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| Unfelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 30 -8,843. | 27 Other deductions (at | ttach scl | hedule) | | | | | | 27 | | |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 10 Unrelated business taxable income. Subtract line 30 from line 29 31 -8,843. | | | | | | | | | - | | |
| (see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -8,843. | / | | | | | | ne 13 | | 29 | | -8,843. |
| 31 Unrelated business taxable income. Subtract line 30 from line 29 31 -8,843. | | erating | loss arısıng ın tax years be | ginning on or after Janua | ary 1, 2 | 018 | | | | | _ |
| | , , | | | | | | | | - | | |
| | | | | | | | ··· | | 31 1 | - 000 | |

| | | HISPANIC INTEREST COALITION OF ALABAMA | | 63: | 1225764 | | Page |
|------|--------------|--|--------------|-------------|--|-----------|---------|
| | | Total Unrelated Business Taxable Income | | | | | |
| 32 ~ | Total o | funrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 32 | | -8 | 843 |
| 33 | Amour | ts paid for disallowed fringes | | 39 | | | |
| 34 | | ble contributions (see instructions for limitation rules) | ••••• | | <u> </u> | | |
| - | | | | | | | 0 |
| 35 | Totalu | nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 94 from the sum of lines 3 | 2 and 33 | 5 35 | | <u>-8</u> | 843 |
| 36 | Deduct | ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | | . 36 | | | |
| 37 | Total o | unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | | 1 ŝ7 | | -8 | 843 |
| 38 | | deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | | | | 000 |
| 39 | | ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, | 2 | | | | _X,Y,Y, |
| ••• | | , , , , , , , , , , , , , , , , , , , | í | مل ال | 1 | _ | |
| Dod | | ne smaller of zero or line 37 | | 1 38 | <u> </u> | -8 | 843 |
| | | | | | | | |
| 40 | Organi | zations Taxable as Corporations. Multiply line 39 by 21% (0.21) | 🕨 | 40 | | | 0 |
| 41 | | Taxable at Trust Rates. See Instructions for tax computation. Income tax on the amount on line 39 from: | | | | | |
| | T | ax rate schedule or Schedule D (Form 1041) | > | - 41 | | | |
| 42 | Proxy t | ax. See instructions | | 42 | <u> </u> | | |
| 43 | Alterna | tive minimum tax (trusts only) | | | | | |
| 44 | Tayas | Nensampliant Easility Income Conjuntrations | ·- · · · · · | 40 | | | |
| | Tax on | Noncompliant Facility Income. See instructions | ···· · · · · | . 44 | | | |
| 45 | 1001. / | add lines 42, 43, and 44 to line 40 or 41, whichever applies | | <u> 45</u> | | | 0 |
| | | Tax and Payments | | | | | |
| 46 a | Foreign | tax credit (corporations attach Form 1118; trusts attach Form 1116) | | | | | |
| | | redits (see instructions) | | ┑. | | | |
| ė | Genera | business credit. Attach Form 3800 46c | | 7 ! | | | |
| | | The state of the s | | - | | | |
| | | or prior year minimum tax (attach Form 8801 or 8827) | | ┥ │ | | | |
| | | redits. Add lines 46a through 46d | | | | | |
| 47 | Subtrac | at line 46e from line 45 | | 47 | | | 0. |
| 48 | Other to | ixes. Check if from: 🔃 Form 4255 🛄 Form 8611 🔛 Form 8697 🛄 Form 8866 🦳 Other (ettech s | chedule) | 48 | | | |
| 49 | Total to | x. Add lines 47 and 48 (see instructions) | | 49 | | | 0, |
| 50 | 2019 n | st 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | | 50 | | | |
| | | | | | | | 0. |
| | | its: A 2018 overpayment credited to 2019 51a | | -1 1 | | | |
| | | itimated tax payments 51b | | - | | | |
| | | osited with Form 8868 51c | | _ | | | |
| đ | Foreign | organizations: Tax paid or withheld at source (see instructions) | | | | | |
| 8 | Backup | withholding (see Instructions) 51e | | | | | |
| f | Credit f | or small employer health insurance premiums (attach Form 8941) | | 7 1 | | | |
| a | Other c | edits, adjustments, and payments: Form 2439 | | | | | |
| • | | orm 4136 Other Total > 51g | | | | | |
| 60 | | | | ┥ | | | |
| 52 | tom: p | lyments. Add lines 51a through 51g | | 52 | | | |
| 53 | Esumai | ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲 | | | | | <u></u> |
| 54 | Tax du | n. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 🕨 | 54 | | | |
| 55 | Overpa | ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | ▶ | 55 | | | |
| | | e amount of line 55 you want. Credited to 2020 estimated tax | | 56 | | | |
| Part | | Statements Regarding Certain Activities and Other Information (see instructions | | 1 2 2 | | | |
| | | ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority | <u>'</u> | | | | - |
| | | | | | | Yes | No |
| | | nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | | | i |
| | FinCEN | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | | 1 | i |
| | here | > | | | | i | Х |
| 58 | During | he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus | 17 | | | | X |
| | - | see instructions for other forms the organization may have to file. | | | | | |
| | • | e amount of tax-exempt interest received or accrued during the tax year > \$ | | | | | |
| | | | -4 1 | | | | |
| Sign | ∞ | der penalties of perjury, I declare that I have examined this return, including accompanying schedules and atatements, and to the best rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | or my kn | owiedge ar | nd belief, it la | trus, | |
| | - 1. | 144 1 · | - 6 | Vay the IRI | discuss this | net m | eritte. |
| Here | | NUOV DIRECTOR | | - | r shown belo | | ,,,,, |
| | | Signature of officer Date Title | | nstructions | 07 X Ye | • 🗀 | No |
| | | Print/Type preparer's name Preparer's signature Date Check | _ | if PTI | _ | _ | |
| | | | | | • | | |
| Paid | | | nployed | ŀ | | | |
| Prep | arer | JEFFREY D. CHANDLER CPA DEFFREY D. CHANDLER CPA 11/12/20 | | | 0764759 | | |
| Use | Only | | EIN D | 63 | -072124 | 3 | |
| | • | 800 SHADES CREEK PKWY, STE 875 | | | | | |
| | | Firm's address BIRMINGHAM AL 35209 Phon | B NO. 2 | 205-802 | 3-7212 | | |
| | 11.27.20 | | | | | N.T. | |

| Schedule A - Cost of Goods | Sold. Enter | method of invento | ory valuation N/A | | <u>. </u> | |
|--|----------------------|---|--|-----------|--|---|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of yea | r | | 6 |
| 2 Purchases | 2 | | 7 Cost of goods sold. St | ıbtract l | ine 6 | |
| 3 Cost of labor | 3 | | from line 5. Enter here | and in F | Part I, | |
| 4a Additional section 263A costs | | | line 2 | | L | 7 |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (\ | with respect to | Yes No |
| b Other costs (attach schedule) | 4b | | property produced or a | acquired | l for resale) apply to | |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | _ | | |
| Schedule C - Rent Income ((see instructions) | From Real | Property and | Personal Property | Leas | ed With Real Prop | erty) |
| 1. Description of property | | | | | | |
| (1) OFFICE BUILDING | | | - | | | |
| (2) | | | | | | |
| (3) | | | | | | - · · · · · · · · · · · · · · · · · · · |
| (4) | | - | | | | |
| | | ed or accrued | | | 3(a) Deductions directly | connected with the income in |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | of rent for per | d personal property (if the percent sonal property exceeds 50% or if is based on profit or income) | age | columns 2(a) and | J 2(b) (attach schedule) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | _ | | | | | |
| Total | 0. | Total | | 0. | ļ <u>.</u> | |
| (c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column | | ter 🕨 | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | 0. |
| Schedule E - Unrelated Deb | t-Financed | I Income (see in | structions) | | | |
| | | | 2. Grass income from | | Deductions directly conn to debt-finance | |
| 1. Description of debt-fin | anced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| | | | | SE | E STATEMENT 3 | SEE STATEMENT 4 |
| (1) OFFICE BUILDING | | | 23,222. | | 2,520 | . 17,637. |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to inced property h schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8, Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) 277,372. | | 394,297. | 70.35% | | 16,337 | . 14,180. |
| (2) | | _ | % | | | |
| (3) | | | % | | | |
| (4) | | | % | | | |
| SEE STATEMENT 1 | SEE STA | ATEMENT 2 | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | • | L | 16,337 | . 14,180. |
| Total dividends-received deductions in | cluded in columi | า 8 | • | | | 0. |
| | | - | | | | Form 990-T (2019) |

| Schedule F - Interest | | T | | , | Controlled O | | | | , | | |
|--------------------------------------|--|--|------------------------------|--|---|--|--|-------------|--|---------------------|---|
| 1. Name of controlled organi | zation | 2. Em Identif num | cation | 3. Net unr | related income instructions) | 4. Tota | al of specified nents made | ınclud | t of column 4 ed in the cont ation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | · - |
| (3) | | | | | | | | | | | |
| (4) | | | | | | <u></u> | | | | | |
| Nonexempt Controlled Orga | nizations | | | | | | | | | | |
| 7. Taxable Income | | unrelated incor see instruction | | 9. Total | of specified pay made | ments | 10. Part of colu in the controll gross | | nization's | | ductions directly connected i income in column 10 |
| (1) | | | | <u> </u> | | | | | | - | · · · · |
| (2) | 1 | | | | | Ì | | | | | |
| (3) | | | | T | | | _ | | | | |
| (4) | - | | | † | | | | | | | |
| | | | | | | | Add colur Enter here and line 8, d | | a 1, Part I, A) | | dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B) |
| Totals | | | <u> </u> | - 504 (-)(| 7) (0) | <u>▶</u> | | | 0. | | 0 |
| Schedule G - Investm | nent Inco structions) | me of a | Section | 1 501(c)(| /), (9), or | (1/) Or | ganization | 1 | | | |
| | scription of inc | оте | | | 2. Amount of | ıncome | 3. Deduction directly connectations | ected | 4. Set- | asides ichedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | (| | | | (222 2 222 222 3, |
| (2) | | | | | | | | | | | |
| (3) | | | | | | - | | | | | |
| (4) | | | | <u> </u> | | + | | - | | | |
| (4) | | | | | Enter here and | on page 1. | | | <u> </u> | | Enter here and on page 1 |
| | | | | | Part I, line 9, co | | | | • | | Part I, line 9, column (B) |
| Totals | | | | • | | 0. | | | | | 0 |
| Schedule I - Exploite (see inst | d Exemp | t Activity | / Incom | ne, Othe | r Than Ad | lvertisi | ng Incom | • | | | |
| 1. Description of exploited activity | unrelated | Gross d business ne from business | directly with pr of un | openses connected oduction related as income | 4. Net incor from unrelated business (communication of the minus column gain, compute through | d trade or olumn 2 in 3) If a e cols 5 | 5. Gross inco from activity is not unrela business inco | that ted | 6 Exp attribut colu | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | Î | · | | | | |
| (2) | | | | | | | | | | | |
| (3) | — | | | | | | | | | | |
| (4) | | - | | | | | | | | | |
| | page line 10 | ere and on 1, Part I, I, col (A) | page | ere and on 1, Part I, , col (B) | | • | | | | | Enter here and on page 1, Part II, line 25 |
| Totals Schedule J - Advertis | ► sing Inco | 0. | netructio | 0. | | | | | | | 0 |
| Part I Income From | | | | | solidated | l Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | adv | 3. Direct vertising costs | or (loss) (c col 3) If a g | tising gain of 2 minus ain, comput hrough 7 | 5. Circula income | | 6. Read | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | · | | - | + - | | | | - |
| (2) | | | | | | | | | | | 1. |
| (3) | | | + | • | \dashv | | | | | | ' |
| (4) | | | | | \dashv | | | | <u> </u> | | 1 |
| \ - \ | - | | | | | | + | | - | | |
| Totals (carry to Part II, line (5)) | | | 0. | | 0. | | | | | | 0 |
| | <u>'</u> | | • | | | | • | _ | - | | Form 990-T (2019 |

Form \$90-T (2019) HISPANIC INTEREST COALITION OF ALABAMA **-***5764 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) | | | | | | <u> </u> | |
| (4) | | | | | | | |
| Totals from Part I | > | 0. | 0. | • / . | - | | 0. |
| | _ | Enter here and on page 1, Part I, Ine 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | ţ | Enter here and on page 1, Part II, line 26 |
| 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% | 11,000. |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | ▶ | 11,000. |

Form 990-T (2019)

| | | | | | | |
|------------|--------------|-------------|---------------|--------|-------------|---|
| FORM 990-T | SCHEDULE E - | UNRELATED | DEBT-FINANCED | INCOME | STATEMENT | 1 |
| | AVE | RAGE ACQUIS | SITION DEBT | | | |

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT OF OUTSTANDING |
|---------------------------------------|--------------------|--------------------------|
| OFFICE BUILDING | 1 | DEBT |
| BEGINNING FIRST MONTH | | 287,495. |
| BEGINNING SECOND MONTH | | 285,673. |
| BEGINNING THIRD MONTH | | 283,843. |
| BEGINNING FOURTH MONTH | | 282,004. |
| BEGINNING FIFTH MONTH | | 280,157. |
| BEGINNING SIXTH MONTH | | 278,301. |
| BEGINNING SEVENTH MONTH | | 276,437. |
| BEGINNING EIGHTH MONTH | | 274,564. |
| BEGINNING NINTH MONTH | | 272,683. |
| BEGINNING TENTH MONTH | | 270,793. |
| BEGINNING ELEVENTH MONTH | | 268,895. |
| BEGINNING TWELFTH MONTH | | 267,616. |
| TOTAL OF ALL MONTHS | | 3,328,461. |
| NUMBER OF MONTHS IN YEAR | | 12 |
| AVERAGE AQUISITION DEBT | | 277,372. |

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

| FORM 990-T SCHEDULE E - UNRELATED AVERAGE ADJUSTI | | INCOME | STATEMENT | 2 |
|---|--------------------|--------------------------------------|---------------|--------------|
| DESCRIPTION OF DEBT-FINANCED PROPERTY | | ACTIVITY NUMBER | <i>r</i> - | |
| OFFICE BUILDING | | 1 | AMOUNT | |
| AVERAGE ADJUSTED BASIS OF PROPERTY FIRST | | t | | 025. 569. |
| AVERAGE ADJUSTED BASIS OF PROPERTY FOR | THE YEAR | • | 394, | 297. |
| TOTAL TO FORM 990-T, SCHEDULE E, COLUMN | N 5 | | | |
| FORM 990-T SCHEDULE E - DEPREC | IATION DEDUCT | ON | STATEMENT | 3 |
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| DEPRECIATION - SUBTOTAL | | 2,520. | 2, | 520. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUM | N 3(A) | | 2, | 520. |
| FORM 990-T SCHEDULE E - OTH | ER DEDUCTIONS | | STATEMENT | 4 |
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| INTEREST MAINTENANCE EXPENSE UTILITIES INSURANCE | | 2,806. 5,158. 6,440. 3,233. | | |
| - SUBTOTAL | | | | ,637. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUM | N 3(B) | | 17, | ,637. |