Exempt Organization Bus			ax Returi	1	OMB No. 1545-0887
For calendar year 2016 or other tax year beginning JUL 1,	20	16 , and ending JU		<u> 17</u>	2016
Department of the Treasury		-		. }	Open to Public Inspection fo
Internal Revenue Service Do not enter SSN numbers on this form as it may			ation is a 501(c)(3		Open to Public Inspection to 501(c)(3) Organizations Only oyer identification number
A Check box if address changed Name of organization (Check box if name of address changed)	nanged	and see instructions.)		(Emp	oloyees' trust, see actions)
B Exempt under section Print AID FOR AIDS OF NEVADA	<u> </u>			8	8-0214593
501(c)(3()) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	x, see 11	nstructions.			lated business activity codes instructions)
408(e) 220(e) Type 1120 ALMOND TREE LANE			<u> </u>] `	,
408A530(a) City or town, state or province, country, and ZIP or 529(a) LAS VEGAS, NV 89104	or foreig	n postal code		531	390
C Book value of all assets at end of year F Group exemption number (See instructions.)	>				
1,658,926. G Check organization type X 501(c) corporation	<u>n [</u>	501(c) trust	401(a) trust	[Other trust
H Describe the organization's primary unrelated business activity. OWNERSH			TOCK OF I	BWT	
I During the tax year, was the corporation a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ 1	Ye	es [X] No
If "Yes," enter the name and identifying number of the parent corporation.					
J The books are in care of ACCOUNTING DEPARTMENT				702	
Part I Unrelated Trade or Business Income	T	(A) Income	(B) Expense	S	(C) Net
1 a Gross receipts or sales	١				
b Less returns and allowances c Balance	10				
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c	2				
	3 4a				
 4a Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 	4a 4b			-	
c Capital loss deduction for trusts	4c				-
5 Income (loss) from partnerships and S corporations (attach statement)	5	14,757.			14,757.
6 Rent income (Schedule C)	6				22/,0.
7 Unrelated debt-financed income (Schedule E)	7				
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8	-			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10_ Exploited exempt activity income (Schedule I)	-10				
11 Advertising income (Schedule J)	11				
12 Other income (See instructions; attach schedule)	12				
13 Total. Combine lines 3 through 12	13	14,757.			14,757.
Part II Deductions Not Taken Elsewhere (See instructions for (Except for contributions, deductions must be directly connected)	or limita d with	ations on deductions.) the unrelated busines	sincome:	7	
14 Compensation of officers, directors, and trustees (Schedule K)				114	<u> </u>
15 Salaries and wages		l∞ l l∶ l MAY	9 1 20:0	15	
16 Repairs and maintenance		[·] """	2 1 20:8	16	
17 Bad debts				17	
18 Interest (attach schedule)		<u> </u>	EN, UT	18	
19 Taxes and licenses				19	
20 Charitable contributions (See instructions for limitation rules)				20	
21 Depreciation (attach Form 4562)		21		_	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23 Depletion				23	.,
24 Contributions to deferred compensation plans				24	
25 Employee benefit programs				25	
26 Excess exempt expenses (Schedule I)				26	
27 Excess readership costs (Schedule J)				27	
Other deductions (attach schedule)				28	
Total deductions. Add lines 14 through 28		0 from he = 40		29	0.
Unrelated business taxable income before net operating loss deduction. Subtract	et iine 2	9 Irom line 13		30	14,757.
Net operating loss deduction (limited to the amount on line 30)	rom be	. 20		31	14,757.
 Unrelated business taxable income before specific deduction. Subtract line 31 fr Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 		ะงบ		32	
 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is 		than line 22 ontor the on	naller of zero or	33	1,000.
line 32	gi caiçi	man mic 32, enter the Sh	nanci vi zelu vi	34	13,757
623701 11-22-17 LHA For Paperwork Reduction Act Notice, see Instructions.				71	Form 990-T (2016

F é m 990-T	(2018) AID FOR AIDS OF NEVADA		88-021	4593	Page 2
Part I					
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here See instructions and	:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$,-	1	1 1	
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		_		
-	(2) Additional 3% tax (not more than \$100,000)				
	Income tax on the amount on line 34			35c	2,064.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	n line 3/	1 from:	030	2,004.
30	Tax rate schedule or Schedule D (Form 1041)	iii iiiic 3•	4 II OIII.	36	
27					
	Proxy tax. See instructions			37	
38	Alternative minimum tax			38	
	Tax on Non-Compliant Facility Income. See instructions			39	2 064
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	2,064.
Part I				 -	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		- I	
	Other credits (see instructions)	41b		4	
	General business credit. Attach Form 3800	41c		4	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		4	
е	Total credits. Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	2,064.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	i6 L	Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	, 1		44	2,064.
45 a	Payments: A 2015 overpayment credited to 2016	45a		」	
b	2016 estimated tax payments	45b		1 1	
C	Tax deposited with Form 8868	45c]	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d]	
е	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		1 1	
g	Other credits and payments: Form 2439]	
•	Form 4136 ☐ Other Total ▶	45g	-		-
46	Total payments. Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47	64.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48	2,128.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		•	49	
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax		Refunded >	50	
Part V		n (see			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature of				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization r				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the fo	-			
	here >		,		_ X_
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	nsferor	to, a foreign trust?		X
02	If YES, see instructions for other forms the organization may have to file.		to, a localign tract		
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
<u> </u>		tatements	and to the best of my kno	wledge and belief	, it is true.
Sign	Under denalties of perury, I declare that I have examined this return, including accompanying schedules and st correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	r has any			
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	י שני		ay the IRS discus	
	Signature of officer Date Title	<u> </u>		structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date			f PTIN	, 100 110
	Printy type preparer's name	١.,		11 1111	
Paid	rer MARK A. MURPHY Mak (1/) 5	l 13 l	self- employed	חחחם	53333
Prepa	The state of the s	 '~ 	Firm's CIN S		673973
Use C	/IIIV		Firm's EIN ►	<u> </u>	013313
	2700 E. SUNSET ROAD, STE. 91 Firm's address LAS VEGAS, NV 89120		Dhans 4	702) 7	36-3563
	THE VEGAS, INV 0712U		Phone no.		n 990-7 (2016)
				———→+orn	n 220- 1 (2016)

Schedule A - Cost of Good	S Solu. Enter m	etnoa ot invent	ory valuation 🕨 N/I	Α.					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6			
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6				
3 Cost of labor	3		from line 5. Enter her	e and in f	Part I,				
4 a Additional section 263A costs			line 2		,	7			
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or	•	•				
5 Total. Add lines 1 through 4b	5		the organization?		,,		1	}	
Schedule C - Rent Income	(From Real P	roperty and		Leas	ed With Real Pro	perty	/)		
(see instructions)		<u> </u>							
1. Description of property									
(1)									
(2)									
(3)			·						
(4)									
	2. Rent received	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 pe	nd personal property (if the percer ersonal property exceeds 50% or is based on profit or income)	ntage if	3(a) Deductions directly columns 2(a) as	is directly connected with the income in ins 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)		-							
Total	0. 1	otal		0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Ente	•		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.	
Schedule E - Unrelated Del	ot-Financed I	ncome (see i	nstructions)						
			2. Gross income from		Deductions directly cor to debt-finance	nected v	with or allocable erty		
1. Description of debt-financed property							/L \	ons)	
	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction—(attach schedule		
(1)	nanced property			(a)			(D) Other deduction —(attach schedule		
(1) (2)	nanced property			(a)			(D) Other deduction (attach schedule		
(2)	nanced property			(a)			(B) Other deductic		
(2)	nanced property			(a)			(B) Other deductic		
(2)	5. Average ac of or allo debt-finance (attach s	cable to ed property		(a)		(0	8. Allocable deductorum 6 x total of c 3(a) and 3(b))	alumns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ac of or allo debt-finance	cable to ed property	financed property 6. Column 4 divided	(a)	7. Gross income reportable (column	(c	8. Allocable deduc	alumns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ac of or allo debt-finance	cable to ed property	financed property 6. Column 4 divided by column 5	(a)	7. Gross income reportable (column	(0	8. Allocable deduc	alumns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	5. Average ac of or allo debt-finance	cable to ed property	financed property 6. Column 4 divided by column 5 %	(a)	7. Gross income reportable (column	(c	8. Allocable deduc	alumns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	5. Average ac of or allo debt-finance	cable to ed property	financed property 6. Column 4 divided by column 5 %	(a)	7. Gross income reportable (column	(0	8. Allocable deduc	alumns	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	5. Average ac of or allo debt-finance	cable to ed property	financed property 6. Column 4 divided by column 5 %	E	7. Gross income reportable (column	E	8. Allocable deduc	ge 1,	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	5. Average ac of or allo debt-finance	cable to ed property	financed property 6. Column 4 divided by column 5 %	E	7. Gross income reportable (column 2 x column 6)	E	8. Allocable deduction of a total of a 3(a) and 3(b))	ge 1,	
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	5. Average ac of or allo debt-financ (attach s	cable to ed property chedule)	financed property 6. Column 4 divided by column 5 %	E	7. Gross income reportable (column 2 x column 6)	E	8. Allocable deduction of a total of a 3(a) and 3(b))	ge 1,	

Schedule F - Interest,	Annuities, Roya			From Controlled O			atioi	1S (see ins	truction	s)
1. Name of controlled organiz	2. Em	ployer 3.	Net unrel	ated income instructions)	4. Tota	al of specified nents made	includ	t of column 4 i led in the contration's gross i	olling	6 Deductions directly connected with income in column 5
(1)							 			
(2)										
(3)										
(4)								_		
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8. Net unrelated incor (see instruction		. Total of	specified pays made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's	11. De- with	ductions directly connected income in column 10
(1)										
(2)					\					
(3)										
(4)			_							
						Add colur Enter here and line 8,		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					>			0.		0
Schedule G - Investm	ent Income of a	Section 50	1(c)(7), (9), or	(17) Or	ganization	1			
†. Des	scription of income			2. Amount of	ıncome	3. Deduction directly connective (attach scheen	ected	4. Set-		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 Part I, line 9, column (B)
Totals			▶		0.					0
Schedule I - Exploited (see insti		Income, (Other	Than Ad	vertisi	ng Income)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expense directly connect with production of unrelated business inco	oted on i	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrela business inco	that ted	6. Exp attribut: colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						_				
(2)										
(3)			1							
(4)										
<u> </u>	Enter here and on page 1, Part I, tine 10, col (A)	Enter here and page 1, Part line 10, col (l	1, 3)		L					Enter here and on page 1, Part II, line 26
Totals	0.		0.							0
Schedule J - Advertis Part I Income From	Periodicals Rep		Cons	olidated	Basis					
	 			1				· · · · · · · · · · · · · · · · · · ·		
1 Name of periodical	2. Gross advertising income	3. Dir advertisin		4. Advert or (loss) (co col 3) If a ga cols 5 th		5 Circula income		6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							-			
(2)										
(3)										
(4)										
		0.								
Totals (carry to Part II, line (5))		U • <u> </u>	0	<u> </u>						0

Porm 990-T (2016) AID FOR AIDS OF NEVADA 88-02145
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	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)						I	
(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 (8).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

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

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

Form 990-T (2016)

FORM 990-T	INCOME (LOSS) FRO	STATEMENT	1		
S CORPORATION NAME	GROSS INCOME	LOSSES	DEDUCTIONS	NET INCOME OR (LOSS)	
BBWT, INC.	14,757.	0.	0.	14,75	57.
TO FORM 990-T, LINE 5	14,757.	0.	0.	14,75	57.