PUBLIC DISCLOSURE COPY

Quarter 10 20 20 20 20 20 20 20	Form 990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0687										
Describe the revery interval Reverse Section 20		F		2012								
A Glates flux if address charged Barrel of regardation March		For cal										
Print THE PROPRIET THEATER COMPANY Print P		>	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only									
SO C 30 C 30 C 30 C 20 20 20 20 20 20			Name of organization (Table Charged and see instructions.) (Employees' trust, see									
September Sept	B Exempt under section	Print										
10 200	X 501(c)(3)		Number, street, and room	or suite no. If a P.O. box	, see ir	nstructions.						
PROBRITY, AZ 85004 1628	408(e) 220(e)	Type										
Enter the number of the organization's unrelated trades or businesses. 1	529(a)				foreig	n postal code		71130	0			
Tester the number of the organization type	C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)								
trade or business here DBBT FINANCED RENTAL INCOME describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts I and III, complete a Schedule M for each additional trade or Business Income I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I The books are in care of MATE SCHARPER Telephone number Sch2-258-1974 Telephone number Sch2-258-1974	20,090,	831.	G Check organization type	x 501(c) corp	oration	n 501(c) trust	401(a)	trust	Other trust			
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No III 'ves,' enter the name and identifying number of the parent corporation. ▶ J The books are incare of ▶ MATT SCHABETER Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Galance 1 to 2 Cost of goods sold (Schedule A, line 7) 2 Cost of goods sold (Schedule A, line 7) 5 Gross profit. Subtract line 2 from line 1 to 4 a Capital gain net income (attach Schedule D) 4 b Net gain (sos) From 479, 7 th, 11, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 5 Income (loss) From 479, 7 th, 11, line 17) (attach Form 4797) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule Q) 11 Advertising income (Schedule Q) 11 Advertising income (Schedule Q) 12 Total. Combine lines 3 Iltrough some sums be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach Schedule) (see instructions) 19 Takes and interest (attach Schedule) 19 Deduction (attach Form 45c2) 20 Depreciation clatach Form 45c2) 21 Depreciation (attach Form 45c2) 22 Depreciation clatach Form 45c2) 23 Depreciation clatach Form 45c2 26 Services exercises (Schedule I) 27 Contribution					1		- '					
Durling the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?												
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		-	·	s sentence, complete Par	rts I an	d II, complete a Schedule	M for each addition	al trade o	or			
The books are in care of												
The polosis are in care of MATT SCHAEPER Telephone number 602-258-1974					t-subs	idiary controlled group?	>	Yes	X No			
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net				corporation.		Talanta		22 250	1074			
1a Gross recipts or sales b Less returns and allowances c Balance b Less returns and allowances c Balance c Balance b Less returns and allowances c Balance c Balance b Less returns and allowances c Balance c Balance b Less returns and allowances c Balance c Balance c Balance b Less returns and allowances c Balance c Bala				nme								
b Less returns and allowances			Je or Business me	51110		(A) Illicollie	(D) Expenses)	(O) NEL			
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 From line 1c 3 3	·		-	• Ralanca	10							
3												
4a												
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)												
C Capital loss deduction for trusts 4c												
5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 7 7 7 7 7 7 7 7 7					4c							
6 Rent income (Schedule C) 6 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule F) 7 Unrelated debt-financed income (Schedule F) 7 Unrelated debt-financed income (Schedule F) 8 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 9 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 9 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 9 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 10 Responsible for a section 501(c)/7), (9), or (17) organization (Schedule G) 11 11 11 11 12					5							
7 Unrelated debt-financed income (Schedule E) 7 8 8					6							
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 10 11 11 12 12 12	7 Unrelated debt-finance				7							
10					8							
11 Advertising income (Schedule J) 11 Image: Combine of the income (See instructions; attach schedule) 12 Image: Combine lines 3 through 12 Image: Combine lines 4 through 12	9 Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9							
12	10 Exploited exempt activ	vity inco	me (Schedule I)		10							
Total. Combine lines 3 through 12					11							
Part Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14												
(Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Ocharitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach Schedule) 29 Total deductions, Add lines 14 through 28 29 Intelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Octor	13 Total. Combine lines	3 throu	gh 12		13							
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 23 24 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 25 26 Excess exempt expenses (Schedule I) 26 27 28 Other deductions (attach schedule) 28 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31							income.)					
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23Depletion2324Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 28290.30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13300.31Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)31												
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29Total deductions. Add lines 14 through 28290.30Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13300.31Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)31	28 Other deductions (at	7 EXCESS readerSNIP COSTS (SCHEdule J) Other deductions (attach schedule)										
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31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31												
			' '						<u> </u>			
	·	-		-	-	,		32	0.			

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-1	(2018)	THE PHOENIX THEATRE COMPAI	NY			86-010	08839	•		Page
Part I	II 7	Total Unrelated Business Taxa	able Income							
33	Total	of unrelated business taxable income comp	uted from all unrelated tra	des or businesses	(see instructi	ons)	. 3	33		0.
34								34		
35	Dedu	ction for net operating loss arising in tax yea		35						
36		of unrelated business taxable income before								
		33 and 34	•				3	36		
37		fic deduction (Generally \$1,000, but see line	_	37	1.	000				
38		ated business taxable income. Subtract lir					· 📑			
00	enter	و ا	38		0.					
Part I		Fax Computation						<u>- </u>		
39		nizations Taxable as Corporations. Multiply	/ line 38 hv 21% (0 21)			<u> </u>	- 3	39		0.
40		s Taxable at Trust Rates. See instructions t								
70			10							
41		Tax rate schedule or Schedule D (F						l1		
41	Altorn	tax. See instructions						12		
42	Aiteri	ative minimum tax (trusts only)								
43	Tatal	n Noncompliant Facility Income. See instru	uctions					13		0 .
Part \	TOLAT.	. Add lines 41, 42, and 43 to line 39 or 40, w	michever applies				. 4	14		0,
	_	gn tax credit (corporations attach Form 1118	P: truoto attach Form 1116	\	4Ea					
							-			
b		credits (see instructions)					-			
C		al business credit. Attach Form 3800					+			
d		t for prior year minimum tax (attach Form 8					┥.			
е		credits. Add lines 45a through 45d						5e I6		
46										0.
	47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule)									
48		tax. Add lines 46 and 47 (see instructions)						18		0.
49		net 965 tax liability paid from Form 965-A o						19		0 .
		ents: A 2017 overpayment credited to 2018				17	4.			
		estimated tax payments					_			
C	Tax d	eposited with Form 8868			50c		_			
		gn organizations: Tax paid or withheld at sou					_			
	e Backup withholding (see instructions) 50e									
f	Credit	t for small employer health insurance premi	ums (attach Form 8941)		50f		_			
g	Other	credits, adjustments, and payments:								
			Other		,					
51	Total	payments. Add lines 50a through 50g		<u></u>			_ 5	51		174.
52	Estim	ated tax penalty (see instructions). Check if	Form 2220 is attached	▶ 📖			. <u> 5</u>	52		
53	Tax d	ue. If line 51 is less than the total of lines 48	3, 49, and 52, enter amou	nt owed			► <u> 5</u>	i3		
54	Overp	payment. If line 51 is larger than the total of	lines 48, 49, and 52, ente	r amount overpaid	j	,)	► <u></u> 5	54		174.
55		the amount of line 54 you want: Credited to		<u> </u>		Refunded	▶ 5	55		174.
Part \	/1 5	Statements Regarding Certair	n Activities and O	ther Informa	tion (see	instructions)				
56	At any	y time during the 2018 calendar year, did the	e organization have an inte	erest in or a signat	ure or other a	uthority			Yes	No
	over a	a financial account (bank, securities, or othe	r) in a foreign country? If	"Yes," the organiza	ition may have	e to file				
	FinCE	N Form 114, Report of Foreign Bank and Fir	nancial Accounts. If "Yes,"	enter the name of	the foreign co	ountry				
	here	>								Х
57	Durin	g the tax year, did the organization receive a	distribution from, or was	it the grantor of, o	or transferor t	o, a foreign trust?				Х
	If "Yes	s," see instructions for other forms the organ	nization may have to file.							
58	Enter	the amount of tax-exempt interest received	or accrued during the tax	year ▶\$						
		der penalties of perjury, I declare that I have examine rrect, and complete. Declaration of preparer (other th					vledge a	and belief, it is tru	ue,	
Sign		rrect, and complete. Declaration of preparer (other th		ornation of which pre	parer rias arry Kri	owieage.	May th	ne IRS discuss thi	is return v	vith
Here		.		MANAGING	DIRECTO	R		eparer shown belo		vitti
		Signature of officer	Date	Title			instruc	ctions)? X Y	'es	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid			1			self- employe	ed			
Prepa	irer	MELISSA HANGSLEBEN	MELISSA HANGSLE	BEN	07/14/20			P0208703	1	
Use C		Firm's name CLIFTONLARSONALLI	EN LLP			Firm's EIN	<u> </u>	41-0746	749	
		20 EAST THOMAS	S ROAD, SUITE 230	0						
		Firm's address > PHOENIX, AZ 85	5012			Phone no.	(602	2) 266-224	18	

823711 01-09-19

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A							
1 Inventory at beginning of year 1			6	6 Inventory at end of year							
Purchases 2				7 Cost of goods sold. Subtract line 6							
3 Cost of labor 3			from line 5. Enter here and in Part I,			Part I,					
4a Additional section 263A costs											
(attach schedule)			8	Do the rules of section	263A (with respect to	Yes	No			
b Other costs (attach schedule)				property produced or a		,					
5 Total. Add lines 1 through 4b	5			the organization?		1461 D 15	<u></u>				
Schedule C - Rent Income	(From Real	Property and	l Per	sonal Property Lo	ease	d With Real Prop	erty)			
(see instructions)											
1. Description of property											
(1)											
(2)											
(3)											
(4)											
	:	ed or accrued				O(a) Daduations discard		aka da dilik ili a ka a a a a ka			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a	/ conne nd 2(b)	cted with the income in (attach schedule)	ı		
(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	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.		
Schedule E - Unrelated Dek	ot-Financed	Income (see	instru	ctions)							
			,	2. Gross income from		3. Deductions directly con to debt-finance					
1. Description of debt-fit	nanced property		'	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)			(b) Other deductions			
11 2000 pnon of 4021 m	nameda p. eper iy			inianced property				(attach schedule)			
(1) PHOENIX THEATRE APARTMEN	īm a						+				
(2)	VI 5						+				
(3)							+				
(4)											
4 Amount of average acquisition	5 Average	adjusted basis	6	Column 4 divided		7. Gross income		8. Allocable deducti	ions		
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to nced property n schedule)	`	by column 5		reportable (column 2 x column 6)		(column 6 x total of co 3(a) and 3(b))			
(1)				%			\top				
(2)				%							
(3)				%							
(4)				%							
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (
Totals						0).		0.		
Total dividends-received deductions in							\top		0.		

Schedule F - Interest, A		, and		Controlled O				- (300 1113	struction	∽ ,	
Name of controlled organizat	identi	2. Employer identification number		3. Net unrelated income (loss) (see instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	izations										
7. Taxable Income	8. Net unrelated incor (see instruction	me (loss) ns)	9. Total o	of specified payn made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	t is included nization's	11. De with	ductions directly connected income in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colun Enter here and line 8, c		ge 1, Part I, Enter her		d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).	
Totals								0.		0	
Schedule G - Investme	ent Income of a	Section	501(c)(7), (9), or (⁻	17) Org	anization					
•	cription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)						(attach sched	uie)			(coi. 3 pius coi. 4)	
(2)											
(3)											
(4)											
				Enter here and o Part I, line 9, co	umn (A).					Enter here and on page 1 Part I, line 9, column (B).	
Schedule I - Exploited	Exempt Activity	Income	. Other	Than Adv	 ertisin	a Income				0	
(see instru			,			3					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly co with pro of unro business	onnected duction elated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3). If a cols. 5	5. Gross incofrom activity to is not unrelate business inco	hat ed	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(1) (2) (3)											
(3)											
(4)											
Table N	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1 line 10,	, Part I,							Enter here and on page 1, Part II, line 26.	
Schedule J - Advertisi	na Income (see	instruction								0	
	Periodicals Rep		,	solidated	Basis						
1. Name of periodical	2. Gross advertising income		3. Direct rtising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus iin, compute	5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(2) (3) (4)											
(4)											
Totals (carry to Part II, line (5))	▶	0.	0							0	
										Form 990-T (2018	

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

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

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

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