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Form 990-T		Exempt Organiza	ation Bus	ine	ss Incor	ne Ta	x Return	L	OMB No 1545-0687
· .		(and p	roxy tax und	er se	ction 6033(e))	1.417		0040
v	For ca	alendar year 2018 or other tax year begin	ning		, and end	ng	1010	-	2 078
Department of the Treasu Internal Revenue Service	ry	► Go to www.irs go ► Do not enter SSN numbers on t						O 50	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address chair		Name of organization (C	Employ (Emplo) instruct	ver identification number yees' trust, see tions)					
B Exempt under sec	tion Print	AAFE COMMUNITY	DEVELOP	MENT	r FUND,	INC.		13	8-4103352
X 501(C)(3) _ or	Number, street, and room or su					E		ed business activity code
408(e)2	20(e) Type	2 ALLEN STREET	, 7TH FLO	OOR				(000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
408A5	30(a)	City or town, state or province,	country, and ZIP o	r foreig	n postal code				
529(a)		NEW YORK, NY	10002						
C Book value of all asset at end of year		F Group exemption number (Se	ee instructions.)						
7,964	<u>1,036.</u>	G Check organization type		oration	501(c) trust	401(a) t	rust	Other trust
H Enter the number of	of the organiza	ation's unrelated trades or busines	sses. 🕨				only (or first) unre		
trade or business h							mplete Parts I-V. If		
		aco at the end of the previous cent	tence, complete Pa	rts I an	d II, complete a	Schedule M	for each additional	trade c	or
business, then com								٦	<u> </u>
		poration a subsidiary in an affiliate		nt subsi	diary controlled	group?		Yes	X No
		itifying number of the parent corp. CHRIS MALLIOS	oration.			Talanhana	number > 21	2 0	64 2200
		de or Business Income			(A) Incor		(B) Expenses	<u> </u>	(C) Net
			<u> </u>	l	(A) 111001		(D) Expenses		(0) 1661
1a Gross receipts of b Less returns an			alance `	10					1
2 Cost of goods s			liance	1c 2				- 	i
3 Gross profit. Su				3					<u> </u>
4 a Capital gain net				4a				<u> </u>	
, ,	•	Part II, line 17) (attach Form 4797)	4b					· · · ·
c Capital loss ded			,	4c					
•		ship or an S corporation (attach s	tatement)	5					
6 Rent income (S	•	(,	6		1			
•	•	me (Schedule E)		7					
		and rents from a controlled organiz	ation (Schedule F)	8			1		
9 Investment inco	me of a secti	on 501(c)(7), (9), or (17) organiza	ation (Schedule G)	9					
10 Exploited exemp	ot activity inco	ome (Schedule I)		10					
11 Advertising inco	me (Schedul	e J)		11					
12 Other income (S	See instructio	ns, attach schedule)		12					
13 Total. Combine				13		0.			
Part II Dedu	ictions N	ot Taken Elsewhere (Se	ee instructions fo	r limita	ations on dedu	ctions)			
<u></u>		utions, deductions must be di				usiness ind	come)		
•		irectors, and trustees (Schedule K	REC	CEI/	/ED		-	14	
15 Salaries and w	•				ည		-	15	
16 Repairs and m	aintenance		JAN	n 9	2020		-	16	
17 Bad debts	/ -		10 """	00	S		-	17	
·		see instructions)	005				-	18	
19 Taxes and lice		o instructions for limitation rules	OGE	FIA	, U I		-	19	
	=	e instructions for limitation rules)			1	na i	F	20	
21 Depreciation (a		.502) In Schedule A and elsewhere on re	aturn			21 2a		22b	
22 Less depreciat 23 Depletion	ion cianneu o	II Schedule A alla elsewhere off re	aum		٤	<u> </u>		23	
	to deferred co	ompensation plans					-	24	
25 Employee ben					,		<u> </u>	25	
26 Excess exemp							ŀ	26	
27 Excess readers		•					ŀ	27	
28 Other deduction		·					ŀ	28	
	•	s 14 through 28					ŀ	29	0.
		income before net operating loss (deduction, Subtrac	t line 29	9 from line 13		ř	30	0.
		loss arising in tax years beginning				ons)	F	31	
		income. Subtract line 31 from line		, ., =•	. ,	,	ŀ	32	0.
A -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1		rwork Peduation Ast Notice see			-			1	Form 990-T (2018)

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Form 990-T	IEM D COMMONITIE DEVELOTIEM TOND, INC.		13-41	03352	Page 2					
Part II				-r						
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	2,658.					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see ins	35								
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
	lines 33 and 34		25/	36	2,658.					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		ית"	37	1,000.					
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than lir	ne 36,	1							
	enter the smaller of zero or line 36		<u> </u>	38	1,658.					
Part I\	/ Tax Computation			1						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		UND ►	39	348.					
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amoun	nt on line 38 fror	n:	_ _						
	Tax rate schedule or Schedule D (Form 1041)		>	40	·					
41	Proxy tax. See instructions		>	41						
42	Alternative minimum tax (trusts only)			42						
43	Tax on Noncompliant Facility Income. See instructions		111	43						
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		<u>45</u>	44	348.					
Part V	Tax and Payments		•							
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		_						
b	Other credits (see instructions)	45b		」						
C	General business credit. Attach Form 3800	45c		_						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d								
е	Total credits. Add lines 45a through 45d			45e						
46	Subtract line 45e from line 44			46	348.					
47	Other taxes. Check if from 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🛄 Form 🕏	8866 🔲 Oth	er (attach schedule)	47						
48	Total tax. Add lines 46 and 47 (see instructions)		120	48	348.					
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	Payments A 2017 overpayment credited to 2018	50a								
b	2018 estimated tax payments	50b								
C	Tax deposited with Form 8868	50c]						
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d		7						
	Backup withholding (see instructions)	50e		7						
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		7						
	Other credits, adjustments, and payments Form 2439			7						
	Form 4136 Other Total	► 50g								
51	Total payments. Add lines 50a through 50g	•		51						
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		-11	52						
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<i>9</i> 4▶	53	348.					
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		" \	54						
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	- 1	Refunded >	59						
Part V	I Statements Regarding Certain Activities and Other Informat	ion (see inst	ructions)							
56	At any time during the 2018 calendar year, did the organization have an interest in or a signatu	re or other autho	ority		Yes No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organizati	on may have to	file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	he foreign count	у		_					
	here >				X					
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a	foreign trust?		X					
	If "Yes," see instructions for other forms the organization may have to file.	-	•							
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$									
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and compete Declaration of preparer (other than taxpayer) is based on all information of which prepare	statements, and to	the best of my knowl	edge and belief,	it is true,					
Sign	CO - EXE	CUTIVE		May the IRS disc	cuss this return with					
Here	11/3/19 DIRECT	OR		the preparer sho						
	Signature of officer Date Title			nstructions)?	X Yes No					
	Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN						
Paid	MAGDALENA M. MAGDALENA M.		self- employed	ı						
Prepar	rer CZERNIAWSKI CZERNIAWSKI 1	1/13/19		P00	535099					
Use O	- NADEG DANIEMU LID		Firm's EIN ▶	11-	3518842					
	685 THIRD AVENUE									
	Firm's address ► NEW YORK, NY 10017		Phone no.	<u>212-50</u>	3-8800					
823711 01-0	9-19			Fo	orm 990-T (2018)					

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntorv va	luation > N/A					
Inventory at beginning of year							6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6				Ť	1	
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			line 2						
(attach schedule)	4a		1	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	•	•			
5 Total. Add lines 1 through 4b	5		_	the organization?		,,			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	onal 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	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	je	3(a) Deductions directly columns 2(a) as	connected (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 I, line 6, colum		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del		Income (see	ınstruc	tions)					
		·		Gross income from or altocable to debt-		3. Deductions directly con to debt-finance	nected ed pro	perty	
Description of debt-financed property			'	financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	i
(1)			 				+		
(2)				`					
(3)	,		1						
(4)			İ						
4. 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 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(a) and 3(b))	
(1)			1	%			1		
(2)				%			1		
(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							0.

Schedule F - Interest,	Annuities, Ro	/alties, an	nd Rents	From Co	ntrolle	d Organiza	tions	(see ins	structio	ons)	
			Exempt (Controlled O	rganızatı	ons	-				
1. Name of controlled organizat		Employer entification number		elated income instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		connec	ductions directly sted with income n column 5	
(1)			 								
(2)											
(3)			-								
"			 		<u> </u>						
(4) Nonexempt Controlled Organi	zations		<u> </u>		1						
7. Taxable Income	8. Net unrelated i	ncome (loss)	O Total	of specified payr	nonte I	10. Part of colu	mp Q that	t to included	44 1	Dodustions	directly connected
7. Toxable meeme	(see instru		9. 70.8	made	nonis	in the controlli	ing organ	ızatıon's			in column 10
(1)											
(2)											
(3)			1			· · · · · · · · · · · · · · · · · · ·					
(4)			1								
<u>(4)</u>	<u> </u>					Add colun Enter here and line 8, c		1, Part I,		r here and	ns 6 and 11 on page 1, Part I, olumn (B)
Totala								0.			0.
Totals Schedule G - Investme	nt Income of	a Saction	E01/a\/7	(A) (O) or (17\ Ora	onization		<u> </u>			0.
(see insti		a Section	1 50 1 (0)(7), (9), or (i/) Org	janization					
(See Insti				T	· Т	3. Deduction					Total daduations
1. Desc	ription of income			2. Amount of	ıncome	directly conne	cted	4. Set-	asides schedule)	. -	Total deductions and set-asides
(4)						(attach sched	lule)	(attach)		<u>' </u>	(col 3 plus col 4)
(1)										_	
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co							here and on page 1, , line 9, column (B)
Totals					0.						0.
Schedule I - Exploited (see instru		ity Incom	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of ur	xpenses connected roduction related ss income	4. Net incon 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 t is not unrelat business inco	that ted	attribut	penses able to mn 5	e: 6	Excess exempt xpenses (column minus column 5, ut not more than column 4)
(1)											
(2)											
(3)					Ī						
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)								Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertising		e instructio	0.	<u> </u>							0.
Part I Income From				hotebiles	Racic						
		eported 0		Solidated	Dasis	_				_	
1. Name of periodical	2. Gro advertis incom	ing and	3. Direct vertising costs			5. Circulat income		6. Read cos		costs	xcess readership (column 6 minus nn 5, but not more nan column 4)
(1)											
(2)											
(3)]	
(4)										7	
				1							
Totals (carry to Part II, line (5))	>	0.	0							Form	0. 1 990-T (2018

Page 5

Form 990-T (2018) AAFE COMMUNITY DEVELOPMENT FUND, INC. 13-41033

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	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	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 27
Totals, Part II (lines 1-5)	• °0.	٥.				l o

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)			%	
(2)			%	
(3)			%	
(4)			%	,
Total. Enter here	e and on page 1. Part II. line 14		•	0.

Form 990-T (2018)