Form 990-T	E	Exempt Organization	Bus	ine	ss Income 1	Tax Returr	ì	OMB No 1545-0687
		(and proxy ta	x und	er se	ction 6033(e))			2010
	For ca	lendar year 2018 or other tax year beginning			, and ending	···	_	2018
Department of the Treasury Internal Revenue Service	▶	► Go to www.irs.gov/Form99 Do not enter SSN numbers on this form a					5	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box i	if name cl	hanged	and see instructions.)		(Emplo	yer identification number byees' trust, see ctions)
B Exempt under section	Print	HISPANIC INTEREST	COAL	<u>ITI</u>	ON OF ALABA	MA		3-1225764
X 501(@03)	Type	Number, street, and room or suite no. If a	a P.O. box	c, see ir	structions.			ted business activity code structions)
408(e) 220(e)	1300	117 S CREST DRIVE					-	
408A 530(a) 529(a)		City or town, state or province, country, a BIRMINGHAM, AL 35		r foreig	n postal code		531:	120
C Book value of all assets at end of year		F Group exemption number (See instruct	tions.)	•				
1,545,0	43.	G Check organization type ► 🗶 50)1(c) c <u>orp</u>	oration	501(c) trust	401(a	trust	Other trust
H Enter the number of the	organiza	ation's unrelated trades or businesses. 🕨	·	1		the only (or first) ur		
trade or business here						, complete Parts I-V.		
		ace at the end of the previous sentence, cor	mplete Pa	ırts I an	d II, complete a Schedul	e M for each addition	nal trade	or
business, then complete			 			·	7	. [[],,
•		poration a subsidiary in an affiliated group of the composition.		it-subs	idiary controlled group?	▶ (Yes	S X No
_ 		ISABEL RUBIO			Telent	none number > 2	05-6	2/2-5505
		de or Business Income			(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	es	1				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b Less returns and allow		c Balance	•	1c				
2 Cost of goods sold (S	Schedule	e A, line 7)		2				
3 Gross profit. Subtract				3				
4a 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	<u></u>			
c Capital loss deduction	n for tru	sts		4c				
5 Income (loss) from a	partner	ship or an S corporation (attach statement))	5				
6 Rent income (Schedu	ile C)			6				
7 Unrelated debt-finance		,		_ 7	32,935.	21,1	34.	11,801.
		and rents from a controlled organization (Sc		8				
		on 501(c)(7), (9), or (17) organization (Sch	nedule G)	9		 		
10 Exploited exempt acti		•		10				
11 Advertising income (S				11				
12 Other income (See in: 13 Total. Combine lines				13	32,935.	21,1	3.4	11,801.
		ot Taken Elsewhere (See instruc	ctions fo				<u> </u>	11,001.
		utions, deductions must be directly co						
14 Compensation of off	icers, d	rectors, and trustees (Schedule K)					14	10,700.
15 Salaries and wages							15	
16 Repairs and mainter	ance	l F	REC	EIV	ED		16	
17 Bad debts		[[70		17	
18 Interest (attach sche	dule) (s	see instructions)	OCT 2	21 2	019 80-		18	
19 Taxes and licenses	000 (60			,	8		19	
		e instructions for limitation rules)	200			2,520.	20	
•		n Schedule A and elsewhere on return	OGDI		22a	2,520.	22b	0.
23 Depletion	<u>anneu</u> o	TO CHECOME A AND CISCWHOLE ON TELUM			_[220]		23	
24 Contributions to def	erred co	ompensation plans					24	
25 Employee benefit pr							25	
26 Excess exempt expe	•						26	
27 Excess readership c							27	
28 Other deductions (at	-	•					28	
29 Total deductions. A		-					29	10,700.
30 Unrelated business	taxable i	income before net operating loss deduction	ı. Subtrac	t line 2	9 from line 13		30	1,101.
	_	loss arising in tax years beginning on or aff	ter Janua	ry 1, 20)18 (see instructions)		31	<u> </u>
		income. Subtract line 31 from line 30			· · · ·		32	1,101.
823701 01-09-19 LHA F	or Pane	rwork Reduction Act Notice, see instruction	ons				_	Form 990-T (2018)

08541004 786654 13082

Form 990-		HISPANIC INTEREST COALITION OF ALABAMA Total Unrelated Business Taxable Income			63-12	<u> 2576</u>	4	ı	Page 2
Part I				otions\		22		L,1(<u> </u>
33		of unrelated business taxable income computed from all unrelated trades or businesses (see	e msu u	cuons		33		L , L	<u>от.</u>
34		nts paid for disallowed fringes	ationa\	Сп	MT 1	35		٥.	17.
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instru		21	MIT I	35		<u> </u>	<u> </u>
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the su	וט ווונ					1 (84.
07		33 and 34				36		L , 00	
37		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)				37	_	., 0	<u> </u>
38		ated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 3 the smaller of zero or line 36	10,			00			Λ
Part I		ax Computation				38			0.
						00			
39	-	izations Taxable as Corporations Multiply line 38 by 21% (0.21)		00 6	•	39			0.
40		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of Tax rate schedule or Schedule D (Form 1041)	ni iiile s	00 11 0111,		40			
44		,				40			
41	-	tax See instructions				41			
42		ative minimum tax (trusts only)				42			
43		n Noncompliant Facility Income See Instructions				43			
Dort V		Add lines 41, 42, and 43 to line 39 or 40, whichever applies ax and Payments			· · · · · · · · · · · · · · · · · · ·	44			0.
Part \			4- 1				<u> </u>		
		in tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			4			
b		credits (see instructions)	45b			-			
C		al business credit. Attach Form 3800	45c			4			
		for prior year minimum tax (attach Form 8801 or 8827)	45d			4			
е		credits. Add lines 45a through 45d				45e			
46		act line 45e from line 44	_	,		46			0.
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66	Other	(attach schedule)	47			
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.
50 a	Paym	ents: A 2017 overpayment credited to 2018	50a			_]			
b	2018	estimated tax payments	50b			_			
c	Tax d	eposited with Form 8868	50c			1.			
d	Foreig	n organizations: Tax paid or withheld at source (see instructions)	50d			1			
е	Backu	p withholding (see instructions)	50e			7			
f		for small employer health insurance premiums (attach Form 8941)	50f			7			
a		credits, adjustments, and payments: Form 2439				i			
•		Form 4136 Other Total	50g						
51		payments. Add lines 50a through 50g				51			
52		ated tax penalty (see instructions). Check if Form 2220 is attached				52			_
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			•	53			
54		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				54			
55	-	the amount of line 54 you want: Credited to 2019 estimated tax) Re	funded 🕨	55			
Part \		Statements Regarding Certain Activities and Other Information	n (see			1 00			
56		time during the 2018 calendar year, did the organization have an interest in or a signature of				_	T	Yes	No
30		I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			-			163	110_
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	•						
	here		loreign	Country					v
67			notoror	10 0 60	rough truot?			 	$\frac{x}{x}$
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	insieroi	10, a 101	reign trust?				
50		the execute of the executed as account of the towns the transfer of the executed during the towns .							
58		the amount of tax-exempt interest received or accrued during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	atomont	s and to	the best of my kny	owledge a	nd belief it is t	7110	
Sign	COI	tect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	atement er has an	y knowled	ine best of my kni ige	owiedge a	na beller, it is t	rue,	
Here		λΩ . I-'-			[lay the IR	S discuss this i	return w	/ith
ricic		Superture of officers	VE 1	DIRE			r shown below		١.,
		Signature of officer Date Title			·	_	s)? X Yes		No
		Print/Type preparer's name Preparer's signature Date	е			ıf PTI	N		
Paid		JEFFREY D. CHANDLER, JEFFREY D.			self- employed				
Prepa	arer		<u>/04</u>	<u> </u>	,		007647		
Use (Firm's name ► BORLAND BENEFIELD, P.C.			Firm's EIN	<u> 6</u>	<u>3-0721</u>	<u> 124</u> :	3
	•	800 SHADES CREEK PKWY, STE 875							
		Firm's address ► RTRMINGHAM AL. 35209			Phone no. 1	205-	802-72	112	

823711 01-09-19

Form **990-T** (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory val	uation ► N/A					
1 Inventory at beginning of year	1		6 1	nventory at end of year			6		-
2 Purchases	2		7 (Cost of goods sold. Su	btract l	ine 6		-	_
3 Cost of labor	3] f	rom line 5. Enter here a	and in f	Part I,			
4a Additional section 263A costs			ı	ine 2			7		
(attach schedule)	4a		8 [Oo the rules of section :	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b] [property produced or a	cquirec	l for resale) apply to			
5 Total. Add lines 1 through 4b	5		t	he organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Pers	onal Property L	_eas	ed With Real Pro	perty)		
1 Description of property									
(1) OFFICE BUILDING							_		
(2)									
(3)					_				
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for pe	ersonal pi	nal property (if the percenta roperty exceeds 50% or if I on profit or income)	ge	3(a) Deductions directly columns 2(a) an			e in
(1)								_	
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		I Income (see ii	nstruct	tions)		· · · · · · · · · · · · · · · · · · ·			
				Gross income from	·	3. Deductions directly control to debt-finance			
1. Description of debt-fin	anced property			r allocable to debt- financed property		Straight line depreciation (attach schedule)	`	Other deduction (attach schedule	ons e)
				44 655	S'	PATEMENT 4		TEMENT	5
(1) OFFICE BUILDING		-		44,657.		2,520	•	26,.	<u> 136.</u>
(2)									
(3)			<u> </u>				-		
(4)			_				+		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 6	of or a debt-fina	adjusted basis allocable to inced property in schedule) MENT 7	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduction 6 x total of c 3(a) and 3(b))	columns
(1) 74,809.	SIAIE	101,438.	<u> </u>	73.75%	_	32,935	_	21 '	134.
(2)		<u> </u>	 	/3.73% %		32,733	•	41,	<u> </u>
(3)				%					
(4)				%					
STATEMENT 2	STAT	EMENT 3				nter here and on page 1,	1	er here and on pa	-
Totalo						32,935			134.
Totals	dudad in advisor	. 0				34,333	•	41,	7.4.

Form **990-T** (2018)

0.

(3) (4)

0

0

Totals (carry to Part II, line (5))

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.			<u> </u>	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	Compensation attributable to unrelated business
(1) ISABEL RUBIO	EXECUTIVE DIRECTOR	10.00%	10,700.
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	*	•	10,700.

Form **990-T** (2018)

FORM 990-T	, NET	OPERATING LOSS D	DEDUCTION	STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/14 12/31/15	734. 6,513.	73 4 . 5,596.	0. 917.	91	0. 7.
NOL CARRYO	VER AVAILABLE THIS	YEAR	917.	91	7.

						
TODA OOO M	COURDING B	TRIDET AMER	DEDE STATES	TMOONE	OM S MESSESSEE	^
FORM 990-T	SCHEDULE E -	- ONKELATED	DEBT-FINANCED	INCOME	STATEMENT	4
1						
•	Δ177	CRACE ACCITE	SITION DEBT			
	T A 1	HOOD ACCOT	DITTON DEDI			

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
OFFICE BUILDING	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH		308,731. 307,068. 305,255. 303,575. 301,841. 300,144. 298,394. 296,681. 294,960. 293,186. 291,441.
BEGINNING TWELFTH MONTH		289,531.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		3,590,807.
AVERAGE AQUISITION DEBT		299,234.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T SCHEDULE E - UNRELATE AVERAGE ADJUS		INCOME	STATEMENT	3
DESCRIPTION OF DEBT-FINANCED PROPERTY	7	ACTIVITY NUMBER	Y	
OFFICE BUILDING		1	- AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FI AVERAGE ADJUSTED BASIS OF PROPERTY LA		R	417,2 405,7	
AVERAGE ADJUSTED BASIS OF PROPERTY FO	OR THE YEAR		411,4	82.
TOTAL TO FORM 990-T, SCHEDULE E, COLU	л м и 5			
FORM 990-T SCHEDULE E - DEPRE	CIATION DEDUCT	ON	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTA	AL - 1	2,520.	2,5	20.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	JMN 3(A)		2,5	20.
FORM 990-T SCHEDULE E - OT	THER DEDUCTIONS		STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST MAINTENANCE EXPENSE UTILITIES INSURANCE		4,194. 8,730. 9,208. 4,004.		
- SUBTOTA	AL - 1	4,004.	26,1	36.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MMN 3(B)		26,1	 36.

FORM 990-T	AVERAGE ACQUI				STATEMENT	6
DESCRIPTION			TIVITY UMBER	AMOUNT	TOTAL	
AVERAGE AQUISITIO		TOTAL -	1	74,809.	74,8	09.
TOTAL OF FORM 990)-T, SCHEDULE E, C	COLUMN 4			74,8	09.

•	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY					
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL		
ADJUSTED BASIS FOR DEBT-FINANCED PROPERTY - SU	D UBTOTAL -	1	101,438.	101,4	38.	
TOTAL OF FORM 990-T, SCHEDULE E	, COLUMN	5		101,43	38.	