EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Α_	רטו נוופ	20 19 calendar year, or tax year beginning	anu	enaing	_			
В	Check if applicable	C Name of organization			D Employer ident	ification number	•	
	Addres		ABAMA					
	Name change	Doing business as			**-***5764			
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numb	oer		
F	Final return/	117 S CREST DRIVE		1100111,00110	205-942-5505			
	termin ated		7IP or foreign postal code		G Gross receipts \$		767,168.	
Г	Amend		in or foreign postar code				,200.	
F	lreturn Applic tion	,	I DIIRTO		H(a) Is this a group		X No	
	Ition pendir	F Name and address of principal officer: ISABE SAME AS C ABOVE	L ROBIO		for subordinat			
_			(in a set in a) 40.47(a)(d)	507	H(b) Are all subordinate			
		empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	┥ ′	a list. (see instru	ctions)	
		e: WWW.HISPANICINTEREST.ORG		1	H(c) Group exempt	i .		
		organization,	sociation Other	L Year	of formation: 1999	M State of legal de	omicile: AL	
Р	_	Summary						
ø	1	Briefly describe the organization's mission or most			ONPARTISAN			
Governance		TAX-EXEMPT ORGANIZATION DEDICATED TO T	HE SOCIAL, CIVIC AND E	CONOMIC				
ž	2	Check this box 🕨 📖 if the organization discor	tinued its operations or dispo	sed of more	e than 25% of its net	assets.		
ŏ	3	Number of voting members of the governing body	Part VI, line 1a)			3	20	
<u>ت</u>	4	Number of independent voting members of the gov				4	20	
Š		Total number of individuals employed in calendar y				5	27	
ij		Total number of volunteers (estimate if necessary)				5	0	
Activities &		Total unrelated business revenue from Part VIII, co					3,065.	
⋖		Net unrelated business taxable income from Form				_	-8,843.	
	 	Not difficiated business taxable income from Form	7, 1110 00	·····	Prior Year	Current		
	8	Contributions and grants (Part VIII, line 1h)			1,629,211	_	533,512.	
ne	l °				81,105	- 	81,662.	
Revenue	9				51,103	_		
Be	10	Investment income (Part VIII, column (A), lines 3, 4,				-	1,965.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			65,429		105,504.	
		Total revenue - add lines 8 through 11 (must equal			1,776,292		722,643.	
	13	Grants and similar amounts paid (Part IX, column (A	n), lines 1-3)		3,135		1,000.	
	1	Benefits paid to or for members (Part IX, column (A).	0.	
es	15	Salaries, other compensation, employee benefits (F	Part IX, column (A), lines 5-10)		1,087,074	1,	226,270.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		(ο.	0.	
ğ	b	Total fundraising expenses (Part IX, column (D), line	25) 🕨87,	287.				
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		386,518	3.	523,638.	
		Total expenses. Add lines 13-17 (must equal Part I)			1,476,727	7. 1,	750,908.	
	19	Revenue less expenses. Subtract line 18 from line			299,565	5.	-28,265.	
Net Assets or	3	·			ginning of Current Yea	r End of \	ear/	
ets	20	Total assets (Part X, line 16)			1,545,041		544,069.	
ASS	21	Total liabilities (Part X, line 26)			316,639		343,932.	
Net Net	22	Net assets or fund balances. Subtract line 21 from	line 20		1,228,402		200,137.	
P	art II	Signature Block			, ,			
		Ities of perjury, I declare that I have examined this return,	ncluding accompanying schedule	s and statem	ents, and to the best of	my knowledge and	belief, it is	
		t, and complete. Declaration of preparer (other than office				my miowioago ana	501101, 11 10	
uu	, 001100	t, and complete. Declaration of proparer (earler than office) is based on an information of w	mon proparci	nus uny knowieuge.			
٥: -		Signature of officer			I Date			
Sig		, -			2410			
He	re	ISABEL RUBIO, EXECUTIVE DIRECTOR Type or print name and title						
		 			Nata I	T DTIN		
_		Print/Type preparer's name	Preparer's signature		Date Check if	PTIN		
Pai		,	EFFREY D. CHANDLER, CE	PA 1	10/13/20 self-employed P00764759			
	parer	Firm's name BORLAND BENEFIELD, P.C.		Firm's EIN	**-***1243			
Use	Only	Firm's address 800 SHADES CREEK PKWY, ST	E 875					
		BIRMINGHAM, AL 35209			Phone no.20	05-802-7212		
Ма	y the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		·····	X Yes	□ No	

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	A NON-PROFIT NONPARTISAN TAX-EXEMPT ORGANIZATION DEDICATED TO THE
	SOCIAL, CIVIC AND ECONOMIC INTEGRATION OF HISPANIC/LATINO FAMILIES IN
	ALABAMA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$472,819. including grants of \$1,000.) (Revenue \$)
	STRONG FAMILIES PROGRAM ADVOCATES FOR FAMILIES IN NEED AS THEY NAVIGATE
	THEIR NEW COMMUNITY AND EXPERIENCE TIMES OF CRISIS. THIS PROGRAM IS THE
	GATEWAY TO HICA!'S OTHER SPECIALIZED PROGRAMS, AND OFFERS REFERRALS
	AND INFORMATION. FAMILY ADVOCATES ARE BILINGUAL AND BICULTURAL AND
	UNDERSTAND THE UNIQUE CIRCUMSTANCES IMMIGRANTS FACE. ADVOCATES HELP
	FAMILIES REALIZE THEIR STRENGTHS AS THEY SEARCH FOR RESOURCES, BUILD
	PARTNERSHIPS, AND ADVOCATE FOR JUSTICE.
4b	(Code:) (Expenses \$
	EMPOWERING COMMUNITIES PROMOTES ACCESS TO HIGHER EDUCATION FOR LATINO
	YOUTH, CIVIC ENGAGEMENT, AND WORKS WITH MUNICIPALITIES ACROSS THE
	REGION TO BUILD MORE INCLUSIVE COMMUNITIES. THE YOUTH ORGANIZER WORKS
	WITH HIGH SCHOOL STUDENTS TO ENSURE THEY HAVE A PLAN FOR CONTINUING
	THEIR EDUCATION PAST HIGH SCHOOL. THE PROGRAM ALSO PROVIDES
	SCHOLARSHIPS FOR SEVERAL YOUTH EACH YEAR THROUGH OUR LATINO SCHOLARSHIP
	FUND. THE CIVIC ENGAGEMENT ORGANIZER PROMOTES VOTER REGISTRATION AND
	GOTV FOR HISPANIC VOTERS, AND WORKS CLOSELY WITH VARIOUS MUNICIPALITIES
	IN THE AREA TO ENCOURAGE THEM TO IMPLEMENT POLICIES THAT ARE WELCOMING
	TO IMMIGRANTS AND PROMOTE ECONOMIC DEVELOPMENT. EMPOWERING COMMUNITIES
	ALSO HOUSES THE POLICY WORK OF HICA, WHICH FOCUSES ON LANGUAGE ACCESS,
_	BUSINESS LICENSES, AND IN-STATE TUITION FOR DACA YOUTH.
4c	(Code:) (Expenses \$ 367,747. including grants of \$) (Revenue \$ 74,180.)
	CITIZENSHIP AND IMMIGRATION PROVIDES ACCESS TO LEGAL IMMIGRATION SERVICES FOR ELIGIBLE LOW AND MODERATE INCOME IMMIGRANT FAMILIES. MOST
	OF THESE BENEFITS PROVIDE A PATHWAY TO CITIZENSHIP, SUCH AS ADJUSTMENT
	OF STATUS, NATURALIZATION, FAMILY PETITIONS, U-VISA, AND VAWA. THE PROGRAM ALSO HELPS YOUTH WHO ARE ELIGIBLE FOR THE DACA BENEFIT. THE
	PROGRAM ENGAGES IN OUTREACH ACTIVITIES TO INFORM COMMUNITY MEMBERS
	ABOUT THE IMMIGRATION PROCESS, PROVIDES CITIZENSHIP CLASSES . HICA IS ACCREDITED BY THE US DEPARTMENT OF JUSTICE TO PROVIDE THESE SERVICES
	ACCREDITED BY THE US DEPARTMENT OF JUSTICE TO PROVIDE THESE SERVICES AND HAS A ACCREDITED DEPORTS THAT IVES THROUGH THE CID THAT CADANTS FROM
	AND HAS 4 ACCREDITED REPRESENTATIVES. THROUGH THE CIP, IMMIGRANTS FROM
	AROUND THE WORLD ARE ABLE TO FULLY PARTICIPATE IN THE CIVIC ENGAGEMENT
	PROCESS
4-1	Other management and income (December on Calcadula O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$ 367,747. including grants of \$) (Revenue \$ 7,476.) Total program service expenses ► 1,593,573.
40	Total program service expenses 1,593,573.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			ļ "
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<u> </u>
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2019) HISPANIC INTEREST COALITION

Part IV | Checklist of Required Schedules (continued)

	The state of the s			T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>	Ш
,	Establishment of the David of Establishment of the Control of the		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	х	
		_		

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			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 27									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a								
D	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	OD.								
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х						
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.	_								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12									
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
'' a	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-								
	excess parachute payment(s) during the year?	15		Х						
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
10	If "Yes," complete Form 4720, Schedule O.	10		<u> </u>						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
		ı	1			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		20							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	n any other								
	officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ect supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	L	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		L	5		Х				
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one or								
	more members of the governing body?			L	7a		Х				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?				7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye										
а	The governing body?				8a	Х					
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Code.)								
						Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			[10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			L	10b						
11a	la Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to co	nflicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es, " c	describe								
	in Schedule O how this was done			L	12c	Х					
13	Did the organization have a written whistleblower policy?			L	13	Х					
14	Did the organization have a written document retention and destruction policy?			L	14	Х					
15	Did the process for determining compensation of the following persons include a review and approv	al by	independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)									
	The organization's CEO, Executive Director, or top management official				15a	Х					
b	Other officers or key employees of the organization			L	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a								
	taxable entity during the year?				16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizati	on's								
	exempt status with respect to such arrangements?				16b						
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ınd 99	90- Γ (Section 501	(c)(3)s	s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.		-								
	Own website Another's website X Upon request Other (explain										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	t of interest policy	, and	i tinar	icial					
00	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	ina records -								
	ISABEL RUBIO - 205-942-5505 117 S CREST DR RIPMINGHAM AL 35209										

Form **990** (2019)

932006 01-20-20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JW CARPENTER	1.00	1						_	_	_
CHAIR		Х		Х				0.	0.	0.
(2) BEBE GOODRICH	1.00	4						_	_	_
VICE CHAIR		Х		Х				0.	0.	0.
(3) TIFFANY KAHLON	1.00	1						_	_	_
SECRETARY		Х		Х				0.	0.	0.
(4) JON DAVIES	1.00	4						_	_	_
TREASURER		Х		Х				0.	0.	0.
(5) HOUSTON SMITH	1.00	ł								
EXEC COMMITTEE MEMBER		Х						0.	0.	0.
(6) KARY WOLFE	1.00	ł								
EXEC COMMITTEE MEMBER	1 00	Х				_		0.	0.	0.
(7) PAM BENOIT	1.00	ł								
DIRECTOR		Х						0.	0.	0.
(8) MARY ANDREWS CARLISLE	1.00	ł								
DIRECTOR	1 00	Х				_		0.	0.	0.
(9) PAM COOK	1.00	∤								
DIRECTOR		Х						0.	0.	0.
(10) BOB DICKERSON	1.00	ł								
DIRECTOR		Х						0.	0.	0.
(11) JULIANA ERASO	1.00	ł								
DIRECTOR	1 00	Х				_		0.	0.	0.
(12) MELANIE GENKIN	1.00	∤								
DIRECTOR	1 00	Х				_		0.	0.	0.
(13) CARLOS IZCARY	1.00	∤								
DIRECTOR	1 00	Х						0.	0.	0.
(14) JULIE LEVINSON GABIS	1.00	 								_
DIRECTOR	1 00	Х	\vdash	_		_	\vdash	0.	0.	0.
(15) AMANDA LOPER	1.00	↓								_
(16) MELODI MORRISSETTE	1 00	Х		\vdash		\vdash		0.	0.	0.
(16) MELODI MORRISSETTE DIRECTOR	1.00	x							0.	_
(17) JOHN RICE	1 00	<u> ^</u>		\vdash		\vdash		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_
DIRECTOR 020007 01 00 00		^				<u> </u>		<u> </u>	<u>.</u>	0. Earm 990 (2010)

Form 990 (2019) HISPANIC INTE	EREST COALI	TIO	N O	F A	LAB	AMA			**-***57	64		Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	Average hours per week (do not box, un officer					h an	from	(E) Reportable compensation from related		Est am	(F) imated ount of other
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation om the unization related nizations
(18) ROBERT RODRIGUEZ DIRECTOR	1.00	х						0.		0.		0
(19) JOYCE SHEVIN DIRECTOR	1.00	х						0.		0.		0
(20) VANESSA VARGAS DIRECTOR	1.00	х						0.		0.		0
(21) ISABEL RUBIO EXCUTIVE DIRECTOR	40.00			х				110,000.		0.		4,127
(22) AMY CHAUVIN FINANCE DIRECTOR	40.00			х				60,000.		0.		1,800
								,				
_		_										
		_										
di Ostavisi							L	170 000		0.		F 027
1b Subtotal c Total from continuation sheets to Part VI	II, Section A							170,000.		0.		5,927
d Total (add lines 1b and 1c)							no r	170,000. received more than \$100		<u>••</u> 1		5,927
										_		Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual										3	х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization	[4	х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	=				-		elat	ted organization or indiv	idual for services		5	х
Section B. Independent Contractors									A 400.000.6			
 Complete this table for your five highest co the organization. Report compensation for 										ensa	ation ir	Om
(A) Name and business	address	NO	NE					(B) Description of s	services	C	(C) ompen	
2 Total number of independent contractors (i	including but n	not li	mite	d to	tho	se li	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation 🕨					0					Form 9	90 (2019

Form 990 (2019) HISPANIC IN Part VIII Statement of Revenue

. u		Check if Schedule O c	ontains :	resnonse	or note to any lin	e in this Part VIII			
		GREEK II GURIEGUIE G C	oritains t	тезропас	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns		1a	124,154.				
Contributions, Gifts, Grants and Other Similar Amounts									
S, C	С	Fundraising events		1c					
la it	d	Related organizations		1d					
JS, imi	е	Government grants (contri	butions)	1e	503,266.				
i ti	f	All other contributions, gifts, g	grants, and	t					
ig #		similar amounts not included	above	1f	906,092.				
da	g	Noncash contributions included in	lines 1a-1f	1g \$	44,500.				
<u>a</u> <u>C</u>	h	Total. Add lines 1a-1f				1,533,512.			
					Business Code				
<u>ic</u>	2 a	PROG.SERV.REVENUE-RE	ELA		624100	81,662.	81,662.		
e Z	b								
n S	С								
Re	d								
Program Service Revenue	е								
-		All other program service r				91 662			
$\overline{}$		Total. Add lines 2a-2f				81,662.			
	3	Investment income (includ				1,965.			1,965.
	4	other similar amounts) Income from investment or				1,905.			1,903.
	4 5	Royalties		-	F				
	3	noyaities		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	23,222.	 ``				
		Less: rental expenses	6b	20,157.					
		Rental income or (loss)	6c	3,065.					
		Net rental income or (loss)			•	3,065.		3,065.	
		Gross amount from sales of		Securities	(ii) Other	,		,	
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
her Revenue	С		7c						
Re	d	Net gain or (loss)							
her		Gross income from fundraisin							
₹		including \$		_ of					
		contributions reported on	line 1c).	See					
		Part IV, line 18							
		Less: direct expenses			24,368.				
		Net income or (loss) from f		· —	····· •	102,439.			102,439.
	9 a	Gross income from gaming							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from g Gross sales of inventory, le							
	ю а	and allowances							
	h	Less: cost of goods sold							
		Net income or (loss) from s							
		moonie or (1033) nom s	Jaios Oi II		Business Code				
sno (11 a	1							
nue	u								
Miscellaneous Revenue	c			_					
Aisc		All other revenue							
_		Total. Add lines 11a-11d							
	12	Total revenue. See instruction			•	1,722,643.	81,662.	3,065.	104,404.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,000.	1,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 000	06.000	22 100	
_	trustees, and key employees	110,000.	86,900.	23,100.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	006 410	920 170	11 200	45 020
7	Other salaries and wages	886,418.	829,179.	11,309.	45,930
8	Pension plan accruals and contributions (include	152 022	120 350	6 091	7 602
	section 401(k) and 403(b) employer contributions)	152,033.	138,350.	6,081.	7,602
9	Other employee benefits	77,819.	61,477.	8,560.	7,782
10	Payroll taxes	77,019.	01,477.	0,300.	7,702
11	Fees for services (nonemployees):				
a		11,030.	8,273.	1,213.	1,544
b		6,000.	4,500.	660.	840
c d		0,000.	Ŧ,500.	000.	010
e	D () 1(1)				
f	Investment management fees				
g	// / L 100/ / L 100/				
9	column (A) amount, list line 11g expenses on Sch O.)	95,360.	89,502.	2,623.	3,235
12	Advertising and promotion	48,279.	43,934.	1,931.	2,414
13	Office expenses	19,767.	17,988.	791.	988
14	Information technology	, .	, .		
15	Royalties				
16	Occupancy	57,993.	52,853.	2,323.	2,817
17	Travel	55,846.	50,820.	2,234.	2,792
18	Payments of travel or entertainment expenses	·	·	·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	12,786.	11,669.	513.	604
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,457.	22,286.	980.	1,191
23	Insurance	14,727.	13,442.	590.	695
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	IN-KIND	44,500.	40,495.	1,780.	2,225
b	EQUIPMENT RENTAL AND MA	32,363.	29,514.	1,297.	1,552
С	PROFESSIONAL DEVELOPMEN	31,710.	28,856.	1,268.	1,586
d	SUPPLIES	24,263.	22,079.	971.	1,213
е	All other expenses	44,557.	40,456.	1,824.	2,277
25	Total functional expenses. Add lines 1 through 24e	1,750,908.	1,593,573.	70,048.	87,287
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Part X Balance Sheet

Part		Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A)	······	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing		439,120.	1	584,070	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			47,500.	3	11,750
	4	Accounts receivable, net		395,796.	4	227,036	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
2	7	Notes and loans receivable, net				7	28,277
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			6,251.	9	8,891
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	895,258.			
	b	Less: accumulated depreciation	10b	211,213.	656,374.	10c	684,045
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			1,545,041.	16	1,544,069
	17	Accounts payable and accrued expenses		7,824.	17	69,234	
	18	Grants payable			18		
	19	Deferred revenue	13,000.	19	1,500		
:	20	Tax-exempt bond liabilities			20		
:	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
្ឋ វ	22	Loans and other payables to any current or	ormer offic	cer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				22	
- :	23	Secured mortgages and notes payable to ur		_	289,659.	23	267,744
:	24	Unsecured notes and loans payable to unrel				24	
:	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	nes 17-24)	. Complete Part X			
		of Schedule D			6,156.		5,454
+	26	Total liabilities. Add lines 17 through 25			316,639.	26	343,932
န္		Organizations that follow FASB ASC 958,	check her	e ▶ Ϫ			
<u> </u>		and complete lines 27, 28, 32, and 33.			027 010		000 250
מוק זו מוק	27	Net assets without donor restrictions			937,810.	27	982,350
2 2	28	Net assets with donor restrictions			290,592.	28	217,787
		Organizations that do not follow FASB AS	C 958, che	eck here			
5		and complete lines 29 through 33.				00	
S 2	29	Capital stock or trust principal, or current fur				29	
	30	Paid-in or capital surplus, or land, building, o				30	
¥	31	Retained earnings, endowment, accumulate			1,228,402.	31	1 200 127
	32	Total net assets or fund balances				32	1,200,137
;	33	Total liabilities and net assets/fund balances			1,545,041.	33	1,544,069 Form 990 (2019

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HISPANIC INTEREST COALITION OF ALABAMA **-***5764 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	()	()	,	,	()
	membership fees received. (Do not						
	include any "unusual grants.")	1,236,585.	987,054.	1,165,887.	1,629,209.	1,533,512.	6,552,247.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,236,585.	987,054.	1,165,887.	1,629,209.	1,533,512.	6,552,247.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						6,552,247.
	ction B. Total Support		- T				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	1,236,585.	987,054.	1,165,887.	1,629,209.	1,533,512.	6,552,247.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	21 212	25 741	24 106	44 657	25 107	160 002
_	and income from similar sources	31,212.	25,741.	34,106.	44,657.	25,187.	160,903.
9	Net income from unrelated business						
	activities, whether or not the	491.	13,295.	3,022.	16,001.	3,065.	35,874.
40	business is regularly carried on	491.	13,293.	3,022.	10,001.	3,003.	33,074.
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,749,024.
12	Gross receipts from related activities,	etc (see instruction	one)			12	81,662.
	First five years. If the Form 990 is for	,	,	t fourth or fifth ta		<u> </u>	,
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	97.08 %
	Public support percentage from 2018					15	96.73 %
	33 1/3% support test - 2019. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a إ	oublicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the				-		
	organization meets the "facts-and-cire						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siew, piedee cerri	piete i uit ii.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	. , ,	, ,	, ,		, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		, ,				,,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
							>
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li					15	%
16						16	%
	ction D. Computation of Inves					11	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3%, check this box ar						.
b	33 1/3% support tests - 2018. If the	· ·			•	•	
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	a old not check a	DOX OD IDE 14 19	a origo checkt	rus dox and see in	STRUCTIONS	

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Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	40		
	4a		
	41		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	90		
	9с		
	10a		
	10b		
_			

	Addition (1 of 11 of 00	, 0 1	Г	age 3
Pa	rt IV Supporting Organizations _(continued)		Voc	No
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	TIC		
000	tion b. Type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and or type in capper and cagain-and inc		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	[₹]	(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule A	(FOIII 990 01 990-EZ) 2019 MISHMIC INTIMED COMMITTON OF MANAGEMENT 3704 Fage 6
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

0040

Employer identification number

2019

OMB No. 1545-0047

-*5764 HISPANIC INTEREST COALITION OF ALABAMA Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

-*5764

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REGIONS FINANCIAL CORPORATION 2050 PARKWAY OFFICE CIRCLE BIRMINGHAM, AL 35244	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALABAMA LAW FOUNDATION PO BOX 4129 MONTGOMERY, AL 36103	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NATIONAL PARTNERSHIP FOR NEW AMERICANS 1805 S ASHLAND AVE CHICAGO , IL 60608	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

-*5764

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
		l \$	

Ш	INTEREST COALITION OF ALABAMA Exclusively religious, charitable, etc., contri	outions to organizations described in	**-***5764 n section 501(c)(7), (8), or (10) that total more than \$1,000 fo
	from any one contributor. Complete columns	(a) through (e) and the following line e	entry. For organizations
	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 o nal space is needed.	or less for the year. (Enter this info. once.)
o. 1			
า	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•			
_			
		(e) Transfer of gi	yift
-	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
). !			
ì	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gi	jift
-	Transferee's name, address	, and ZIP + 4	Relationship of transferor to transferee
). 1			
¦	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_		_	
-			
-			
_		(e) Transfer of gi	pift
-	Transferee's name address	-	
-	Transferee's name, address	-	gift Relationship of transferor to transferee
_	Transferee's name, address	-	
_	Transferee's name, address	-	
_	Transferee's name, address	-	
-		and ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address (b) Purpose of gift	-	
-		and ZIP + 4	Relationship of transferor to transferee
-		and ZIP + 4	Relationship of transferor to transferee
_		and ZIP + 4	Relationship of transferor to transferee
_		(c) Use of gift	(d) Description of how gift is held
-		and ZIP + 4	(d) Description of how gift is held
_	(b) Purpose of gift	(c) Use of gift (e) Transfer of gi	(d) Description of how gift is held
- - -		(c) Use of gift (e) Transfer of gi	(d) Description of how gift is held
_	(b) Purpose of gift	(c) Use of gift (e) Transfer of gi	(d) Description of how gift is held

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HISPANIC INTEREST COALITION OF ALABAMA

Employer identification number **-**5764

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	· ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		·
h	Assets included in Form 990, Part X		▶ \$

932051 10-02-19

Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	dule D (Form 990) 2019 HISPANIC IN	TEREST COALITION	ON OF A	ALABAMA				**-***57	764	Р	age 2
	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts (contii		<u>ge </u>
3	Using the organization's acquisition, accessi								(
	collection items (check all that apply):	·	,	•	· ·						
а	Public exhibition	c	ı 🗆	Loan or exc	hange progra	am					
b	Scholarly research	e		Other	3 1 3						
C	Preservation for future generations										
4											
5	During the year, did the organization solicit of										
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran								line 9, oı		
	reported an amount on Form 990, Pa			J							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•							Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanati	on has been	provided on	Part XIII					
Pai	rt V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment >	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	red for th	e organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o			or other		cumulate		(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land										
	Buildings				541,404.			694.			,710.
С	Leasehold improvements				184,542.			642.			,900.
d	Equipment				148,049.			435.			,614.
	-	i i			21 262		^	440		4 0	001

Schedule D (Form 990) 2019

12,821.

684,045.

8,442.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019 HISPANIC INTEREST Part VII Investments - Other Securities.	COALITION OF ALABA		**5764 Page
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives	. ,	. , ,	,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	(1) D
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 10.)		
Complete if the organization answered "Yes" of	on Form 900 Part IV line	11e or 11f See Form 990 Part Y line 25	
(a) Description of lightlife.	orri orri 990, r art iv, iire	The of Thi. See Form 990, Fart X, line 25.	(b) Book value
(1) Federal income taxes			12, 2001, 14140
(1) recera income taxes (2) TENANT SECURITY DEPOSITS			5,454
(3)			5,131
(4)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

5,454.

(5) (6) (7) (8)

-*5764

Part XI Reconciliation of Revenue per Audited Financial Sta		evenue per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin 1 Total revenue, gains, and other support per audited financial statements			1	1,767,168.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	1,707,100.
	2a			
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities			-	
c Recoveries of prior year grants			-	
d Other (Describe in Part XIII.)		44,525.	-	
e Add lines 2a through 2d			2e	44,525.
3 Subtract line 2e from line 1			3	1,722,643.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				_,,
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)			-	
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	1,722,643.
Part XII Reconciliation of Expenses per Audited Financial St			_	
Complete if the organization answered "Yes" on Form 990, Part IV, lin		,		
Total expenses and losses per audited financial statements			1	1,795,433.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	· · ·
a Donated services and use of facilities	2a			
b Prior year adjustments				
c Other losses			-	
d Other (Describe in Part XIII.)	·····	44,525.		
e Add lines 2a through 2d		,	2e	44,525.
3 Subtract line 2e from line 1			3	1,750,908.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				, , -
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)			-	
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	1,750,908.
Part XIII Supplemental Information.	-,			, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART X, LINE 2:			4; Part X, I	ine 2; Part XI,
THE COALITION IS EXEMPT FROM INCOME TAXATION UNDER SECTION 50	1(C)(3) OF			
THE INTERNAL REVENUE CODE. AS OF DECEMBER 31, 2019, THE COALI	TION HAD NO			
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR DISCLOSURE IN THE FI	NANCIAL			
STATEMENTS. THE COALITION FILES AN ANNUAL FORM 990 WITH THE I	NTERNAL			
REVENUE SERVICE AND ITS TAX RETURNS FOR THE YEAR ENDED 2016 A	ND SUBSEQUENT			
YEARS REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAISING EXPENSES	24,368.			
RENTAL EXPENSES	20,157.			
TOTAL TO SCHEDULE D, PART XI, LINE 2D	44,525.			
932054 10-02-19			Schedule	D (Form 990) 2019

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	AMEDECE CONTENTON OF ALADAM	7				**-***5764	ntification number
	NTEREST COALITION OF ALABAM Complete if the organization answe		'es" o	n Form 990, Part IV,	line 1		
required to complete this par	t.						
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or 	e Solicita f Solicita g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events		, or	_
key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu					Yes undraiser is to b	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			. ▶				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
		or iditariasing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			()1 /	()1 /	,	
Revenue	1	Gross receipts	88,128.	38,679.		126,807.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	88,128.	38,679.		126,807.
	١.					
	4	Cash prizes				
	5	Noncash prizes				
es	~	Noncasii prizes				
ens	6	Rent/facility costs				
Exp						
Direct Expenses	7	Food and beverages				
ä						
	8	Entertainment				
	9	Other direct expenses	'	· · · · · · · · · · · · · · · · · · ·		24,368.
	10	Direct expense summary. Add lines 4 through	. ,			24,368.
Da	<u>11</u> 	Net income summary. Subtract line 10 from I Gaming. Complete if the organization				102,439.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	11990, Fait IV, line 19, or	reported more than	
		\$ 10,000 0111 01111 000 <u>22</u> , iiilo oa.	() 5:	(b) Pull tabs/instant	() 011	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u>ш</u>	1	Gross revenue				
es	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
ä	"	Tient facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
9	Ent	ter the state(s) in which the organization cond	icts gaming activities:			
		the organization licensed to conduct gaming a	· · -	states?		Yes No
		No," explain:				
		· · ·				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	~	year?	Yes No
b) If "	Yes," explain:				
9320	82 N	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 HISPANIC INTEREST COALITION OF ALABAMA	*5764		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
		140-	I	0/
	The organization's facility	13a		<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	•			
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	□
	retain the state gaming license?	└─	Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lii	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	HISPANIC INTEREST COALITION OF ALABAMA	**-***5764	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)		
				

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the o	· ·	ISPANIC IN	reres	T COALITI	ON OF	7 ALAE	BAMA					ploye : .***5	r ident 764	ificati	on nu	mber
Part I	xcess Bene	efit Transa	ction	S (section 50	01(c)(3	3), sect	ion 50	I(c)(4), and se	ctio	n 501(c)(29) orga	anizat	ions o	nly).			
	Complete if the o	organization a	nswer	ed "Yes" on	Form 9	990, Pa	art IV, li	ne 25a or 25l	o, or	Form 990-EZ, P	art V,	line 40	Ob.			
				Relationship between disqualified		10	•) D	escription of tran	sactio	าท		(d) Corrected?				
(a) Name	or disqualifica p	5013011	р	erson and or	rganiz	ation			,, 0	23011ption of train	Sacric			Y	es	No
														_		
														_		
														-		
														-		
														+		
2 Enter the	amount of tax i	incurred by th	e orga	nization man	agers	or disc	nualifie	d nersons du	rina	the year under						
section 4		•	•		•		•	•	•			> \$				
												\$				
	,	, ,	_,	,	,		J					•				
Part II L	oans to and	d/or From	nter	ested Per	sons	3.										
	Complete if the o	organization a	nswer	ed "Yes" on	Form 9	990-EZ	, Part \	/, line 38a or I	orn	n 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
r	eported an amo	ount on Form 9	90, Pa	art X, line 5, 6	· -											
	ame of	(b) Relationsh		c) Purpose		oan to or		Original	(f) Balance due) In	(h) Ap by bo	proved ard or	(i) W	ritten
interested person with organi		with organizat	nization of loan		organization?		princ	ipal amount			default?		committee'		agreemen	
					То	From					Yes	No	Yes	No	Yes	No
			_													
			-													
			+													
			+													
			+													
Total								> \$								
Part III	Grants or As	ssistance E	enef	iting Inte	reste	d Pe	rsons									
(Complete if the o	organization a	nswer	ed "Yes" on	Form 9	990, Pa	art IV, I	ne 27.								
(a) Nam	e of interested p	person		Relationship			٠,	assistance		(d) Type			•) Purp		i
			ini	terested pers the organiza		ıa		assistance		assistan	Ce		,	assista	ance	
												-				
												-+				
												-				
										l						

Schedule L (Form 990 or 990-EZ) 2019

Page 2

Schedule L (Form 990 or 990-EZ) 2019 HISPANIC INTEREST COALITION OF ALABAMA Part IV Business Transactions Involving Interested Persons.

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
				Yes	nues?
JON DAVIES	BOARD MEMBER	0.	THE BOARD M	1.03	X
MELODI MORISETTE	BOARD MEMBER	0 .	THE ORGANIZ		Х
DANIEL LOPEZ RUBIO	NEPHEW OF EXECUTIVE	12,000.	THE NEPHEW		Х
				1	
				1	
Part V Supplemental Information.			1		
	sponses to questions on Schedule L (see i	nstructions).			
		,			
SCH L, PART IV, BUSINESS TRANSACTIONS	S INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: JON DAVIES					
/D) DECORTOM OF MRANGAGMION MUE I	OARD MEMBER IS A SENTER WISE				
(D) DESCRIPTION OF TRANSACTION: THE I	SOARD MEMBER IS A SENIOR VICE				
PRESIDENT AT REGIONS FIANCIAL CORPORA	ATION. THE COALITION HAS MULTIPLE	3			
BANK ACCOUNTS AND AN OUTSTANDING LOAD	N WITH THE BANKING INSTITUTION.				
(A) NAME OF PERSON: MELODI MORISETTE					
(D) DESCRIPTION OF TRANSACTION: THE	ORGANIZATION MAINTAINS A BANK				
ACCOUNT MITTIN DRIVE COMPAGE MUTTE DOM	NEWENDER TO AN EMPLOYEE				
ACCOUNT WITH BBVA COMPASS, WHERE BOAR	RD MEMBER IS AN EMPLOYEE.				
(A) NAME OF PERSON: DANIEL LOPEZ RUB	0				
(B) RELATIONSHIP BETWEEN INTERESTED I	PERSON AND ORGANIZATION:				
NEPHEW OF EXECUTIVE DIRECTOR					
(D) DESCRIPTION OF TRANSACTION: THE 1	TEDREM OF THE EXECUTIVE DIDECTOR				
(b) DESCRIPTION OF TRANSACTION. THE I	VEHILLA OF THE EXECUTIVE DIRECTOR				
LEASES AN OFFICE SPACE WITHIN THE BUT	LDING OWNED BY THE COALITION.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization HISPANIC INTEREST COALITION OF ALABAMA **Employer identification number** **-***5764

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 (ADVERTISING 33,000.FMV Other > Х 25 (MATERIALS 26 Х 6,500.FMV Other (PRINTING AND Х 5,000.FMV 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Х 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

describe in Part II.

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	and part to any additional information.
932142 09-27-	19 Schedule M (Form 990) 2019

37

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ

OMB No. 1545-0047

Inspection

Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** **-***5764 HISPANIC INTEREST COALITION OF ALABAMA FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEGRATION OF HISPANIC FAMILIES IN ALABAMA. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY ECONOMIC DEVELOPMENT CREATES OPPORTUNITIES FOR HISPANIC FAMILIES TO BUILD WEALTH THROUGH ACCESS TO CAPITAL, SMALL BUSINESS DEVELOPMENT, AND HOUSING. THE PROGRAM HAS A HUD CERTIFIED HOUSING COUNSELOR - THE ONLY BILINGUAL ONE IN ALABAMA, PROVIDES COMPREHENSIVE TECHNICAL SUPPORT TO ENTREPRENEURS AND THE START AND GROW THEIR BUSINESSES, AND ACCESS TO CAPITAL THROUGH MICRO-LENDING. THIS PROGRAM IS AIMED AT INCREASING FINANCIAL STABILITY AND BUILDING COMMUNITY WEALTH TO BREAK THE CYCLE OF POVERTY IN LOW TO MODERATE INCOME LATINO FAMILIES AND BUILDING VIBRANT AND ECONOMICALLY HEALTHY COMMUNITIES IN ALABAMA. EXPENSES \$ 367,747. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,476.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD REVIEWS THE FORM 990 FOR COMPLETENESS AND ACCURACY PRIOR TO THE

FILING OF THE RETURN

FORM 990, PART VI, SECTION B, LINE 12C:

EACH PERSON IS REQUIRED TO ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING

ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DETERMINE THE COMPENSATION OF OFFICERS AND KEY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Form 990-T Exempt Organization Business Income Tax Return										
-		(an	ſ	2010						
	For ca	lendar year 2019 or other tax yea			, and ending		[2019		
Department of the Treasury Internal Revenue Service		Do not enter SSN number		be ma	de public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name ch	nanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see actions.)		
B Exempt under section	Print	HISPANIC INTEREST	COALITION OF AL	ABAMA				**-***5764		
x 501(c)(3)	or	Number, street, and room	or suite no. If a P.O. box	, see in	structions.		E Unrel (See i	ated business activity code nstructions.)		
408(e) 220(e)	Туре	117 S CREST DRIVE						,		
408A 530(a)		City or town, state or prov		foreigr	n postal code					
529(a)		BIRMINGHAM, AL 3					53112	20		
C Book value of all assets at end of year	001	F Group exemption numb		<u> </u>	F04/-> +	102()	4 4	041		
1,553		G Check organization type		oration 1	. , ,	the only (or first) up		Other trust		
trade or business here	•		uonicooco	т		the only (or first) un complete Parts I-V.		than one		
		ice at the end of the previou	s sentence complete Da	rte I and		•				
business, then complete	-	·	o outtoriot, cumpitit Pa	i w i aili	a ii, compiete a ochedul	o ivi ioi gadii auuili(UII	ui ii aUt	. UI		
· · · · · · · · · · · · · · · · · · ·		oration a subsidiary in an a	ffiliated group or a naren	t-suhsi	diary controlled aroun?	•	Ye	es X No		
		tifying number of the parent		- 2201	., group					
J The books are in care of	> :	SABEL RUBIO			Teleph	one number 🕨 20	05-94	2-5505		
Part I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expenses	1	(C) Net		
1a Gross receipts or sale	s									
b Less returns and allow			c Balance▶	1c						
		A, line 7)	ī	2						
3 Gross profit. Subtract				3						
		h Schedule D)		4a						
		art II, line 17) (attach Form		4b 4c						
C Capital loss deduction	nartnar	sts ship or an S corporation (at	ach etatament	4c 5						
Income (loss) from aRent income (Schedu			· •	6						
,		me (Schedule E)		7	16,337.	14	180.	2,157.		
		and rents from a controlled o	ī	8						
	,	on 501(c)(7), (9), or (17) or	ĭ ,	9						
		me (Schedule I)		10						
		e J)		11						
12 Other income (See ins	struction	ns; attach schedule)		12						
13 Total. Combine lines	3 throu	gh 12					,180.	2,157.		
		ot Taken Elsewher De directly connected wi								
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14	11,000.		
							15			
							16			
17 Bad debts							17			
		ee instructions)					18			
							19			
20 Depreciation (attach	Form 4	562)			20	2,520.		_		
		n Schedule A and elsewhere					21b	0.		
22 Depletion							22			
		mpensation plans					23			
		chadula I)					24 25			
Excess exempt expeExcess readership co	nete (Ca	chedule I)					26			
27 Other deductions (at	tach erl	hedule J) nedule)					27			
28 Total deductions. A	dd lines	14 through 27					28	11,000.		
29 Unrelated business t	axahle i	ncome before net operating	loss deduction. Subtract	t line 28	3 from line 13		29	-8,843.		
		loss arising in tax years beg								
•	-		-	-			30	0.		
		ncome. Subtract line 30 fro						-8,843.		

Part	III 1	Total Unrelated Business Taxal	ole Income									
32	Total of	unrelated business taxable income computed	from all unrelated trades of	or businesses (see instructions)		. 32		-8	,843.		
		s paid for disallowed fringes										
34	Charitat	ole contributions (see instructions for limitation	ı rules)				34			0.		
		related business taxable income before pre-20							-8	,843.		
		on for net operating loss arising in tax years b										
		unrelated business taxable income before spe							-8	,843.		
		deduction (Generally \$1,000, but see line 38						_		,000.		
		ed business taxable income. Subtract line 38					-00	+	_	,		
		e smaller of zero or line 37					39	,	-8	,843.		
Part	IV 1	Tax Computation					00			,		
40		ations Taxable as Corporations. Multiply line	39 hv 21% (0.21)				▶ 40			0.		
							70					
71	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041) 41											
40							► 41 ► 42					
		ax. See instructions										
43	Allemai	ive minimum tax (trusts only)					43					
44	Tatal A	Noncompliant Facility Income. See instructio	NS				44	_				
		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies				45	1		0.		
		Tax and Payments	ata atta ah Farra 1110)		1400							
		tax credit (corporations attach Form 1118; tru					_					
D	Other cr	redits (see instructions)			46b		_					
		business credit. Attach Form 3800					_					
		or prior year minimum tax (attach Form 8801										
е	lotal cr	redits. Add lines 46a through 46d					46	_				
47	Subtrac	t line 46e from line 45					47			0.		
		xes. Check if from: Form 4255	_	_								
		x. Add lines 47 and 48 (see instructions)		_		0.						
	in a Payments: A 2018 overpayment credited to 2019											
	b 2019 estimated tax payments											
	c Tax deposited with Form 8868 51c											
		organizations: Tax paid or withheld at source					_					
		withholding (see instructions)					_					
		or small employer health insurance premiums			51f		_					
g		redits, adjustments, and payments:			.							
			her		·							
52	Total pa	ayments. Add lines 51a through 51g					52	<u> </u>				
53		ed tax penalty (see instructions). Check if Forn										
54		e. If line 52 is less than the total of lines 49, 50	•				► 54					
55		yment. If line 52 is larger than the total of lines		ount overpaid			► 55					
		e amount of line 55 you want: Credited to 202				Refunded	► 56	j				
Part		Statements Regarding Certain			•				1			
	-	ime during the 2019 calendar year, did the org		_		-			Yes	No		
		nancial account (bank, securities, or other) in		-	-	9						
	FinCEN	Form 114, Report of Foreign Bank and Financ	al Accounts. If "Yes," enter	the name of th	ne foreign country							
	here	>								Х		
	-	the tax year, did the organization receive a dist		grantor of, or	transferor to, a for	eign trust?				Х		
		see instructions for other forms the organizat	-									
59		e amount of tax-exempt interest received or ac										
Sian	co	der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than	l this return, including accompa i taxpayer) is based on all infori	anying schedules mation of which p	and statements, and breparer has any know	to the best of my l ledge.	knowledg	and belief, it i	is true,			
Sign Here			1				May the	IRS discuss th	nis return	with		
Here		Signature of officer	Doto		VE DIRECTOR			arer shown bel		¬		
			Date	Title	,		instructi	, [==	es	No		
		Print/Type preparer's name	Preparer's signature		Date	Check L		TIN				
Paid	l					self- employ			•			
Prep	oarer	JEFFREY D. CHANDLER, CPA	JEFFREY D. CHANDL	EK, CPA	10/13/20			P0076475				
Use	Only	Firm's name BORLAND BENEFIELD,				Firm's EIN		**-***12	4.5			
		800 SHADES CREE	•			Dhanassa	205 3	202 5015				
		Firm's address BIRMINGHAM, AL	35∠ 09			Phone no.	205−8	302-7212				

923711 01-27-20

Form **990-T** (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inventor	ory va	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	_ 			Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section				Yes	No
b Other costs (attach schedule)				property produced or a	·				
5 Total. Add lines 1 through 4b									
Schedule C - Rent Income (see instructions)		Property and	Per	sonal Property	Leas	ed With Real Prop	pert	у)	
1. Description of property									
(1) OFFICE BUILDING									
(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%	rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) and		cted with the income i 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	2(a) and 2(b). En ı (A)	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del			nstru	ctions)		•			
				Gross income from		3. Deductions directly conr to debt-finance		perty	
1. Description of debt-fit	nanced property			or allocable to debt- financed property	, ,	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
					SE	E STATEMENT 3	+-	STATEMENT 4	
(1) OFFICE BUILDING				23,222.		2,520	<u>⊹</u>	17	,637.
(2)							_		
(3)									
(4)	ı						_		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n 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))	lumns
(1) 277,372.		394,297.		70.35%		16,337		14	,180.
(2) (3) (4)				%					
(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 pag Part I, line 7, column	
Totals				•		16,337		14	,180.
Total dividends-received deductions in							1		0.

Form **990-T** (2019)

Sche	dule F - Interest, <i>i</i>	Annuitie	s, Roya	lties, ar	nd Rents	s From Co	ontroll	ed Organiz	zatio	1S (see ins	struction	is)
					Exempt (Controlled O	rganizati	ons				
1	Name of controlled organizat	tion	2. Emidentifi	cation		elated income instructions)	4. Tot payr	al of specified ments made	includ	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)												
	empt Controlled Organi	zations			<u> </u>							
	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column in the controllingross		nization's		eductions directly connected in income in column 10		
<u>/1</u>)												
(1)												
(3)												
(4)												
Totals								Add colun Enter here and line 8, o		1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
	dule G - Investme						(17) Or	ganization	,	••		••
00110	(see insti		iic oi a	ocolioi	. 00 1(0)(,, (0), 0.	(17, 0.	garnzatioi	•			
	1. Description of income								4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)												
						Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).
						arti, iiio 3, co	iuiiii (A).					Tarti, inic 3, column (b).
Totals .					>		0.					0.
Sche	dule I - Exploited (see instru	-	Activity	/ Incom	e, Othe	r Than Ac	lvertisi	ing Income)			
	1. Description of exploited activity	2. Grunnelated income trade or b	business from	directly of with pro of unr	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(2)												
(4)												
		Enter here page 1, line 10, o	Part I,	page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 25.
Totals .	ا ماییام	na Incom	0.		0.							0.
	edule J - Advertisi I Income From					aalidata d	Doois					
Part	income From	Periodic	ais Rep	ortea o	n a Con	Solidated	Dasis	1				
	1. Name of periodical				3. Direct ertising costs	or (loss) (cocol. 3). If a ga	ising gain ol. 2 minus ain, comput arough 7.	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) (2) (3)												
(3)												
(4)												
Totals (carry to Part II, line (5))	▶		0.		o.						0.
												Form 990-T (2019)

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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 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 1 STATEMENT AVERAGE ACQUISITION DEBT

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

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

FORM 990-T SCHEDULE E - UNRELATED AVERAGE ADJUSTE		O INCOME	STATEMENT	2
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVIT NUMBER	Y	
OFFICE BUILDING		1	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRS AVERAGE ADJUSTED BASIS OF PROPERTY LAST		025.		
AVERAGE ADJUSTED BASIS OF PROPERTY FOR	394,	297.		
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	5			
FORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCT	ON	STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL		2,520.	2,	520.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		2,	520.
FORM 990-T SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST MAINTENANCE EXPENSE UTILITIES		2,806. 5,158. 6,440.		
INSURANCE - SUBTOTAL	- 1	3,233.	17,	637.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		17,	637.

2019 DEPRECIATION AND AMORTIZATION REPORT

OFFICE BUILDING E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	OFFICE BUILDING	12/31/13	SL	40.00		16	100,818.				100,818.	15,185.		2,520.	17,705.
	* TOTAL 990-T SCH E DEPR						100,818.				100,818.	15,185.		2,520.	17,705.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	s, for which an extension request must be sent to the in- his form, visit www.irs.gov/e-file-providers/e-file-for-char			details on	i the electronic					
illing or ti	ils form, visit www.iis.govie nie providersie nie for enar	nics and i	ion pronts.							
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os, REMIC	Cs, and trusts					
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.							
Type or	Name of exempt organization or other filer, see instru	ıctions		Taxpave	r identification numl	ber (TIN)				
print	Than to the company of games and the company of the									
	HISPANIC INTEREST COALITION OF ALABAMA		**-***5764							
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your return. See										
instructions.	tions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL 35209									
Enter the	Return Code for the return that this application is for (fi	le a separa	ate application for each return)			0 1				
Applicati	on	Return	Application			Return				
Is For		Is For			Code					
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990)-BL	02	Form 1041-A			08				
Form 472	20 (individual)	03	Form 4720 (other than individual)	Form 4720 (other than individual)						
Form 990		04	Form 5227			10				
	7-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	O-T (trust other than above)	06	Form 8870			12				
	ISABEL RUBIO	TNGHAM	3.5000							
	poks are in the care of ► 117 S CREST DR - BIRM	INGHAM,								
•	none No. 205-942-5505	- t- 41 11-	Fax No.							
	organization does not have an office or place of busines					· L				
box >	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box		emption Number (GEN) ach a list with the names and TINs of							
DOX P	. If it is for part of the group, check this box	_ and atta	activation with the harnes and this of	anmemi	Ders the extension is	, 101.				
1 I re	guest an automatic 6-month extension of time until	NOVEMBE	R 16, 2020 . to file	the exen	npt organization ret	urn for				
	organization named above. The extension is for the org			7 1110 071011	mpt organization rot	J.111 101				
	x calendar year 2019 or	, a <u>_</u> a								
▶ Ì	tax year beginning	, ar	nd ending							
,	,		<u> </u>							
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	rn					
	Change in accounting period									
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less							
any	nonrefundable credits. See instructions.			3a	\$	0.				
b If th	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
_	imated tax payments made. Include any prior year over			3b	\$	0.				
	ance due. Subtract line 3b from line 3a. Include your pa	,	, , ,		1.	_				
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.				
Caution: instruction	If you are going to make an electronic funds withdrawa	I (direct de	ebit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO fo	or payment				
		!			Faurr 2000 (D	1 0000				
LHA F	or Privacy Act and Paperwork Reduction Act Notice	, see ınstr	uctions.		Form 8868 (R	ev. 1-2020)				