DAA For Paperwork Reduction Act Notice, see instructions.

•	Y 18	1	_	_	_	_			- 1	OMB No 1	545-0687	
Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19								2018		
	artment of the Treasury		▶Go to www	.irs.gov/Form990T fo	or instruct	ions a	and the latest informa	ition.			Inspection for	
Inter	nal Revenue Service Check box if	<b>▶</b> 00	not enter SSN number							ication numbe	mitations Only	
A L	address changed  Exempt under section		Name of organization	( Check box if na	ime changed	and se	e instructions )	, ,		see instructions		
	X 501( C)( <b>○3</b> )	Print	Aid for A	IDS of Ne	vada	(AI	FAN)					
ľ	408(e) 220(e)	or		or suite no If a P O box, se				88-	-021	4593		
ŀ	408A 530(a)	Туре	· · · · · · · · · · · · · · · · · · ·	Bahara, Su			ŧ			ess activity co		
-	529(a)	'',		vince, country, and ZIP or					tructions	-		
		1	Las Vegas				89104	533	1120	.		
	Book value of all assets at end of year	F G	roup exemption num			···	<u> </u>					
•	1,471,227		heck organization typ			tion	501(c) trust	401(a)	trust	Othe	r trust	
H	Enter the number of the								_	iness here		
· ·	•			_			, ,			only one, c	omplete	
i	Parts I–V. If more than o	one, des	cribe the first in the b	lank space at the e	nd of the	previo	ous sentence, compl	ete Parts I and	II, com	plete	•	
	Schedule M for each ad									•		
	During the tax year, was					rent-s	ubsidiary controlled	group?		<b>▶</b>	res X No	
- 1	f "Yes," enter the name	and ide	ntifying number of the	e parent corporatior	i.		•			_	_	
121	<b>&gt;</b>			<u> </u>								
	The books are in care of						<u></u>	elephone numb			32-2326	
c∑ Þ;	art I Unrelated	d Trad	<u>e or Business Ir</u>	ncome			(A) Income	(B) Expe	nses	(1	C) Net	
○ <sub>1a</sub>	Gross receipts or sale	s	<del>.</del>	_				1		J. J. Park	<i>"</i>	
Z <sub>b</sub>	Less returns and allow			c Balance	▶	1c						
	Cost of goods sold (So				ļ.	_2_		<del></del>	<i>//</i>	"		
<u>_</u> 3	Gross profit Subtract				-	3			<u>/</u>			
<u>i.</u> 4a	Capital gain net incom	•	•			4a						
şы	Net gain (loss) (Form 479			'97)		4b						
₹°	Capital loss deduction					<u>4c</u>		<u> </u>				
LAS NAS S	Income (loss) from partnership	•	oration (attach statement)	See Stmt	}	5	14,81	4			14,814	
<b>N</b> 6	Rent income (Schedul	•			-	6		+			<del></del>	
7	Unrelated debt-finance		,		}	7		-				
8	Interest, annuities, royaltic			· · · · · · · · · · · · · · · · · · ·		8		_				
9	Investment income of a se			ization (Schedule G)	1	9						
10	Exploited exempt activ	•	•		إ	10						
11	Advertising income (S		•		/	11						
12	Other income (See ins					12	14,81	4			14,814	
13	Total. Combine lines		<u>n 12</u>	(Saa inatrus	tions for	13 - limi			ant for	r oontribus		
F*4	Int II Deduction	ns No:	t be directly conn	ected with the u	inrelated	d bus	siness income.)	LIONS.) (EXC	ehr ioi	COHUIDU	lions,	
14	Compensation of offic								14	4		
15	Salanes and wages	,				1.	RECEIVE	D ]	15	5		
16	Repairs and maintena	nce				ြဖ		၂ပ္ပါ	10	6		
17	Bad debts					C236	JUL <b>2 1</b> 202	RS-OS(	17	7		
18	Interest (attach sched	ule) (see	e instructions)			19			18	3		
19	Taxes and licenses					1	OCDEN	<u></u> 1≅[	19	9		
20	Charitable contributions (S	See instru	ctions for limitation rules	s)		_	OGDEN, L	ग्रा ।	20	)		
21	Depreciation (attach F	orm 456	52)				21		<u></u>			
22	Less depreciation clair	med on	Schedule A and else	where on return			22a		22	b	0	
23	Depletion								2:	3		
24	Contributions to defer	red com	pensation plans						24	4		
25	Employee benefit prog	grams							25	5		
26	Excess exempt expen	ses (Sch	nedule I)						20	6		
27	Excess readership cos	sts (Sch	edule J)						27	_		
28	Other deductions (atta	ch sche	dule)						2	В		
29	Total deductions. Ad	ld lines 1	4 through 28						2			
30	Unrelated business ta	xable ind	come before net oper	rating loss deduction	n Subtrac	ct line	29 from line 13		30		14,814	
31	Deduction for net oper	rating los	ss arising in tax years	s beginning on or af	ter Janua	ry 1, 2	2018 (see instruction	ıs)	.₁   3 <sup>1</sup>			
32	Unrelated business ta	xable inc	come Subtract line 3	1 from line 30					<u>}</u>		14,814	
DAA	For Paperwork Redu	ction A	ct Notice, see instru	ictions.						Form 9	<b>990-T</b> (2018)	

	390-1 (2010)	-		
	Total Unrelated Business Taxable income	. 1		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1		44 044
	instructions)	!	/33	14,814
34	Amounts paid for disallowed fringes	Ļ	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see			
•	instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	~	36	14,814
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8	<b>3</b> 7	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	[	1	
11	enter the smaller of zero or line 36	17.1	38	13,814
Pa	rt 斯 Tax Computation		$\top$	<u> </u>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	M	39	2,901
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		1	
•	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	▶ [	40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)	ſ	42	
43 .:	Tax on Noncompliant Facility Income. See instructions	ſ	43	
' 11	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	7	44	2,901
	rt Tax and Payments			<del>-</del>
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	T	······	
b	Other credits (see instructions)			
c	General business credit Attach Form 3800 (see instructions)  45c		1	
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 45a through 45d		45e	
e		ŀ	46	2,901
46	Subtract line 45e from line 44 Other taxes	ŀ	47	2,302
47	Other taxes   Form 4255   Form 8611   Form 8697   Form 8866   Other (att sch.)	الد	48	2,901
48	Total tax. Add lines 46 and 47 (see instructions)	71	48	2,301
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	}	49	<del></del>
50a	Payments A 2017 overpayment credited to 2018			
þ	2018 estimated tax payments		1	
Ç	Tax deposited with Form 8868	<del></del>	1	
d	Foreign organizations: Tax paid or withheld at source (see instructions)		. 1	
е	Backup withholding (see instructions) 50e	—		
f	Credit for small employer health insurance premiums (attach Form 8941)	<del></del>	: 1	
g	Other credits, adjustments, and payments Form 2439	ļ	. ]	
	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	X	52	107
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	3,008
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶	54	<u> </u>
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunde	d▶	55	
Pa	Statements Regarding Certain Activities and Other Information (see instructions	)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	у		Yes No
	over a financial account (bank, secunties, or other) in a foreign country? If "YES," the organization may have to file	е		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign countr here ▶	у		[   x
E7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	uan trus	et?	X
57	If "YES." see instructions for other forms the organization may have to file.	ign du	31.	<del></del>
58	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 statements, and to the best of my knowledge a	ind belief.	, it is	
C:~	true correct, and complete. Declaration of preparer (other than taynayer) is based on all information of which preparer has any knowledge			May the IRS discuss this return
Sig				with the preparer shown below (see instructions)?
Her				Yes No
	Signature of officer Date Title  Proti/Type preparer's pame  Preparer's signature   // // // // Date	- 1		
_	Kalia Ugunota		Check	<b>□</b> "
Paid			self-emp	
Prep		Firm's E	EIN 🕨	88-0374623
Use				600 000 000
	Firm's address Las Vegas, NV 89123-2839	Phone	<u>no</u> (	702-269-9992
			`	Form <b>990-T</b> (2018

Fom	1990-T (2018) Aid f	or AIDS of	Nev	rada (	AFA	M)	88-0	214593			Pa	age 3
	edule A - Cost of Go											
1	Inventory at beginning of ye	ear 1			6 1	nventory at end of	fyear		6			
2	Purchases	2			7 (	Cost of goods so	Id. Subtra	act				
3	Cost of labor	3			1	ine 6 from line 5. E	Enter here	e and				
4a	Additional sec 263A costs				1	n Part I, line 2						
	(attach schedule)	4a			8 [	Oo the rules of sec	ction 263A	A (with respect to		ŀ	Yes	No
b	Other costs (attach schedule)	4b			ŗ	property produced	or acquir	ed for resale) apply		ţ		1
5	Total. Add lines 1 through	4b 5			t	the organization	2					
Sch	edule C - Rent Incom	ne (From Real F	ropert	ty and Pe	erso	nal Property L	.eased	With Real Prope	erty)			
_(s	ee instructions)											
1 Des	cription of property							<u> </u>				
(1)	N/A					_						
(2)	-											
(3)										<del></del>		
(4)								·r ·				
		2 Rent receiv	ed or accru	red				1				
	(a) From personal property (if the p	-				ersonal property (if the		1 ''	-	connected with the inc		
	for personal property is more that	an 10% but not	ŗ	-	· · · · · · · · · · · · · · · · · · ·				2(a) and 2(b) (attach schedule)			
	more than 50%) 50% or if the				rent is b	ased on profit or income	=)			·		
<u>(1)</u>						<del></del>		<del> </del>				
(2)		- · · · · ·						ł				
(3)					•					<del></del>		
<u>(4)</u>			T-4-1									
Tota			Total					(b) Total deduction				
	otal income. Add totals of cand on page 1, Part I, line 6		o). Enter					Enter here and on pa Part I, line 6, column				
	redule E – Unrelated D		Income	a (see inst	tructio	one)		T drei, and o, column	(0) -			
<u> </u>	ieddie L - Officialed L	Jest-i manceu		e (See IIISI	uucu	01137		3. Deductions directly of	onnect	ted with or allocable to		
						ncome from or		debt-fina			,	
	1. Description of debt-fi	nanced property		allo		o debt-financed	(a)	Straight line depreciation		(b) Other deduct	tions	
				property				(attach schedule)		(attach schedule)		
(1)	N/A								$\top$			
(2)												
(3)		_										
(4)		·										
	4. Amount of average	5. Average adjusted			6 (	Column		_		8. Allocable dedu	ctions	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prop				fivided		Gross income reportable column 6)		(column 6 x total of		15
	property (attach schedule)	(attach schedule			by c	olumn 5		ooldinii 2 x ooldinii oj	┸	3(a) and 3(b)	))	
(1)							%		┸			
(2)						····	%					
(3)							%					
(4)							%					
							Enter	here and on page 1,		Inter here and or		
							Part	I, line 7, column (A)		Part I, line 7, col	umn	(B)
Tota	ls					<b>&gt;</b>			+			
Tota	I dividends-received deduc	ctions included in c	olumn 8									

	. ALDO OL		(227.22			<u> </u>		<del></del>		raye -
Schedule F – Interest, Annu	ities, Royalti	es, and Ren	ts Fron	n Controll	ed Org	ganiza	<u>tions</u>	(see instruc	tions)	
				t Controlled						
Name of controlled organization	l l	2. Employer tification number		3. Net unrelated income (loss) (see instructions)		Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross incon		6. Deductions directly connected with income in column 5
(1) N/A							-			
										<u> </u>
(3)							Ì			
(4)										
Nonexempt Controlled Organiza	tions								_	·
								0.45-45	44	Dodustines dispetti.
7 Taxable Income		Net unrelated income ss) (see instructions)	9 Total of specific payments mad	10 Part of column 9 that is included in the controlling organization's gross income				. Deductions directly nected with income in column 10		
(1)										
(2)				<u> </u>		ļ				
(3)		•••				ļ			_	
(4)										•
Totals					•	Enter	r here an	s 5 and 10 d on page 1, column (A)	Ente	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G – Investment In	come of a Se	ection 501(c)	(7), (9)	, or (17) O	rganiz	ation	(see ir	nstructions)		
1 Description of income	2. Amount of in	directly	<b>,</b>			4. Set-asides (ttach schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1) <b>N/A</b>										
(2)										
(3)										
(4)								•		
		Enter here and o Part I, line 9, col								ter here and on page 1, art I, line 9, column (B)
Totals Schedule I – Exploited Exer	mmt Antivitus I	naama Oth	or Thor	Advortici	na loc		in	eta esticación	1	<del></del>
Schedule I - Exploited Exer	<u>npi Activity i</u>	ncome, othe	er mar	Auvertisi	ng me	ome (	see iii	Structions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendrected connected production unrelate business in	y with n of ed	4. Net income (if from unrelated to or business (coil) 2 minus columinated a gain, completed to 5 through	trade tumn n 3) oute	from act	s income tivity that nrelated s income	vity that attnbutable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A		<u> </u>						· · · · · · · · · · · · · · · · · · ·		
(2)	-			***************************************						
(3)		<u> </u>		······································			-			
(4)										
Totals •	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,				, ,	·		Enter here and on page 1, Part II, line 26
Schedule J – Advertising In										
Part I Income From P			Consc	lidated Ba	asis					•
2 Gross 1 Name of periodical advertising income			3. Direct advertising costs		col ) If ute n 7	5. Circulation income		6 Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>	_									
(2)					Γ					}
(3)			$\neg \neg$							
(4)										7
A.:/										1
Totals (carry to Part II, line (5))	}									

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	<u>a line-by-line bas</u> i	is.)			<del></del>	
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)	<u> </u>					
(3)				<del></del>		<del> </del>
(4)						<u>.</u>
Totals from Part I						
	Enter here and on page 1, Part I, line 11, cot (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)						]

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) N/A		%	
(2)	•	%	
(3)		%	<del> </del>
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	

Form **990-T** (2018)

8418 Aid for AIDS of Nevada (AFAN)
88-0214593 Federal Statements

FYE: 6/30/2019

7/13/2020 10:51 AM

Page 1

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp		Gross Income	Direct Deductions (Pa	rt. only)	Net Income
BBWT	\$	14,814	\$	\$	14,814
Total	\$_	14,814	\$	0 \$	14,814