			age 3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ĺ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ		
	controlled the organization's activities If the organization had more than one supported organization,	}		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			i
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Ì		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ł		
	or management of the supporting organization was vested in the same persons that controlled or managed	١.		
800	the supported organization(s) tion D. All Type III Supporting Organizations	1 7	نــــا	
360	tion b. All Type in Supporting Organizations			NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		li	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the]		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ļ	[ı
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	}	ĺ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	· -		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	Ì]	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		·
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b_		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	١		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	لـــا	

	dule A (Form 990 or 990 EZ) 2016 F/K/A ATLANTA LANDMARKS			13-1240132 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		n Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	}		1
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting or	ganization (see
	inate intional			

Schedule A (Form 990 or 990-EZ) 2016

	dule A (Form 990 or 990-EZ) 2016 F/K/A ATLANTA			13-1240132 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	he organization is responsiv	е	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<u> </u>
		(i)	(ii)	(iii)
Caat	on E. Dietribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
_ е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
	Excess from 2013			
c	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016 F/K/A	ATLANTA	LANDMARKS,	INC.	13-1240132 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	I Information. Property lines 1, 2, 3b, 3c, 4b; tion D, lines 2 and 3 6, and 8, and Part \	rovide the expla b, 4c, 5a, 6, 9a, . Part IV, Sectio	nations required by P 9b, 9c, 11a, 11b, and n E. lines 1c, 2a, 2b, 3	art II, line 10, Part II, line 17 I 11c, Part IV, Section B, lin	'a or 17b; Part III, line 12; les 1 and 2; Part IV, Section C, art V, Section B. line 1e. Part V.
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Tax) (see separate instructions), then		xy (ax) (see separate	instructions) or Form 990-	-EZ, Part V, line 35c (Proxy
	ATRE, INC.		Emp	loyer identification number
Part I-A Complete if the org	TLANTA LANDMARKS panization is exempt und	der section 501/c	or is a section 527 o	13-1240132
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ation's direct and indirect politic ures			
Part I-B Complete if the org	janization is exempt und	der section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	i
2 Enter the amount of any excise tax3 If the organization incurred a section	, ,		⊳ \$	Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV				
Part I-C Complete if the org	anization is exempt und	der section 501(c	· · · · · · · · · · · · · · · · · · ·	
 Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures 	ization's funds contributed to ot	ther organizations for s	section 527 ►\$	
line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If a second committee (PAC).	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to	d from the filing organ a separate political org	ization's funds Also enter th ganization, such as a separa	Yes No th the filing organization he amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org				13-	1240132 Page 2
Part II-A Complete if the org section 501(h)).	janization is exe	ampt under section	on soricias and me	ea Form 5766 (election under
A Check ► ☐ If the filing organiza expenses, and shall	re of excess lobbying	g expenditures).	ın Part IV each affiliated	group member's na	me, address, EIN,
B Check ▶ L If the filing organiza	tion checked box A	and "limited control" p	rovisions apply		1 11 1 11 11
	ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grass roots lobbying)	,		
b Total lobbying expenditures to influ	uence a legislative bo	ody (direct lobbying)	[
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1	d)			
f Lobbying nontaxable amount Ente	er the amount from the	ne following table in bo	oth columns		
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable an	nount is:		
Not over \$500,000		f the amount on line 1	е		
Over \$500,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	000 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000 \$225,0	000 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000	\$1,000),000			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a If zero	o or less, enter -0-				
i Subtract line 1f from line 1c If zero	or less, enter -0-				<u> </u>
J If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations th	nat made a section	veraging Period Unde 501(h) election do no rate instructions for I	t have to complete all o	f the five columns	below.
	Lobbying Expe	enditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
. S. S. S. S. S. S. S. S. S. S. S. S. S.		· · · · · · · · · · · · · · · · · · ·			

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 F/K/A ATLANTA LANDMARKS, INC. 13-1240132 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity	Yes	No	Amo	unt	
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of		1			
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		<u>21</u>	<u>,857.</u>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
Other activities?		X			
j Total Add lines 1c through 1i			21	<u>,857.</u>	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b If "Yes," enter the amount of any tax incurred under section 4912	ŀ	}			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/-V				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or se	ction		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
		2			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4).	n 501(c)	? <u>з</u> 5), or se		e 3. is	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)	7 3 5), or se 1 (b) Part		e 3, is	
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	on 501(c)("No," OF	? <u>з</u> 5), or se		e 3, is	
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	on 501(c)("No," OF	7 3 5), or se 1 (b) Part		e 3, is	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

FOX THEATRE, INC.

Employer identification number

F/K/A ATLANTA LANDMARKS, INC.

13-1240132

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.		
		(a) Donor advised funds	(b) Fun	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7	•
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically impor	tant land area
	Protection of natural habitat	Preservation of a cert	ified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure	
	listed in the National Register		2d	<u></u>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization	n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	ements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easemer	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			└── Yes └── No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organizat	tion's accounting for
	conservation easements			
Par	t III Organizations Maintaining Collections o		ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	•		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
þ	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, p	provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		> :	\$
	(II) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical tre		l gain, provid	е
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	_	
2	Revenue included on Form 990, Part VIII, line 1			S

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Assets included in Form 990, Part X

		TLANTA LAN						13-13	24013	2 Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Othe	r Simil	ar Ass	e ts (contir	nued)
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of th	e following tha	at are a si	gnificant	use of its	collection	n items
	(check all that apply)									
а	Public exhibition	(d 🗀	Loan or ex	change progr	ams				
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how t	hey further	the organizat	ion's exer	npt purp	ose in Pa	rt XIII	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's	collection?			[Yes	□ No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizat	on answered	"Yes" on	Form 99	0, Part IV	, line 9, or	,
	reported an amount on Form 990, Pa									
1a	is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ons or other as	ssets not	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table [.]						
									Amoun	t
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X. line	21. for	escrow or	custodial acco	ount liabili			Yes	□ No
	if "Yes," explain the arrangement in Part XIII						-, .	<u></u>		
Par							0			
L		(a) Current year		Prior year	(c) Two yea			years back	(e) Four	years back
1a	Beginning of year balance	(0) 00.00.00	(5).	1.0. 700.	1071110700	No Such	a) 1100	, oa. o 2 a o	(0) 1 001	700.0 000
h	Contributions		-						 	
6	Net investment earnings, gains, and losses		1						+	
4	Grants or scholarships								 	
0	Other expenditures for facilities				 -				 -	
-	and programs									
	Administrative expenses				 					
Ť	End of year balance	· · · · · · · · · · · · · · · · · · ·			 		 -		 	
g		ront year and halan	1 (line 1	a column	(a)) bold as				L	
2	Provide the estimated percentage of the curr Board designated or quasi-endowment	rent year end balanc	94 11119 1	g, column	(a)) Held as.					
a	Permanent endowment									
b	Temporarily restricted endowment	% %								
С										
0-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation th	at ara bald	and administr	arad far th	o organi	rotion		
34		ssion of the organiz	auon m	at are neru	and administe	9160 101 111	e organi.	Zauon	ſ	Yes No
	(i) unrelated organizations									Tes No
	.,								3a(ı)	
	(ii) related organizations			National de l'O	.0				3a(ii)	
D	If "Yes" on line 3a(ii), are the related organiza	·			r				3b	
Par	t VI Land, Buildings, and Equipm		Jwment	tunas						
Fai			0 0-4 1		0 5 000	2 D-4 V I				
	Complete if the organization answere			T					(-N D 1	L. value
	Description of property	(a) Cost or o		, , ,	st or other		cumulate	l I	(d) Bool	k value
		basis (investi	nent)		s (other)	uep	reciation		1 /1/	0 041
	Land		·		10,041.	16 3	00 6	04		0,041.
	Buildings	ļ		35,2	50,781.	10,/	08,6	74.	10,54.	2,087.
	Leasehold improvements			1	01 000	2 4	44 -	00	1 04	7 0 4 4
	Equipment			4,9	91,930.	3,1	44,6	87.	<u>1,84</u>	7,241.
	Other			L					1 50	9,369.
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	x. colur	nn (R). line	10c)				(I./9)	y . 164 .

Schedule D (Form 990) 2016

FOX THEATRE,			40.40404
Schedule D (Form 990) 2016 F/K/A ATLANT Part VII Investments - Other Securities.	A LANDMARKS	,_INC.	13-1240132 Page 3
	S Form 900 Doct IV Inc	tith See Form 000 Dest V line	10
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives	(b) Dook Talao	(e) Welled of Valuation. Co	oot of ond of your market value
(2) Closely held equity interests			
(3) Other		 	
(A)			
(B)			
(C)	 		
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		<u> </u>	
Complete if the organization answered "Yes" or	Form 990. Part IV. line	11d See Form 990, Part X, line	15.
	escription		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	·		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	Form 990, Part IV, line		X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	<u>-</u>	4 021 252	
(2) BOX OFFICE & OTHER DEPOSIT	5	4,021,353.	
(3) LONG-TERM INCENTIVE BONUS		281,250. 421,506.	
(4) OTHER CURRENT LIABILITIES		441,500.	
(5)			
(6)			
			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

4,724,109.

_	dule D (Form 990) 2016 F/K/A ATLANTA LANDMARKS,		<u> 13-</u>	1240132 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	-	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1	T .	25 212 705
1	Total revenue, gains, and other support per audited financial statements		1_	25,312,785.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	375 405		
a	Net unrealized gains (losses) on investments	2a 375,405.	-	
D	Donated services and use of facilities	2b 150,833.	-{	1
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	1 _	F26 220
e	Add lines 2a through 2d		2e	526,238.
3	Subtract line 2e from line 1		3	24,786,547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1 240 203		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 248,293.	1	
b	Other (Describe in Part XIII)	4b $-731,795.$	7	402 502
Ç	Add lines 4a and 4b		4c	-483,502.
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	sonto With Eynanga nor	5 Dot:	24,303,045.
rai	t XII Reconciliation of Expenses per Audited Financial Statem		Hett	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1		15 240 005
1	Total expenses and losses per audited financial statements		1	17,342,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		i
а	Donated services and use of facilities	2a 150,833.	-	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d 731,795.	ļ	
е	Add lines 2a through 2d		2e	882,628.
3	Subtract line 2e from line 1		3	16,460,269.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 248,293.		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	248,293.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	16,708,562.
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part		4; Part	X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional information		
				
PAI	T X, LINE 2:			
МО	PROVISION IS MADE FOR FEDERAL OR STATE IN	COME TAXES SINCE	TH	<u>E</u>
000				504/5) 3.5
ORG	ANIZATION IS EXEMPT FROM FEDERAL INCOME T	PAXES UNDER SECTI	ON_	501(A) AS
		0.		
AN	ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERN	AL_	REVENUE
COI	E OF 1986, AS AMENDED, AND IS EXEMPT FROM	I STATE INCOME TA	XES	UNDER
SEC	TION 48-7-25(A) OF THE GEORGIA REVENUE CO	DDE.		
THE	ORGANIZATION ANNUALLY EVALUATES ALL FEDE	RAL AND STATE IN	COM	E TAX
			~=	T11001/22 E21/
<u>POS</u>	ITIONS. THIS PROCESS INCLUDES AN ANALYSI	S OF WHETHER THE	SE_	INCOME TAX
				D
PO 2	ITIONS THE ORGANIZATION TAKES MEET THE DE	FINITION OF AN U	NCE	KTAIN TAX
			. 700 T	NO
POS	ITION UNDER THE INCOME TAXES TOPIC OF THE	FINANCIAL ACCOU	N.T.T	NG
~	VELODO CODITIONATON IN MUST NORMAL COMPO	10 OD DIJGTNOGG	1112	
STI	NDARDS CODIFICATION. IN THE NORMAL COURS			
83205	. 08-29-16		Sche	dule D (Form 990) 2016

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. INC F/K/A ATLANTA LANDMARKS, General Information on Grants and Assistance FOX THEATRE, Name of the organization

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I

2

13-1240132

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Part II

	(h) Purpose of grant or assistance	PRESERVATION AND OPERATIONS EXPERTISE, CONSULTATION AND EDUCATION			
	(g) Description of noncash assistance	4 O O M			
	(f) Method of valuation (book, EMV, appraisal, other)				
led	(e) Amount of non-cash assistance	0.			
\$5,000 Part II can be duplicated if additional space is needed	(d) Amount of cash grant	14,202.			
	(c) IRC section (if applicable)	501(C)(3)			
	(b) EIN	58-1843450			
recipient that received more than \$5,000 Part II can be duplicated	1 (a) Name and address of organization or government	CONYERS/ROCKDALE COUNCIL FOR THE ARTS - P.O. BOX 852 - CONYERS, GA 30012			

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

Page 2

13-1240132

Schedule i (Form 990) (2016) F/K/A ATLANTA LANDMARKS, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information PART I, LINE 2:	ured in Part I, line	e 2, Part III, column	(b), and any other ac	dditional information	
THE ORGANIZATION IS IN CLOSE CONTACT	- 1	THE GRANTE	ES ON AN O	WITH THE GRANTEES ON AN ONGOING BASIS	
TO SEE THAT GRANTS ARE USED AS INTENDED.	ENDED.				
	!				

Schedule I (Form 990) (2016)

632102 11-01-16

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

FOX THEATRE, INC.

F/K/A ATLANTA LANDMARKS, INC.

Employer identification number 13-1240132

P	Part I Questions Regarding Compensation			
			Yes	No
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a person	ı lısted on Form 990,		
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these	items.		1
	First-class or charter travel Housing allowance or residual Housing allowance or residual Housing allowance or residual Housing Housing allowance or residual Housing	dence for personal use		
	Travel for companions Payments for business use	· · · · · · · · · · · · · · · · · · ·	Ì	
	Tax indemnification and gross-up payments Health or social club dues	· ·		
	Discretionary spending account Personal services (such as			
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding	payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to	explain 1b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by	all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	1a?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation	of the organization's		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a re			
	establish compensation of the CEO/Executive Director, but explain in Part III	-		
	X Compensation committee X Written employment contra	act		
	Independent compensation consultant X Compensation survey or st	rudy		
	X Form 990 of other organizations X Approval by the board or c	ompensation committee		
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the	ne filing		
	organization or a related organization			
а	a Receive a severance payment or change-of-control payment?	4a		X
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_	X	
С	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III		
			ĺ	
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	, , , , , , , , , , , , , , , , , , , ,	ny compensation		
	contingent on the revenues of			
	a The organization?	5a	-	X
D	b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	-	<u> </u>
_				
6	, , , , , , , , , , , , , , , , , , , ,	ly compensation		
_	contingent on the net earnings of		3,	
	a The organization?	<u>6a</u>	X	
D	b Any related organization?	_6b_		<u>X</u>
7	If "Yes" on line 6a or 6b, describe in Part III	formed a comment.		
7	, , , , , , , , , , , , , , , , , , , ,	· · ·	,,	
0	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	,			77
0	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in F		\vdash	<u>X</u>
9				
	Regulations section 53 4958-6(c)?	. 9	Ll	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

13-1240132

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed

F/K/A ATLANTA LANDMARKS, INC.

Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(O)·(i)(B)	in column (B) reported as deferred on prior Form 990
(1) ALLAN C. VELLA	Θ	245,843.	281,250.	1,315.	15,000.	35,775.	579,183.	0
- 53	: €		4	0	0		4	0
(2) JEFFERY L. QUESENBERRY	Ξ	140,711.	46,584.	0.	11,41	15,81	214,527.	0
VICE PRESIDENT & CFO	(ii)	0.	0	0.			0	0
(3) ADINA ALFORD ERWIN	8	151,369.	49,103.	0.	12,57	20,65	233,702.	0.
	(ii)	0	0	0.	0			
(4) JAMIE VOSMEIER	(i)	104,12	35,816.	0.	8,630.	17,73	166,307.	
SENIOR DIRECTOR, SALES & M	(ii)	0.	0.	0.	0		0	
	Ξ							
	(ii)							
	Θ							
	E							
	Ξ							
	(ii)							
	(i)							
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Schedule J (Form 990) 2016

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

Part III | Supplemental Information Schedule J (Form 990) 2016

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

INE 4B:	PRESIDENT/CEO MAY RECEIVE A NONQUALIFIED 457(F) AWARD BASED UPON ACHIEVING	CERTAIN LONG TERM STRATEGIC GOALS. THIS AWARD IS VESTED OVER THREE YEARS.
PART I, LINE 4B:	PRESIDENT	CERTAIN L

PRESIDENT/CEO MAY RECEIVE A BONUS BASED ON THE ACHIEVEMENT OF FINANCIAL AND ATTENDANCE RESULTS FROM THE FOX THEATRE OPERATING DIVISION LINE 6: PART I,

SENIOR MANAGEMENT MAY RECEIVE A BONUS BASED ON THE ACHIEVEMENT OF FINANCIAL AND ATTENDANCE RESULTS FROM THE FOX THEATRE OPERATING DIVISION.

PRESIDENT/CEO MAY RECEIVE A BONUS BASED ON THE NET INCOME FROM THE FOX THEATRE OPERATING DIVISION PART I, LINE 7:

SENIOR MANAGEMENT MAY RECEIVE A BONUS BASED ON THE INCOME FROM THE FOX THEATRE OPERATING DIVISION Schedule J (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

h

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. FOX THEATRE, INC.

Open to Public Inspection

QMB No 1545-0047

Name of the organization

F/K/A ATLANTA LANDMARKS, INC. **Employer identification number** 13-1240132

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ATLANTA'S FOX THEATRE IS A WORLD-RENOWNED CONCERT AND EVENT VENUE LIKE CONCEIVED AS THE HEADQUARTERS FOR THE ATLANTA SHRINER'S ORGANIZATION IN 1928, THE BUILDING WAS DESIGNED TO EVOKE THE MYSTERY AND MAGIC OF THE ANCIENT NEAR EAST. SPANISH PALACES AND EGYPTIAN TEMPLES INFLUENCED THE BUILDING'S ELABORATE AND INTENSELY ORNATE DESIGN WHICH FEATURES SOARING DOMES, SWEEPING ARCHWAYS, STUNNING GOLD LEAF, AND SUMPTUOUS INTERIOR DETAILS INLCUDING A VAST COBALT "SKY" WITH A SEA OF TWINKLING STARS. THE BUILDING WAS ENHANCED BY MOVIE MOGUL WILLIAM FOX IN 1929 AND THE VENUE FLOURISHED AS ATLANTA'S PREMIERE MOVIE PALACE UNTIL 1932, WHEN THE ECONOMIC IMPACT OF THE GREAT DEPRESSION FORCED WILLIAM FOX AND THE THEATRE INTO BANKRUPTCY. THE ATLANTA ICON WAS PURCHASED AT AUCTION FOR A FRACTION OF ITS ORGINAL COST AND REMAINED IN HIGH DEMAND FOR THE NEXT THREE DECADES, SHOWING HUNDREDS OF ACCLAIMED FILMS AND HOSTING LIVE PERFORMANCES FROM LEGENDARY ENTERTAINERS. DESPITE THE FOX'S SUCCESS, LANDMARK MOVIE PALACES HAD BEGUN TO FALL OUT OF FAVOR IN THE 1960S AS CUSTOMERS MIGRATED TO THE SUBURBS. IN 1974. THE FOX THEATRE CLOSED ITS DOORS, AND THE STUNNING LANDMARK, BELOVED FOR GENERATIONS, WAS SUDDENLY FACING DEMOLITION. CONFRONTED WITH THE POSSIBLITY OF LOSING THE ICONIC BUILDING, THE RESIDENTS OF ATLANTA SPRANG INTO ACTION. THEY FORMED A NON-PROFIT CALLED ATLANTA LANDMARKS AND LAUNCHED THE NOW LEGENDARY "SAVE THE FOX" CAMPAIGN, WHICH RAISED FUNDS TO SAVE THE BUILDING FROM DEMOLITION. ATLANTA LANDMARKS (NOW CALLED FOX THEATRE, INC.) CONTINUES TO RUN THE THEATRE TODAY, MAKING IT ONE OF AN ELITE GROUP OF NOT-FOR-PROFIT THEATRES IN THE COUNTRY

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization FOX THEATRE, INC.

F/K/A ATLANTA LANDMARKS, INC.

Employer identification number 13-1240132

COMMITTED TO MAKING PERFORMANCE ART ACCESSIBLE TO EVERYONE.

EACH YEAR, THE AWARD-WINNING THEATRE HOSTS MORE THAN 200 PERFORMANCES

AND WELCOMES HALF A MILLION VISITORS TO EXPERIENCE THE BEST IN

BROADWAY, CONCERTS, BALLET, COMEDY AND FILM. IN THE PAST DECADE, THE

FOX HAS BEEN WIDELY RECOGNIZED BY INDUSTRY LEADERS FOR EXCELLENCE IN

ARTS AND ENTERTAINMENT, PRESERVATION AND ARTS EDUCATION. IT WAS

NOMINATED FOR THEATRE OF THE YEAR BY BILLBOARD AND POLLSTAR MAGAZINES,

AND AWARDED THE OUTSTANDING HISTORIC THEATRE OF THE YEAR AWARD IN 2011

BY THE LEAGUE OF HISTORIC AMERICAN THEATRES. THE FABULOUS FOX WAS MOST

RECENTLY GIVEN THE DISTINCTION BY ROLLING STONE MAGAZINE AS ONE OF "THE

BEST BIG ROOMS IN AMERICA." FOR THE PAST DECADE, THE FOX THEATRE HAS

BEEN CONSISTENTLY RANKED IN THE TOP THREE THEATRES IN NORTH AMERICA FOR

GROSS TICKET SALES, MAKING IT CLEAR THAT THIS ATLANTA ICON WILL BE

MAKING MEMORIES FOR GENERATIONS TO COME.

THE BOARD OF DIRECTORS OF FOX THEATRE, INC. CONTINUE TO MAINTAIN OUR

CURRENT MISSION "TO PRESERVE AND SHARE THE FOX THEATRE" AND VISION "TO

CREATE A "GRAND SENSE OF OCCASION AND MEMORABLE EXPERIENCES" AND TO

FURTHER STATE THAT OUR PRIMARY MISSION OF PRESERVING AND SHARING THE

FOX THEATRE CAN ONLY BE ACCOMPLISHED THROUGH ADVANCING THE ARTS IN BOTH

METRO-ATLANTA AND THE STATE BY PROVIDING ARTS EDUCATION THROUGH THE FOX

THEATRE INSTITUTE, AND CULTURALLY SIGNIFICANT PROGRAMMING AND/OR

EXHIBITS IN THE FOX THEATRE AND/OR THROUGH THE FOX THEATRE INSTITUTE'S

NETWORK OF THEATERS FOR THE ENRICHMENT AND BENEFIT OF THE CITIZENS OF

THE STATE OF GEORGIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FOX THEATRE INSTITUTE (FTI) IS AN AWARD WINNING OUTREACH PROGRAM
OFFERING HISTORIC PRESERVATION AND OPERATIONS EXPERTISE, CONSULTATION
AND EDUCATION TO PERFORMING ARTS VENUES IN GEORGIA AND THE REGION.
CREATED BY ATLANTA'S FABULOUS FOX THEATRE - AN ICONIC ATTRACTION WIDELY
APPLAUDED FOR BEING A CATALYST FOR POSITIVE CHANGE IN THE COMMUNITY FTI PAYS IT FORWARD, HELPING OTHER CULTURAL INSTITUTIONS RENEW,
REINVIGORATE AND RESTORE ARTISTIC VITALITY IN THEIR RESPECTIVE
COMMUNITIES. IN KEEPING ENIVORNMENTAL AND ECONOMIC IMPACT TOP OF MIND,
FTI OFFERS THE FINANCIAL ASSISTANCE, RESORATION SUPPORT, AND OPERATIONS
MENTORING NEEDED TO LEVERAGE SCARCE RESOURCES AND STIMULATE LOCAL
ECONOMIES.

FTI WAS FOUNDED IN 2008 IN RESPONSE TO A STATEWIDE NEED FOR ASSISTANCE WITH THE RESTORATION AND OPERATION OF GEORGIA'S HISTORIC THEATRES. DURING ITS BRIEF HISTORY, FTI HAS BECOME AN INDISPENSABLE RESOURCE FOR HISTORIC THEATRES THROUGHOUT THE STATE, FULFILLING THE FOX THEATRE'S VISION TO SHARE ITS EXPERIENCE IN HISTORIC PRESERVATION AND THEATRE OPERATIONS WITH OTHERS. AT A TIME WHEN PRESERVATION AND ARTS AGENCIES ARE EXPERIENCING BUDGET CUTBACKS, FTI IS FILLING A COMMUNITY NEED BY AWARDING GRANTS AND PROVIDING SUPPORT TO THESE COMMUNITY LANDMARKS. IN SHORT, FTI IS REVITALIZING GEORGIA'S COMMUNITIES, ONE THEATRE AT A TIME. AS PART OF THIS OUTREACH PROGRAM AND TO HELP FUTURE GENERATIONS UNDERSTAND THE IMPORTANCE OF SUCH HISTORICAL PERFORMING ART VENUES SUCH AS THE FOX THEATRE, FTI HAS CREATED THE "FOX IN A BOX." AN INTERACTIVE SCHOOL EXHIBIT THAT FOCUSES ON HOW IMPORTANT EVENTS IN THE FOX THEATRE'S TIMELINE INTERSECT WITH KEY CLASSROOM LESSONS, FROM AMERICAN HISTORY AND THE CIVIL RIGHTS MOVEMENT TO ECONOMICS AND THE IMPORTANCE OF COMMUNITIES. ELEMENTARY STUDENTS ARE THEN CHALLENGED TO THINK HOW Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-16

Employer identification number 13-1240132

COMMUNITIES CAN COME TOGETHER TO SHARE AND EXPERIENCE AND TO PROTECT

WHAT'S IMPORTANT TO THEM.

FORM 990, PART VI, SECTION B, LINE 11B:

TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM FROM THE AUDITED FINANCIAL STATEMENTS. THE RETURN IS REVIEWED BY THE AUDIT & COMPENSATION COMMITTEE AND SENIOR MANAGEMENT PRIOR TO FILING WITH THE IRS. IN ADDITION, A COPY OF THE RETURN IS ELECTRONICALLY SENT TO ALL BOARD MEMBERS BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE ORGANIZATON'S BOARD OF TRUSTEES AND SENIOR MANAGEMENT MAY, FROM TIME TO TIME, BE ASSOCIATED, EITHER DIRECTLY OR INDIRECTLY, WITH COMPANIES DOING BUSINESS WITH THE ORGANIZATION. FOR SENIOR MANAGEMENT, THE ORGANIZATION REOUIRES ANNUAL DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS IN, OR EMPLOYMENT OR CONSULTING RELATIONSHIPS WITH, ENTITIES DOING BUSINESS WITH THE THEATRE. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO APPROPRIATLY MANAGE THE ACTUAL OR PERCEIVED CONFLICT IN THE BEST INTERESTS OF THE ORGANIZATION. THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES, AMONG OTHER THINGS, THAT NO MEMBER OF THE BOARD OF TRUSTEES CAN PARTICIPATE IN ANY DECISION IN WHICH HE OR SHE HAS MATERIAL FINANCIAL INTEREST. EACH TRUSTEE IS REQUIRED TO CERTIFY COMLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND INDICATE WHETHER THE THEATRE DOES BUSINESS WITH AN ENTITY IN WHICH A TRUSTEE HAS MATERIAL FINANCIAL INTEREST. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT, INCLUDING REQUIRING THAT SUCH TRANSACTIONS BE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT

CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR

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