

Form 990-T

AMENDED RETURN Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 18/2 and ending 18/2
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed
B Exempt under section 501(c)(3)
Name of organization: BAYVIEW MANOR HOMES
Number, street, and room or suite no: 11 WEST ALOHA STREET
City or town, state or province, country, and ZIP or foreign postal code: SEATTLE, WA 98119
D Employer identification number: 91-0718446

C Book value of all assets at end of year: 90,133,022.
F Group exemption number
G Check organization type: 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses: NO ACTIVITY - REFUND CLAIM
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of: JOYCE DOUCET Telephone number: 206-284-7330

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss, 32 Unrelated business taxable income.

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include 33 Total of unrelated business taxable income, 34 Amounts paid for disallowed fringes, 35 Deduction for net operating loss, 36 Total of unrelated business taxable income before specific deduction, 37 Specific deduction, and 38 Unrelated business taxable income.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include 39 Organizations Taxable as Corporations, 40 Trusts Taxable at Trust Rates, 41 Proxy tax, 42 Alternative minimum tax, 43 Tax on Noncompliant Facility Income, and 44 Total.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include 45a Foreign tax credit, 45b Other credits, 45c General business credit, 45d Credit for prior year minimum tax, 45e Total credits, 46 Subtract line 45e from line 44, 47 Other taxes, 48 Total tax, 49 2018 net 965 tax liability, 50a-f Payments, 50g Total payments, 51 Total payments, 52 Estimated tax penalty, 53 Tax due, 54 Overpayment, and 55 Enter the amount of line 54 you want.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Rows include 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 58 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Kurt Bennion, Date: 4/22/20, Title: BOARD CHAIR.

Paid Preparer Use Only: Print/Type preparer's name: KURT BENNION, CPA; Preparer's signature: KURT BENNION, CPA; Date: 04/21/20; Check self-employed: [ ]; PTIN: P01469618; Firm's name: CLIFTONLARSONALLEN LLP; Firm's EIN: 41-0746749; Firm's address: 10700 NORTHUP WAY, SUITE 200, BELLEVUE, WA 98004; Phone no.: 425-250-6100.

**AMENDED RETURN**  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year  <b>90,133,022.</b></p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>BAYVIEW MANOR HOMES</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>11 WEST ALOHA STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SEATTLE, WA 98119</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions)  <b>91-0718446</b></p> <p><b>E</b> Unrelated business activity code (See instructions)</p>
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ **NO ACTIVITY - REFUND CLAIM**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JOYCE DOUCET** Telephone number ▶ **206-284-7330**

<b>Part I</b>	<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Schedule C)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)				<b>14</b>
<b>15</b> Salaries and wages				<b>15</b>
<b>16</b> Repairs and maintenance				<b>16</b>
<b>17</b> Bad debts				<b>17</b>
<b>18</b> Interest (attach schedule) (see instructions)				<b>18</b>
<b>19</b> Taxes and licenses				<b>19</b>
<b>20</b> Charitable contributions (See instructions for limitation rules)				<b>20</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>			<b>22b</b>
<b>23</b> Depletion				<b>23</b>
<b>24</b> Contributions to deferred compensation plans				<b>24</b>
<b>25</b> Employee benefit programs				<b>25</b>
<b>26</b> Excess exempt expenses (Schedule I)				<b>26</b>
<b>27</b> Excess readership costs (Schedule J)				<b>27</b>
<b>28</b> Other deductions (attach schedule)				<b>28</b>
<b>29</b> <b>Total deductions.</b> Add lines 14 through 28				<b>29</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				<b>30</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				<b>31</b>
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30				<b>32</b>

FOOTNOTES

STATEMENT 1

THE FORM 990-T IS BEING AMENDED TO REFLECT THE REPEAL OF IRC SECTION 512(A)(7) RELATED TO TAXABLE EMPLOYEE TRANSPORTATION BENEFITS. THE FOLLOWING PARTS OF THE FORM 990-T ARE CHANGED COMPARED TO THE ORIGINAL FILING:

PAGE 1, BLOCKS E AND H  
PART III, LINES 34, 36 AND 38  
PART IV, LINES 39 AND 44  
PART V, LINES 46, 48, 50G, 51, 53, 54 AND 55  
SCHEDULES A - K ARE EXCLUDED

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT	
OVERPAYMENT DUE TO REPEAL OF SECTION 512(A)(7)	6,649.	
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	6,649.	