| Form 990-T | E | xempt Orga اه | inization Bu and proxy tax un | | | | ax Return | 1 | OMB No 1545-0687 |
|---|-------------|---|----------------------------------|----------------|--|--------------|------------------|------------------|--|
| | For ca | lendar year 2016 or other tax y Information about f | · · · — | | , and | | | - [| 2016 |
| Department of the Treasury Internal Revenue Service | | Do not enter SSN numb | | | | _ | | . | Open to Public Inspection for 501(c)(3) Organizations Only |
| A Check box if address changed | | Name of organization (| | | | | | D Emplo (Empl | oyer identification number oyees' trust, see ctions) |
| B Exempt under section | Print | HISPANIC IN | NTEREST COA | LITI(| ON OF | ALABA | MA | | 3-1225764 |
| X 501(c)(3) | Type | Number, street, and roo | | oox, see in | structions. | | | | ated business activity codes instructions) |
| 408(e) 220(e) |) | 117 S CREST | | | | | | 1 | |
| 408A 530(a) 529(a) | | City or town, state or pro | , AL 35209 | _ | postal cod | e | | 531 | 120 |
| C Book value of all assets at end of year | | p exemption number (See | | | | | | Г | |
| 1,394,369. | | | X 501(c) corporat | | 501(c) t | rust | 401(a) trust | | Other trust |
| H Describe the organization I During the tax year, was | | | | | diany contro | alled group? | | Ye | s X No |
| | - | tifying number of the pare | • • | i etti (-aubai | aiai y comito | mea Aroab. | | 16 | S LAL NO |
| | | ISABEL RUBIC | | | · · · · · · · · · · · · · · · · · · · | Telepho | ne number 🕨 2 | 05- | 942-5505 |
| | | de or Business In | | | (A) In | come | (B) Expenses | | (C) Net |
| 1a Gross receipts or sa | les | | | | | | | | |
| b Less returns and allo | owances | | _ c Balance ▶ | 1c | | | | | |
| 2 Cost of goods sold (| • | • | | 2 | | | | | |
| 3 Gross profit. Subtract | | | | 3 | | | | | |
| 4a Capital gain net inco | | · · · · · · · · · · · · · · · · · · · | | 4a | | | | | |
| | | Part II, line 17) (attach For | m 4797) | 4b | | | | | |
| c Capital loss deduction | | | | 4c | | | | | <u> </u> |
| | • | nips and S corporations (a | ittach statement) | 5 | | | | | |
| 6 Rent income (Sched | | ma (Cabadula E) | | 7 | 1 (| 9,995. | 9,8 | 40 | 10,155. |
| 7 Unrelated debt-finan 8 Interest, annuities, re | | and rents from controlled | organizations (Sob E) | 8 | | 7,233. | 9,0 | 40. | 10,155. |
| | | on 501(c)(7), (9), or (17) | - , | | | | | | |
| 10 Exploited exempt ac | | | organization (ocheane | 10 | | | | | |
| 11 Advertising income | • | • | | 11 | | | <u>-</u> | | |
| 12 Other income (See ii | • | • | | 12 | | - | | | |
| 13 Total. Combine line | | • | | 13 | 19 | 9,995. | 9,8 | 40. | 10,155. |
| | | ot Taken Elsewhe | • | | | , | income) | | |
| 14 Compensation of o | fficers, di | rectors, and trustees (Sch | nedule K) | | - | | _ | 14 | 8,909. |
| 15 Salaries and wages | . | | | - | Name of Street or other Designation of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is | nerze (| | 15 | |
| 16 Repairs and mainte | nance | | | ECEN | /ED | | | 16 | |
| 17 Bad debts | | | | | | 8 | | 17 | |
| 18 Interest (attach sch | • | | I NO | V 2 0 | 2017 | | | 18 | |
| 19 Taxes and licenses | | | [Part] | 0 2 0 | | IRS-050 | | 19 | |
| | | e instructions for limitatio | n rules) | GDF | TIT | · • | 2 520 | 20 | |
| 21 Depreciation (attack | | 562) n Schedule A and elsewhe | | Maint. 1. | # 62 - | 21 1 | 2,520. 2,520. | 201 | 0. |
| | iaiiiieu u | ii ochedule A and elsewik | ere on return | | | 22a | 2,320. | 22b 23 | |
| 23 Depletion Contributions to de | ferred co | mnensation nlans | | | | | | 24 | |
| 25 Employee benefit p | | imponsation plans | | | | | | 25 | |
| -26 Excess exempt exp | | chedule I) | | | | | | 26 | |
| 27 Excess readership | | • | | | | | | 27 | |
| | - | • | | | | | | 28 | |
| 28 Other deductions (a Total deductions. | | | | | | | | 29 | 8,909. |
| | | ncome before net operatii | ng loss deduction. Subtr | act line 29 | from line 1 | 3 | | 30 | 1,246. |
| 31 Net operating loss | | ı (lımıted to the amount o | | | | | EMENT 1 | 31 | 1,246. |
| 32 Unrelated business | taxable ı | ncome before specific de | duction. Subtract line 31 | from line | 30 | | | 32 | 0. |
| عهد | | y \$1,000, but see line 33 | | | | | | 33 | 1,000. |
| £34 Unrelated busines | s taxable | income. Subtract line 33 | from line 32. If line 33 i | ıs greater t | han line 32, | enter the sm | aller of zero or | | |
| line 32 | | | | | | | | 34 | 0. |

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2016)

| orm 990-T | (2016) HISPANIC INTEREST COALITION OF ALABAMA 63-12 | <u> 25764 </u> | Page 2 |
|-----------|--|--|---------------------|
| Part I | Tax Computation | | |
| 35 | Organizations Taxable as Corporations See instructions for tax computation. | | |
| | Controlled group members (sections 1561 and 1563) check here See instructions and: | 1 1 | |
| а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | |
| | (1) \$ (2) \$ (3) \$ | 1 1 | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ | | |
| | (2) Additional 3% tax (not more than \$100,000) \$ | | |
| C | Income tax on the amount on line 34 | 35c | 0. |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: | | |
| | Tax rate schedule or Schedule D (Form 1041) | 36 | |
| 37 | Proxy tax See instructions | 37 | |
| 38 | Alternative minimum tax | 38 | |
| | Tax on Non-Compliant Facility Income. See instructions | 39 | |
| | Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 0. |
| Part I | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a | T | |
| | Other credits (see instructions) 41b | 7 1 | |
| | General business credit. Attach Form 3800 | 7 | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | 7 | |
| | Total credits. Add lines 41a through 41d | 41e | |
| 42 | Subtract line 41e from line 40 | 42 | 0. |
| 43 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | | |
| 44 | Total tax. Add lines 42 and 43 | 44 | 0. |
| | Payments: A 2015 overpayment credited to 2016 | 77 | |
| | | - | |
| | | - | |
| | Tax deposited with Form 8868 5 and a suitable of a suitab | - | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 45d | - | |
| | Backup withholding (see instructions) 45e | - | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) 45f | - | |
| 9 | Other credits and payments: Form 2439 | 1 1 | |
| | Form 4136 Other Total ▶ | - | |
| 46 | Total payments. Add lines 45a through 45g | 46 | |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 47 | |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | <u> </u> |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | 0. |
| 50 | Enter the amount of line 49 you want; Credited to 2017 estimated tax | 50 | |
| Part V | Statements Regarding Certain Activities and Other Information (see instructions) | | |
| 51 | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file | | 1 1 |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country | | 1 |
| | here | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| | If YES, see instructions for other forms the organization may have to file. | | |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | |
| | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | owledge and belief, i | t is true, |
| Sign | | May the IRS discuss | this return with |
| Here | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | the preparer shown b | |
| | Signature of officer Date Title | instructions)? | YesNo |
| | Print/Type preparer's name Preparer's signature Date Check | if PTIN | |
| Paid | JEFFREY D. CHANDLER, self-employed | t l | |
| Prepa | rer CPA 4 Chen 117 M17 | P0076 | 4759 |
| Use C | F TO BE TO BE THE STATE OF THE | 63 −07 | 21243 |
| JJ6 C | 2101 HIGHLAND AVE S., SUITE 500 | | |
| | | <u> 205-802-</u> | 7212 |
| | | | 990-T (2016) |

623711 01-18-17

Form **990-T** (2016)

| Schedule A - Cost of Good | ls Sold. Enter method | of inventor | y valuation ► N/A | | | | |
|--|---|-------------------|---|--|----------------|--|------|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of yea | r | 6 | | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Su | | | | |
| 3 Cost of labor | 3 | | from line 5. Enter here | | 1 | | |
| 4a Additional section 263A costs | | | line 2 | · | 7 | | |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | | equired for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | | } | 1 |
| Schedule C - Rent Income (see instructions) | (From Real Prope | rty and F | Personal Property | Leased With Real Pro | opei | ty) | |
| 1. Description of property | | | | | | | |
| (1) OFFICE BUILDING | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | 2 Rent received or accru | ed | | | | | |
| (a) From personal property (if the personal property is mor 10% but not more than 50% | e than | of rent for perso | personal property (if the percenta onal property exceeds 50% or if based on profit or income) | | | nected with the income o) (attach schedule) | in |
| (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) | | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | | | 0. |
| Schedule E - Unrelated De | bt-Financed Incor | ne (see ins | tructions) | | | | |
| | | | Gross income from or allocable to debt- | 3. Deductions directly of to debt-fina | | roperty | |
| 1. Description of debt-fi | inanced property | | financed property | (a) Straight line depreciation (attach schedule) | | (b) Other deduction (attach schedule) | |
| | | | | STATEMENT 2 | _ | TATEMENT | 3 |
| (1) OFFICE BUILDING | | | 25,320. | 2,520 | <u>را</u> | 9,9 | 41. |
| (2) | | | | · | _ | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted to of or allocable to debt-financed proposed attach schedule. | erty | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | | 8 Allocable deduction (column 6 x total of column 3(a) and 3(b)) | |
| STATEMENT 4 | | | 70 070 | 10 00 | - | | 10 |
| (1) 33,954. | 42 | ,995. | 78.97% | 19,995 | ' • | 9,0 | 340. |
| (2) | | | <u>%</u> | | - | | |
| (3) | | | % | | $\neg \vdash$ | | |
| (4) | <u> </u> | | % | | + | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A) | | Enter here and on pag Part I, line 7, column | (B) |
| Totals | | | ►Ì | 19,995 | 5. | 9,8 | 340. |
| Total dividends-received deductions in | ncluded in column 8 | | | | ▶ │ | | 0. |

| Schedule F - Interest, | IIC IN'. | LEKEST | ies and Rent | N OF A | LABAI | MA od Organia | eations / | <u>-122</u> | 2576 | 4 Page |
|---|--|------------------------------------|---|--|---|--|---|-------------------------------|---------------|---|
| Solieudie F - Illerest, I | Amunde: | s, nuyait | | Controlled Or | | | .auUIIS (S | see ins | truction | s) |
| Name of controlled organization | tion | 2. Emple identifica numbe | oyer 3. Net un | related income e instructions) | 4. Tot | al of specified nents made | 5. Part of co included in organization' | the contri | olling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | . | | | | $\neg \vdash$ | |
| (4) | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | | | | | |
| 7. Taxable Income | | related income ee instructions) | (loss) 9. Total | of specified payr made | nents | 10 Part of column the controllingross | | | | ductions directly connected income in column 10 |
| (1) | | | | | | | - | | | |
| (2) | | | | | | ~ | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | Enter here and | ons 5 and 10 on page 1, Pa | art (, | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Totals | | | | | <u>▶</u> | | | 0. | | 0. |
| Schedule G - Investme | | ne of a S | ection 501(c)(| (7), (9), or | (17) Or | ganization | 1 | | | |
| (see inst | ructions) | | | т - | | | | | | |
| | cription of incor | ne | | 2. Amount of | income | Deduction directly connect (attach sched) | cted | 4. Set-a (attach sc | | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | _ | |
| (2) | | | | ļ | | | | | | |
| (3) | | | | ļ | | | | | | |
| (4) | | | | Enter here and o | | 71 | | _ | | Enter here and on page 1 |
| | | | | Part I, line 9, co | rumn (A) | | | | | Part I, line 9, column (B) |
| Totals | | | <u></u> | L | 0. | | | | | <u> </u> |
| Schedule I - Exploited (see instri | | Activity | Income, Othe | r Than Ad | vertisi | ng income |) | | -va | |
| 1. Description of exploited activity | 2. Gr unrelated l income trade or b | business from | 3. Expenses directly connected with production of unrelated business income | 4. Net incom from unrelated business (co minus columi gain, compute through | trade or lumn 2 n 3) If a e cols 5 | 5. Gross inco from activity the is not unrelate business inco | hat ed | 6. Expe attributa colum | ble to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | _ | |
| (3) | | | | | | | | | | <u> </u> |
| (4) | Enter here page 1, line 10, c | Part I, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | 1 | | | | -, <u>.</u> | Enter here and on page 1, Part II, line 26 |
| <u>Totals</u> Schedule J - Advertisi | na Incor | 0. ne (see in: | o. | <u> </u> | | | | | | 0. |
| Part I Income From | | | | solidated | Rasis | | | | | |
| T diet i | | u.oopo | | .ooaa.ca | Duoio | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | 3. Direct advertising costs | 4. Adverti or (loss) (co col 3) If a ga cols 5 th | ol 2 minus un, comput | 5 Circulati | ion 6 | . Reader costs | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | _ | | | | | | |
| (3) | | | | _ | | | | | | |
| (4) | | | <u> </u> | | | | | _ | | |
| Totals (carry to Part II, line (5)) | | 0 | | | | | | | | 0. |
| TOTAL O (OCHTY TO 1 CIT. III (U)) | | | | •1. | | <u> </u> | | | | Form 990-T (2016 |

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Form 990-T (2016) HISPANIC INTEREST COALITION OF ALABAMA 63-12257

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 |
| Fotals, Part II (lines 1-5) | <u> </u> | 0. | d Trustoes (see up | | | 0. |

| 1 Name | 2. Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|--------------------|---------------------------------------|---|
| (1) ISABEL RUBIO | EXECUTIVE DIRECTOR | 10.00% | 8,909. |
| (2) | | % | |
| (3) | | % | |
| _(4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | , | > | 8,909. |

Form 990-T (2016)

| FORM 990-T | NET | OPERATING L | OSS DEDUC | CTION | STATEMENT | 1 |
|--|--------------------|-------------------------------|--------------------|-------------------|------------------------|-----|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 12/31/14 12/31/15 | 734. 6,513. | | 0. | 734. 6,513. | 73 6,51 | |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | | 7,247. | 7,24 | 7. |
| FORM 990-T | SCHEDULE E | E - DEPRECIA | TION DEDU | JCTION | STATEMENT | 2 |
| DESCRIPTION | ſ | | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| DEPRECIATIO | | - SUBTOTAL - | 1 | 2,520. | 2,5 | 20. |
| TOTAL OF FO | RM 990-T, SCHEDULE | E, COLUMN | 3(A) | | 2,5 | 20. |
| FORM 990-T | SCHEDUL | LE E - OTHER | DEDUCTIO | ons | STATEMENT | 3 |
| DESCRIPTION | I | | ACTIVITY NUMBER | Z AMOUNT | TOTAL | |
| | • | | | 1,913. 2,202. | | _ |
| INTEREST MAINTENANCE UTILITIES INSURANCE | EXPENSE | | | 4,392. 1 434. | | |
| MAINTENANCE | | SUBTOTAL - | 1 | 4,392. 1,434. | 9,9 | 41. |

| FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FI | | | STATEMENT | 4 |
|---|--------------------|---------|-----------|-----|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| AVERAGE AQUISITION INDEBTEDNESS - SUBTOTAL | - 1 | 33,954. | 33,95 | 54. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | N 4 | | 33,95 | 54. |

| | AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY | | | |
|--|---|---------|-------|-----|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| ADJUSTED BASIS FOR DEBT-FINANCED PROPERTY - SUBTOTAL | - 1 | 42,995. | 42,99 | 95. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 5 | | 42,99 | 95. |