Unrelated business taxable income. Subtract line 31 from line 30

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

31

32

31 32

58-1364400

Page 2

11/15

N/A (1) (4) 4 Amount of average 5 Average adjusted basis 8 Allocable deductions 6 Column acquisition debt on or of or allocable to 7 Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) 3(a) and 3(b)) by column 5 property (attach schedule) (attach schedule) (1) % % (3) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Total dividends-received deductions included in column 8

)		1 2 12		s From Controlled Organizations (see instructions)  Exempt Controlled Organizations						
1 Name of controlled organization	ıde	2 Employer identification number		related income re instructions)	4 Total of specified payments made		nade	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1) N/A										
(2)									_	
(3)		<u></u>								
(4)		<u>-</u>								
Nonexempt Controlled Organizat	tions									
7 Tavable Income		Net unrelated income loss) (see instructions)		9 Total of specified payments made		ır	10 Part of column 9 that is included in the controlling organization's gross incom		į.	Deductions directly     nnected with income in     column 10
(1)										
(2)										
(3)										
(4)										
Totals					<b>•</b>	E	Add columns nter here and Part I, line 8, c	on page 1,	Ent	dd columns 6 and 11 ler here and on page 1, art I, line 8, column (B)
Schedule G – Investment In	come of a S	ection 501(c)	(7), (9),	or (17) Or	ganiz	ation	(see inst	ructions)	·	
1 Description of income		2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) <b>N/A</b>				<u> </u>						
(2)				<del> </del>					<u> </u>	<del></del>
(4)									$\neg \dagger$	
Totals		Enter here and on page 1, Part I, line 9, column (A)							Enter here and on page 1, Part I, line 9, column (B)	
Schedule I – Exploited Exer	npt Activity I	ncome, Othe	er Than	<u>Advertisii</u>	ng Inc	ome	(see instr	uctions)		· <sub> </sub> · ·
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Experdirection direction connected production currelated business in	ly d with on of led	4 Net income ( from unrelated to or business (co 2 minus column If a gain, comp cols 5 through	trade lumn n 3) oute	from Is no	ross income activity that of unrelated ness income	attnbu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A				-						
(2)										
(3)								1		
(4)								1		
Totals •	Enter here and o page 1, Part I, line 10, col (A)	n Enter here page 1, F line 10, co	Part I,		1			····		Enter here and on page 1, Part II, line 26
Schedule J – Advertising In	Come (see in	structions)				1	•			
Part I Income From P			Conso	lidated Ba	sis				-	
1 Name of penodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertising gain or (loss) (2 minus col 3 a gain, compicols 5 through	col  col  ) If		Circulation		dership	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)					Ī					
(3)			$\neg \neg$					1		$\neg$
(4)				<u> </u>						
							-			
Totals (carry to Part II, line (5))	<u> </u>			<u> </u>				1		

Form 990-T (2018) ATLANTA	VOLUNTEER	LAWYERS		58-1364400		Page
Fairt II Income From P			rate Basis (For e	ach periodical li	sted in Part II, fi	Il in columns
1 Name of penodical	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) N/A						
(2)						
(3)						
(4)				·		
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			<u> </u>	<u></u>		1

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2018)