5	QQQ-17-) F					ER 15,		29393) av Beturn		0.5.6.0.7 9)
Form	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))											
2	ي	For calendar year 2018 or other tax year beginning and ending									2018	
Dono	tmant of the Transum:	Go to www irs nov/Form990T for instructions and the latest information										
Intern	al Revenue Service	torthe freasury										
A [eddeses shapeed										yer identification number yees' trust, see itions)	
B E	empt under section Print FIRST TEE OF ATLANTA, INC.										3-2414794	
X] 501(cg)(3)	1(col)3) or Number, street, and room or suite no. If a P.O. box, see instructions.										
	408(e) 220(e)	Туре	1053 CASCAD	E CIRCI	LE, S	W				(000 111	structions)	
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) ATLANTA, GA 30311											
C Bo	ok value of all assets and of year		F Group exemption numb	er (See instru	ctions.)							
	1,978,4					oratio	n 501	(c) trust	401(a)	trust	Other trust	7
			ation's unrelated trades or b	usinesses.	>	1		Describe	the only (or first) uni	related		(
	de or business here 🕨								complete Parts I-V.		•	
			ace at the end of the previou	is sentence, co	omplete Pa	arts I ai	nd II, complete a	a Schedul	e M for each addition	al trade	or	
	siness, then complete			#1 sts d s		-4 - 1 -				٦	[77]	
			poration a subsidiary in an a tifying number of the paren		•	nt-subs	sidiary controlled	a group?	P L	Yes	X No	
			DEBBI MERRYM					Telenh	one number > 7	70-/	101_6094	
			de or Business Inc				(A) Incor		(B) Expenses		(C) Net	
	Gross receipts or sale						(/-,/55		(2) 2 (2)		(0).101	
	Less returns and allow			c Balance	•	1c			_	ĺ		
2	Cost of goods sold (S		A, line 7)		•	2		_	-		2, 4	
3	Gross profit. Subtract		•			3					•	
4 a	Capital gain net incon	ne (attac	ch Schedule D)			4a						
b	Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form	4797)		4b						
C	Capital loss deduction	n for tru	sts			4c						
5			ship or an S corporation (at	tach statemen	it)	_5_						
6	Rent income (Schedu					6	<u> </u>					
7	Unrelated debt-financ		` '			7	<u> </u>				·	
8			and rents from a controlled		•	8			·			
9 10			on 501(c)(7), (9), or (17) or	ganization (St	chedule G)							
11	Exploited exempt active Advertising income (S	-	· ·			10				- /		
12	Other income (See in					12			,,	(
	Total. Combine lines					13		0.				
			ot Taken Elsewher	e (See instri	uctions fo		ations on dedi		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	(Except for d	contrib	utions, deductions must	be directly o	connected	d with	the unrelated	<u>busi</u> nes	s income.)			
14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)	F	REC	EIVED			14		
15	Salaries and wages							၂ပ္က		15		
16	Repairs and mainten	ance			3030	inv.	2 1 2019	8		16		
17	Bad debts				ස ''	IU V	# 1 LUIJ	RS-DSC		17		
18	Interest (attach sche	dule) (s	ee instructions)			~ n	CN IT	- <u> -</u>		18		
19	Taxes and licenses					سافيا	EN, UT			19		
20		-	e instructions for limitation	rules)			1 .	ا مم		20		
21 22	Depreciation (attach		·	n on roturn				21				
23	Depletion	allilleu U	n Schedule A and elsewher	e on return			L	22a		22b 23		
24	Contributions to defe	erred co	mnensation plans							24		
25	Employee benefit pro									25		
26	Excess exempt expe	-								26		
27	Excess readership co		•							27		
28	Other deductions (at									28		
29	Total deductions. A		•							29	0.	
30	Unrelated business t	axable ı	ncome before net operating	loss deductio	n. Subtrac	t line 2	9 from line 13			30	0.	
31			loss arising in tax years beg		after Janua	гу 1, 2	018 (see instruc	ctions)		31		
32			ncome. Subtract line 31 fro	-					·····	32	0.	
82370	01 01-09-19 LHA FC	r Pape	rwork Reduction Act Notice	, see instruct	ions.	_			Û		Form 990-T (2018)	
151	.001 751928	3 0	6302	2018.0	4030	3/ FII		OF A	ATLANTA,]	INC.	306302_1	Э

Form 990-	(2018) FIRST TEE OF ATLANTA, INC.	58-241	4794			Page 2
Part I						
'33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33			0.
34	Amounts paid for disallowed fringes		34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
	lines 33 and 34		36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1	0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,					
	enter the smaller of zero or line 36		38			0.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	•				
	Tax rate schedule or Schedule D (Form 1041)	•	40			
41	Proxy tax. See instructions		41		-	
42	Alternative minimum tax (trusts only)		42			
43	Tax on Noncompliant Facility Income. See instructions		43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44			0.
Part \			1 11 1			
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	· · · · ·				
b	Other credits (see instructions) 45b		1			
c	General business credit. Attach Form 3800 45c		1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1			
_	Total credits. Add lines 45a through 45d		45e			
46	Subtract line 45e from line 44		46			0.
47		ach schedule)	47		-	<u> </u>
48	Total tax. Add lines 46 and 47 (see instructions)		48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
	Payments: A 2017 overpayment credited to 2018		4.	.		
	2018 estimated tax payments 50b		1			
	Tax deposited with Form 8868 50c		1			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1			
	Backup withholding (see instructions) 50e		1			
	Credit for small employer health insurance premiums (attach Form 8941) 50f		1			
	Other credits, adjustments, and payments: Form 2439		1			
9	Form 4136 Other Total 50g					
51	Total payments. Add lines 50a through 50g		51			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54			
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	dod	55	 		
Part \			1 00]	··		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	···-,		1	Yes	No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			-	103	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country					
	here			-		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	in truet2				X
07	If "Yes," see instructions for other forms the organization may have to file.	,ii ii ust		⊦	\dashv	<u> </u>
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$.
	The second secon	best of my kno	wledge and	belief, it is tr		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	,			,	
Here	Mountahour 11/14/2019 LEXECUTIVE DIRECT	TOR M		discuse this r		vith
	Signature of officer O Date Title		e preparer : structions)?	shown below	`] No .
		eck i		1.63		110
.			1 1 1 1 1 1 1			
Paid	DD 7 3 3 7 3 7 3 7 4 3 7 4 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lf- employed	D0	12222	22	
Prepa	TOWNS AND WOLD	rmin EIM 🕨		<u>12223</u> -1763		
Use (Only 3475 PIEDMONT ROAD NE, SUITE 1500	ırm's EIN ▶	26	<u>-1/03</u>) J / I	<u> </u>
	-	hone no. (4041	262-7	100	^
823711 01		none no. (404)	<u> 202- /</u>		

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year	6 Inventory at end of year								
2 Purchases	Purchases 2					ine 6			
3 Cost of labor	3	from line 5. Enter here				Part I,			
4a Additional section 263A costs			line 2						
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)									
5 Total. Add lines 1 through 4b ,,,,,	. 5		<u> </u>	the organization?		·		,	
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property Is more 10% but not more than 50%	e than	of rent for	personal	conal property (if the percenta property exceeds 50% or if ed on profit or income)	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)				·					
Total	0.	Total			0.]			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<u> </u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Del	ot-Financec	l Income (see	instru	ctions)					
			١,	. Gross income from		3 Deductions directly con to debt-finan			
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	15
(1)			1				1		
(2)			İ						
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to unced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			1	%					
(2)				%				• • • • • •	
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				>		0			0.
Total dividends-received deductions in	ncluded in columi	n 8					•		0.

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Schedule F - Interest,				Controlled C				1000 111	oti dotioi	13)
Name of controlled organization	identi	nployer fication mber		related income instructions)		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations						l.			
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified pay made	ments	10. Part of column in the controllingross	mn 9 thai ing organ income	uzation's		eductions directly connected in income in column 10
(1)										
(2)										
(3)							-			
(4)										
	1			,		Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		Section	501(c)(7), (9), or	(17) Or	ganization)			
1 Desc	ription of income			2. Amount of	income	3. Deduction directly connective	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						(41111111111111111111111111111111111111	,			(35) 3 5153 (6) 4)
(2)										
(3)				-						
(4)				 						
		_ .		Enter here and Part I, line 9, co			1	 · · · · · ·		Enter here and on page 1 Part I, line 9, column (B)
Totals				<u> </u>	0.		. '			0.
Schedule I - Exploited (see instru		y Incom	e, Othe	r Than Ac	Ivertisi	ng Income	•			
Description of exploited activity	Gross unrelated business income from trade or business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								-		
(2)										
(3)		1								
(4)		1					-			
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisi	ng income (see	Instruction	0.	I						0.
	Periodicals Rep			solidated	Basis				 -	
				4 4 4	Vala					7
1. Name of periodical	2 Gross advertising income		3. Direct rtising costs	or (loss) (c	tising gain of 2 minus ain, comput arough 7	5. Circulat income		6. Reade cost		Excess readership costs (column 8 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										ı
(4)										
Totals (carry to Part II, line (5))	—	0.	0						<u> </u>	0
Totals (carry to rait ii, iiie (3))		V • I	<u> </u>	•1	_					0.

37

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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

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

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

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