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28

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

BAA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income Subtract line 30 from line 29

TEEA0201L 9/19/19

Form 990-T (2019)

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30 31

	ALABAMA POLICY INSTITUTE, INC.	63	<u>-080</u>	19568		aye a
Par	rt III   Total Unrelated Business Taxable Income					
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e	Г			
J_	instructions)	J	32			0.
33	Amounts paid for disallowed fringes		33			<u>_</u> _
	•					
34	Charitable contributions (see instructions for limitation rules)		34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract I	ine 34 from				
	the sum of lines 32 and 33		35			<u>0.</u>
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)		36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 3	5	37			0.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38				
39		<u> </u>				
	enter the smaller of zero or line 37	39			0.	
Par	rt IV Tax Computation	<del>-</del>				
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	<u> </u>	40			0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount					<u> </u>
7'			-41	ı		
••	on line 39 from Tax rate schedule or Schedule D (Form 1041)		41			
	Proxy tax. See instructions	_	42			
	Alternative minimum tax (trusts only)		43			
	Tax on Noncompliant Facility Income. See instructions		44			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.		45			0.
Par	t V Tax and Payments					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			·		
	Other credits (see instructions)  46b			ı		
	General business credit Attach Form 3800 (see instructions)  46 c			ı		
	d Credit for prior year minimum tax (attach Form 8801 or 8827).			ı		
	e Total credits. Add lines 46a through 46d		46 e	ı		٥
	Subtract line 46e from line 45		47			0.
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		4/			<u> </u>
40	Other (attach schedule)		40			
40			48			
	Total tax. Add lines 47 and 48 (see instructions)		49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50			
51 a	Payments A 2018 overpayment credited to 2019 51 a					
b	2019 estimated tax payments 51 b		1 1			
С	: Tax deposited with Form 8868	-	1			
d	Foreign organizations Tax paid or withheld at source (see instructions) 51 d		1 1			
е	Backup withholding (see instructions) 51 e		1 1			
	Credit for small employer health insurance premiums (attach Form 8941)  51 f					
	Other credits, adjustments, and payments Form 2439		1 1			
9	Form 4136 Other Total 51 g					
						^
	Total payments. Add lines 51a through 51g	٠.	52			<u>0,</u>
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached		53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	►	55			
56	Enter the amount of line 55 you want  Credited to 2020 estimated tax ►	Refunded >	56	_		
Par		ctions)				
L	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other		er a		Yes	No
37	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to	-		114	162	110
		ine incer	ווווט ויי	1 114,		
	Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here	<b></b> -		. – – – –		_X_
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to,	a forei	gn trust?		<u>X</u>
	If 'Yes,' see instructions for other forms the organization may have to file.					
59	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$	0.				
	Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which p		f my kno	owledge and		
Sigr		reparer has any		ige RS discuss ti	nic rotur	with
Here	3.72.00 000		the pres	parer shown be	low (see	9
	Signature of officer Date Title		instructi	<sup>ions)</sup> X Y	es 「	No
	Print/Type preparer's name Preparer's signature Date	Chook [V]	P1			
Paid	MALMADOR HULMED TIT	Check X if	j		2	
Pre-		self employed		0105223		
pare		Firm's EIN	81-3	<u>3387428</u>		
Use						
Only	BIRMINGHAM, AL 35203	Phone no	20	5-719 <b>-</b> 4	151	
BAA				Form 9		019)

· Oilli SSO ( (GO IS) ILLIIIIIII	LOUICI THOITIOIL	·,+	110.					000300		-9-0	
Schedule A — Cost of Good	is Sold. Enter method o	f inve	entory valuat	tion <b>'</b>	>						
1. Inventory at beginning of year	ar 1			6	Invento	ry at	end of year	6			
2 Purchases	7 Cost of goods sold. Subtract										
3 Cost of labor					ne 5 Enter here						
4 a Additional section 263A costs (attach	schedule)				and in	rait i,	, iiile 2	7	Tv.	N.	
	4 a			_	Da 46a	- ما د د	of section 263A (with		Yes	No	
b Other costs (attach sch)			8			duced or acquired for					
5 Total. Add lines 1 through 4b	5				to the o			,,			
Schedule C - Rent Income	(From Real Property	/ and	d Persona	l Pro	perty	Leas	sed With Real Pr	operty) (see i	nstructi	ons)	
1 Description of property	<del>-</del>		_								
(1)											
(2)											
(3)											
(4)							<del>"</del>	<del></del> .			
	2 Rent received or accrue	ed									
(a) From personal prope			eal and pers				3(a) Deductions directly connected the income in columns 2(a) and 2				
(if the percentage of rent for property is more than 10%	personal (if the	perce	entage of rer ceeds 50% o	nt for or if th	persona ne rent	al IS		ach schedule)			
more than 50%)		on profit or									
(1)											
(2)											
(3)											
(4)											
Total	Total						(b) Takal dadwakana F				
(c) Total income. Add totals of colu							(b) Total deductions En here and on page 1, Part	iter			
here and on page 1, Part I, line 6,							I, line 6, column (B)				
Schedule E — Unrelated De	bt-Financed Income	(see	instructions)	)			. <u></u>				
1 Description of debt-	2 Gross income from or allocable to debt-financed property			3 D€	eductions directly con debt-finan	nected with or ced property	allocab	le to			
1 Description of debt-financed property					(a) Straight line eciation (attach sch)	(b) Other deductions (attach schedule)					
(1)							- <del></del>	-			
(2)						_		<u> </u>			
(3)			i			$\overline{}$					
(4)	, <del>-</del>		<del></del>								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			6 Column 4 divided by rep column 5				7 Gross income ortable (column 2 x column 6)	8 Allocable deduction (column 6 x total or columns 3(a) and 3(b)		of	
(1)					%						
(2)		_		-	%						
(3)					%						
(4)					%						
						Enter	here and on page 1	Enter here an	d on pa	ige 1,	
						Part	I, line 7, column (A)	Part I, line 7,	column	(R)	
<b>Fotals</b>					•	L					
Fotal dividends-received deductio	ns included in column 8	_									
ΒΔΔ		ΤE	EVUSUSI 00/10	//10				Form	990-T (	2019)	

Schedule F – Interest, A		-2, 1.0, -10			trolled O			54		(300 111			
organization idei		ntification		3 Net unrelated income (loss) see instructions)			<b>4</b> Total of spec payments ma	ified 5 Part of countries that is incompared that is incompared the contries organized gross in		cluded trolling ation's	in c	6 Deductions directly connected with income in column 5	
(1)													
(2)													
(3)						$\perp$							
(4)	<u> </u>												
Nonexempt Controlled Organiz		<del></del>				_						<del></del>	
inco				Total of specified payments made		d 	included in t		column 9 that is n the controlling n's gross income		connecte	ctions directly ed with income olumn 10	
(1)													
(2)													
(3)													
(4)													
Totalo							Add columns here and on p 8, co		, Part I, line		and on p	6 6 and 11 Enter page 1, Part I, line lumn (B)	
Totals Schedule G — Investmer	t Inco	ma of a Sa	otio	- F01(	o)(7) (0	<u> </u>	or (17) Organ	oi-oti	00 /000				
1 Description of income		2 Amount of income		3 De directly		ductions connected schedule)	4 Set-asides (attach schedul		s 5 Tota ule) set-as		al deductions and asides (column 3 olus column 4)		
(1)	-				(2111		- Scriedale)						
(1) (2)						-				·			
(3)	_												
(4)	~							-					
Totals	•	Enter here an Part I, line 9,	colui	nn (A)							Part I, II	re and on page 1 ne 9, column (B)	
Schedule I – Exploited E	.xemp			ie, Otl	ner Tha	n A	Advertising						
1 Description of exploited activity		2 Gross unrelate business income fro trade or business	ted conne iss proc from of u or busine		nected with oduction unrelated		Net income (loss) on unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						╁							
(2)													
(3)		····											
(4)	_			_									
Totals ►		Enter here on page Part I, line column (	page 1, on p l, line 10, Part l		r here and page 1, I, line 10, umn (B)						Enter here and on page 1, Part II, line 25		
Schedule J – Advertising	a Inco	me (see inctr	uctio	ns)				-				<u> </u>	
Part I Income From Per					nsolida	ter	- Rasis		<del></del>				
raiti income i foni i e	Toulca	2 Gross			rect	,	Advertising gain or	5.0	rculation	6 Pas	derchin	7 Excess readership	
1 Name of periodical		advertisir	sing adve		ertising osts		oss) (col 2 minus col 3) If a gain, compute cols 5 through 7	income		6 Readership costs		costs (col 6 minus col 5, but not more than col 4)	
(1)													
(2)		ļ				1	İ					_	
(3)		<del> </del>				1						4	
(4)													
Totals (carry to Part II, line (5))													

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Part II Income From Periodica 7 on a line-by-line basis )	als Reported or	n a Separate I	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col 5, but not more than col 4)
(1)	-					
(2)	-			·	<u>.</u>	1
(2) (3) (4)	<del> </del> -					
Totals from Part I	•					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	-					
Schedule K — Compensation o	f Officers, Dire	ctors, and Tri	<b>ustees</b> (see instri	uctions)	•	
1 Name			2 Title	3 Percent time devote to busines	ed to unrel	ation attributable ated business
					%	
				-	%	
		<u> </u>		_	8	
	U. I 14				8	
Total. Enter here and on page 1, Part	ii, iine 14	TEEA0204 L	00/10/10			Form <b>990-T</b> (2019)
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