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Form 990-T	AMENDED RETURN - S Exempt Organization Bu				1 L	OMB No 1545-0887				
	(and proxy tax un			1900		0040				
	For calendar year 2018 or other tax year beginning JUL 1	, 20 <u>18</u>	, and ending JUI	N 30, 201	<u>.9</u>	2018				
Department of the Treasury	► Go to www.irs.gov/Form990T for					en to Public Inspection for				
Internal Revenue Service	Do not enter SSN numbers on this form as it ma	·		tion is a 501(c)(3)		en to Public Inspection for 1(c)(3) Organizations Only				
A Check box if address changed	Name of organization (Check box if name	changed and	see instructions.)		(Employ	er identification number ees' trust, see				
_ 	Instructions)									
B Exempt under section X 501(C)(3)		rint AABR, INC. 13-1968035								
408(e) 220(e)		Number, street, and room or suite no. If a P.U. box, see instructions.								
408A 530(a)	City or town, state or province, country, and ZIP				1					
529(a)	COLLEGE POINT, NY 113		tal code		i					
C Book value of all assets at end of year	F Group exemption number (See instructions.)	>								
18,281,9	03. G Check organization type ► X 501(c) co	rporation	501(c) trust	401(a) trust	Other trust				
H Enter the number of the	organization's unrelated trades or businesses. 🕨 🔃	1	Describe t	the only (or first) ur	related					
trade or business here			If only one, o	complete Parts I-V.	If more th	an one,				
describe the first in the b	lank space at the end of the previous sentence, complete F	Parts I and II, c	omplete a Schedule	M for each addition	al trade or					
business, then complete										
	the corporation a subsidiary in an affiliated group or a par	ent-subsidiary	controlled group?	▶ (Yes	X No				
	and identifying number of the parent corporation.				T101	201 2000				
	THE ORGANIZATION Trade or Business Income			one number (718)	321-3800				
		- -	(A) Income	(B) Expense	s	(C) Net				
1 a Gross receipts or sale			1	*						
b Less returns and allow		1c		, ,						
2 Cost of goods sold (S	, , , , , , , , , , , , , , , , , , ,	2			` 					
3 Gross profit. Subtract	(* /	3		· 	- -					
4 a Capital gain net incon	· · · · · · · · · · · · · · · · · · ·	4a 4b		<u></u>	-					
- , ,,	4797, Part II, line 17) (attach Form 4797)	4c 4c		,r -						
c Capital loss deduction 5 Income (loss) from a	partnership or an S corporation (attach statement)	5								
6 Rent income (Schedu		6								
,	ed income (Schedule E)	7								
	ratties, and rents from a controlled organization (Schedule F	 								
	a section 501(c)(7), (9), or (17) organization (Schedule G									
	vity income (Schedule I)	10								
11 Advertising income (S	, ,	11								
•	structions, attach schedule)	12		- 1						
13 Total. Combine lines	3 through 12	13	0							
Part II Deduction	ns Not Taken Elsewhere (See instructions contributions, deductions must be directly connected	for infiliations	on deductions	D						
(Except for	contributions, deductions must be directly connected		related business.	lacome)						
14 Compensation of off	icers, directors, and trustees (Schedule K)	E1-571		IRS-OS	14					
15 Salaries and wages		121	JUL 1 4 2020	U S	15					
16 Repairs and mainter	ance	W	`		16					
17 Bad debts			GDEN, L	IT	17					
2	dule) (see instructions)		UD LIVE	- Company	18					
19 Taxes and licenses					19					
_	ons (See instructions for limitation rules)		ایما		20					
21 Depreciation (attach	•		21		100					
•	aimed on Schedule A and elsewhere on return		22a		22b					
23 Depletion	nered compensation plans				23					
	erred compensation plans				24					
25 Employee benefit pro 26 Excess exempt expe	-				26					
27 Excess readership of	•				27					
28 Other deductions (at	•				28					
	dd lines 14 through 28				29	0.				
	axable income before net operating loss deduction. Subtra	ct line 29 from	ı line 13		30	0.				
	erating loss arising in tax years beginning on or after Janu					เลยสหญีกลาสดามกลังสรัฐเกิด				
	axable income Subtract line 31 from line 30				32	0.				
	or Paperwork Reduction Act Notice, see instructions.					Form 990-T (2018)				

Form 990	(2018) AABR, INC.	13-190	8035	Page Z
'Part I	III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes	*** * *****	34	
35			35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		" 	
30	· ·	_	36	
	lines 33 and 34	·· \(\alpha \Q \)		1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 19U	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,			•
	enter the smaller of zero or line 36		38	<u> </u>
Part	V. Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:	•	اسما	
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See Instructions		41	
42	Alternative minimum tax (trusts only)		42	
43			43	
44	Tax on Noncompliant Facility Income See Instructions		44	0.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies / Tax and Payments	.11. 41.1111.	94	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		∤・√	
þ	Other credits (see instructions)		-{ - }}	
C	General business credit Attach Form 3800		- · `	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		<u>ا</u> ۔۔۔۔ا	
6	Total credits. Add lines 45a through 45d		45c	
46	Subtract line 45e from line 44		46	0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other in	attach achedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a			2	
	2018 estimated tax payments	711.	1 ' [
	Tax deposited with Form 8868		1	
			,	
			┪,	
	Backup withholding (see instructions)		- ·	
	Credit for small employer health insurance premiums (attach Form 8941)			
9	Other credits, adjustments, and payments Form 2439		1.	
	Form 4136 Other Total ▶ 50g		,	711
51	Total payments Add lines 50a through 50g ,		\$1	711.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached 🕨 🛄		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	× / >	58	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	55▶	54	711.
55		unded V	55	711.
Part \	/I: Statements Regarding Certain Activities and Other Information (see instruc	ctions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit			Yes No
• •	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			T X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	olan truct2		X
57	• • • •	eigir irustr .		• • • • • • • • • • • • • • • • • • • •
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\subset\$\$	best of my knowle	dee and hallef	il is true
Sian	Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	DESCOLATIVE KNOWLE	uga and conar,	
Sign	7/12		ley the IRS disc	cuss this return with
Here	EXECUTIVE DIRE		ne preparer sho	
	Signature of officer Date Title	tr	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date / /	Check	if PTIN	
Paid		self- employed		
Prepa	DAVID ROTTKAMP		P01	303468
	Si - FORNEST COO CON'C D C	Firm's EIN ▶		3266576
Use C	488 MADISON AVENUE, 21ST FLOOR			-
	Firm's address NEW YORK, NY 10022	Phone no.	212-66	1-6166
823711 01		1 2		orm 990-T (2018)
023/11 01	-yo- 1 <i>o</i>		ΓĻ	Juli (5010)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A	 .			· <u> </u>	
1 Inventory at beginning of year	1	6 Inventory at end of year				6			
2 Purchases	2		7	Cost of goods sold Su	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here	ne 5. Enter here and in Part I,				
4a Additional section 263A costs				line 2					
(attach schedule)	4a		8	8 Do the rules of section 263A (with respect to				Yes	No
Other costs (attach schedule)	_4b			property produced or acquired for resale) apply to					
5 Total Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty	·)	
1. Description of property		· · · ·							
(1)									
(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%)	e than	of rent for p	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne ind 2(b)	cted with the income in (attach schedule)	
(1)							_		
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part 1, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6 column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly cor to debt-finan			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			┼	*					
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or debt-fina	e adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(e) and 3(b))	
(1)			 	%			\top		
(2)				%			\sqcap		
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals						0			0.
Total dividends-received deductions	ncluded in columi	n 8					<u> </u>	····	0.

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Page 5

Part III 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) (cot 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation Income	6. Readership costs	7. Excess readership costs (column 8 minus column 5, but not more than column 4)
(1)		-					
(2)							
(3)					-		
(4)						-	
Totals from Part I	▶	0.	0.	"是这个"是一种工作的	The state of the s	1468 48 19621	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	W. 64 26 9	推步。这是	是是是一个人的	0

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	0.

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