

	Form	99Ò-T	E	Exempt Organization But and proxy tax und	sines	ss Income (ction 6033(e))	Tax Ref	turn 1706	, -	OMB No 1545-06	87
•			For cal	lendar year 2016 or other tax year beginning JUL 1, 2	016	, and ending JU	N 30, 2017	1100	1	2016	•
	Denarti	ment of the Treasury		Information about Form 990-T and its instru	uctions is	available at www.lrs	.gov/form990	t.	ı	20 10	,
	Internal	Revenue Service		Do not enter SSN numbers on this form as it ma			ization is a 50		_	ppen to Public Inspect 01(c)(3) Organization:	
	A ∟	Check box if address changed		Name of organization (Check box if name	changed	and see instructions.)		(E	mplo	yer identification num byees trust, see ctions)	nber
		empt under section	Print	Bayside Supporting Organization						-3887565	
	Х	501(c)(3 03	or Type	Number, street, and room or suite no. If a P O. bo	E Ui	nrelat ee ins	ted business activity structions)	codes			
		408(e) 220(e)	1,700	8205 Sierra College Blvd						•	
	\vdash	408A530(a)		City or town, state or province, country, and ZIP	or foreign	postal code					
		529(a) k value of all assets		Roseville, CA 95661				900	0099	}	
	at er	nd of year		up exemption number (See instructions.)	P		1 104/->		_	l out - tourt	
	H Doc			ck organization type 501(c) corporation ary unrelated business activity. Debt-finan		501(c) trust	401(a)	trust	<u> </u>	Other trust	
				oration a subsidiary in an affiliated group or a pare					Yes	x No	
				tifying number of the parent corporation.	ant-subsit	alary controlled group.			163	LA NO	
				Bayside Covenant Church, Inc., Tru	1	Telep	hone number	916-	791	-1244	
				de or Business Income		(A) Income		penses	Т	(C) Net	
		Gross receipts or sale			\top			,			
	b i	Less returns and allo	wances	c Balance	1c		1 2/3				,
	2	Cost of goods sold (S	ichedul e	A, line 7)	2		1,	"	4		
		Gross profit. Subtract			3		• ′ ,				
		Capital gain net incon			4a	4,254,472		<i>'y</i>		4,254,	,472.
		• , , ,	•	art II, line 17) (attach Form 4797)	4b		/		_		
		Capital loss deduction			4c		ļ,				
Ó	5	· · · · · ·		ips and S corporations (attach statement)	5		<u> </u>				7
⋽		Rent income (Schedu		ena (Cabadula E)	7	-	 	R	=(EIVED	ان.
_		Unrelated debt-financ		the (Schedule E) Lind rents from controlled organizations (Sch. F)	8		 	8 =		0 0 0040	
3				on 501(c)(7), (9), or (17) organization (Schedule G		<u> </u>			ᄔ	2 3 2018	쨍
	•	Exploited exempt acti			10	 -	 - -			EN UT	''''
2	11	Advertising income (S	-	· · · · · · · · · · · · · · · · · · ·	11		 -		U)EN, UI	_
				ıs; attach schedule) See Statement 2	12	45,000		"		45,	,000.
屲		Total. Combine lines	3 throu	gh 12	13	4,299,472				4,299,	472.
Z	Par			ot Taken Elsewhere (See instructions f							
Z		(Except for a	contribu	utions, deductions must be directly connected	ed with t	he unrelated busine	ss income)				
کر	14	•	ıcers, dı	rectors, and trustees (Schedule K)				1,	-		
,,	15	Salaries and wages		-				1:	-		
	16	Repairs and mainten	ance					10	-		_
	17 18	Bad debts Interest (attach sche	dulo)	-		See Stateme	n+ 3	11	\rightarrow	141	,370.
	19	Taxes and licenses	uule)		Caa St	atement 1	iic 5	19	_		462.
	20		ons (See	e instructions for limitation rules) See Statem		acement 1		20	-	1,704,	
	21	Depreciation (attach	•	,		21		ļ	3		
	22			Schedule A and elsewhere on return		22a	_	22	ő b		
	23	Depletion				L		2:	3		
	24	Contributions to defe	erred co	rnpensation plans				24	4		
	25	Employee benefit pro	ograms					2	5		
	26	Excess exempt expe	nses (Sc	chedule I)				2	6		
	27	Excess readership co		-				2	\rightarrow		
	28	Other deductions (at				See Stateme	nt 4	2	\rightarrow		,117.
	29	Total deductions. A				. 6 1 40		2	_	2,594,	
	30			ncome before net operating loss deduction. Subtra	ıct iine 29	irom linė 13		3	$\overline{}$	1,705,	,∠61.
	31	•		(limited to the amount on line 30)	from line	30		3	-	1,705,	261
	32 33			ncome before specific deduction. Subtract line 31 f \$1,000, but see line 33 instructions for exception		JU		3:	-		, 201.
	34			income. Subtract line 33 from line 32. If line 33 is	•	han line 32, enter the s	maller of zero o		+		
		line 32			. g. Juioi l	02, 01101 116 3		" 3	4	1,704,	,261.

TO	II Tou Computation							<u> </u>
Part I					т г			
35	Organizations Taxable as Corporations. See instructions for tax computation.				1 1			
	Controlled group members (sections 1561 and 1563) check here See instru							
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			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)				1 1			
	(2) Additional 3% tax (not more than \$100,000)			_	1 1			
C	Income tax on the amount on line 34			•	35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the	amount on	line 34 froi	n:	1	_		
	Tax rate schedule or X Schedule D (Form 1041)				36	3	39,	850.
37	Proxy tax. See instructions			•	37			
38	Alternative minimum tax				38			200.
39	Tax on Non-Compliant Facility Income. See instructions				39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies				40	3	40,	050.
Part I								
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	—	11a		-			
p	Other credits (see instructions)	<u> </u>	11b_		-			
C	General business credit. Attach Form 3800	-	11c					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	11d		┥ ╽			
e	Total credits. Add lines 41a through 41d				41e			
42	Subtract line 41e from line 40				42	3	40,	050.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 8866	U Othe	er (attach schedule)				
44	Total tax. Add lines 42 and 43	1.	1		44	3	40,	050.
45 a	Payments: A 2015 overpayment credited to 2016	⊢	15a		_			
b	2016 estimated tax payments	⊢	15b	354,38	니			
С	Tax deposited with Form 8868	_	15c		-			
	Foreign organizations: Tax paid or withheld at source (see instructions)		15d		_			
е	Backup withholding (see instructions)	_	15e		_			
f	Credit for small employer health insurance premiums (Attach Form 8941)	<u> </u>	45f		-			
g	Other credits and payments: Form 2439							
		otal 🕨 🛂	15g		⊣ l			
46	Total payments. Add lines 45a through 45g				46	3	54,	381.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			_	47			16.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			.	48			
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpai	id	1 .		49		<u> </u>	315
50	Enter the amount of line 49 you want; Credited to 2017 estimated tax			Refunded >	50		14,	315.
Part V								
51	At any time during the 2016 calendar year, did the organization have an interest in or a s					ַן י	'es	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the org		.,			j	j	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name	ne of the fore	eign countr	У			- 1	
50	here		· · · · · · · · · · · · · · · · · · ·			├-	-+	<u>x</u> _
52	During the tax year, did the organization receive a distribution from, or was it the granto	r of, or trans	steror to, a	toreign trust?		<u> </u>	\dashv	_ <u>_</u>
	If YES, see instructions for other forms the organization may have to file.					ľ	ĺ	
53	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 scherols.	dules and state	ements and	to the best of my kr	nowledge and	helief it is tru		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of will	hich preparer h	nas any know	rledge			٥,	
Here	Pull treusurer 17/17/18 Trus					discuss this re		ith
	Signature of officer Date Title	tee	-			shown below (s	see	
		10-4-				X Yes		No
	Print/Type preparer's name Preparer's signature	Date		Check	if PTIN			
Paid	Tod B. Batson, Ir.	\ \ 7/4	7/2018	self- employe	i	721051		
Prepa	I Formula accord N. Camaian Companies III D	.) 	112010	Trumis 501 B		721951		
Use O	Firm's name Capin Crouse LLP			Firm's EIN	36-	3990892		
	3050 Saturn Street, Suite 104			25.	/714\ -:	77 0000		
	Firm's address Brea, CA 92821			Phone no.	(/14) 5	11-0988		

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation N/A						
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6		-	
2 Purchases	2		7	Cost of goods sold. Su	ubtract l	ine 6				
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,				
4a Additional section 263A costs			7	line 2						
(attach schedule)	4a		_ 8	Do the rules of section	263A (1	with respect to		Y	es	No
Other costs (attach schedule)	4b		_	property produced or a	acquired	for resale) apply to		į		
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	oper	ty) 	_	
1 Description of property										
(1)										
(2)										
(3)										
_(4)										
		ed or accrued				3(a) Deductions direct	lv conn	ected with the inco	me in	
(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	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	and 2(b) (attach schedule)		
(1)										
(2)										
(3)										
(4)					_					
Total	0.	Total			0.] <u>.</u>				
(c) Total income Add totals of columns		ter				(b) Total deductions Enter here and on page 1,				
here and on page 1, Part I, line 6, column					0.	Part I, line 6, column (B)	<u> </u>			0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ctions)						
			2	Gross income from		Deductions directly co to debt-finar				
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched		
(1)			+		<u> </u>					
(2)			1	· ·			╁			
(3)			1				1	 _		
(4)										
4 Armount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable de (column 6 x total d 3(a) and 3(of colur	
(1)				%	Ì		1			
(2)				%			\top			
(3)				%						
(4)				%						
		<u></u>				inter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals				_			0.			0.
Total dividends-received deductions in	ncluded in column	ı 8					<u> </u>			0.

Schedule F - Interest,	Annuities, I	Royalties, a		S From Controlled O			zations (see	nstruction	ns)
					rganizati	ons	, 		
Name of controlled organizat	tion	2 Employer identification number		elated income instructions)	4 Tot payr	al of specified nents made	5. Part of colur included in the organization's g	controlling	6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organi	zations								
7 Taxable Income		ted income (loss) structions)	9 Total	of specified paying made	ments	in the controll	mn 9 that is incluing organization's income		eductions directly connected h income in column 10
(1)									··
(2)									
(3)	<u> </u>						<u> </u>		
(4)	<u> </u>								
	<u>-</u>					Enter here and	nns 5 and 10 I on page 1, Part I column (A)	l, Enter	dd columns 8 and 11 here and on page 1, Part I, line 8, column (B)
Totals					<u> </u>			0.	0.
Schedule G - Investme		of a Section	n 501(c)(7), (9), or	(17) Or	ganizatior	ì		
(see insti	ructions)								
1 Desc	ription of income			2. Amount of	ıncome	Deductiondirectly connect	octed 4	Set-asides	Total deductions and set-asides
	-					(attach sched	lule) (att	ach schedule)	(col 3 plus col 4)
(1)	_								_
(2)									
(3)									
(4)									
				Enter here and Part I, line 9, co			,		Enter here and on page 1, Part I, line 9, column (B)
Totals					0.	,	,	Sui	0.
Schedule I - Exploited (see instru		tivity Incor	ne, Othe	r Than Ac	ivertisi	ing Income	•		
Description of exploited activity	2. Gross unrelated busin income from trade or busin	ness directly	expenses y connected production inrelated ass income	4 Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted at	Expenses tributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)								_	
(3)								-	
(4)									
	Enter here and page 1, Part line 10, col (I, page	nere and on a 1, Part I, 0, col (B)	,			· · · · ·	ati Cuta i	Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.	0.	<i>'</i>	1	41, , ,	<u> </u>	1, 1,	0.
Schedule J - Advertisi									
Part I Income From	Periodicals	Reported	on a Con	solidated	l Basis				
1 Name of periodical	adve	Gross ertising come ac	3 Direct divertising costs	or (loss) (co	tising gain ol 2 minus ain, comput arough 7	5. Circulate income		Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				,	****				,
(2)				7 ,					· /
(3)				1					1
(4)				٦,			-+		1
· ·					······	1			
Totals (carry to Part II, line (5))	•	0.		0.					0.

Form 990-T (2016) Bayside Supporting Organization 47-3887565 | Rart 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	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)							
(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.	_ 0.	77 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0.

1. Name	2 Title	3 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			0.

Form 990-T (2016)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

Information about Schedule D and its separate instructions is at www.lrs.gov/form1041.

OMB No. 1545-0092

2016

Bayside Supporting Organization

Employer identification number

47-3887565

Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments See instructions for how to figure the amounts to enter on the lines below (h) Gain or (loss) (d) Subtract column (é) Proceeds Cost to gain or loss from from column (d) and (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part I combine the result line 2, column (g) with column (g) 1 a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2015 Capital Loss Carryover Worksheet 6 Net short-term capital gain or (loss) Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on page 2 Part II | Long-Term Capital Gains and Losses - Assets Held More Than One Year (g) Adjustments See instructions for how to figure the amounts to enter on the lines below. (h) Gain or (loss) (d) (e) Subtract column (é) Proceeds Cost to gain or loss from from column (d) and (or other basis) (sales price) orm(s) 8949, Part II This form may be easier to complete if you round off cents to whole dollars. combine the result with column (a) line 2, column (g) 8 a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with 10 8,684,900, 4,430,428 4,254,472. Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 12

4,254,472.

13

15

Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2015 Capital Loss

Net long-term capital gain or (loss) Combine lines 8a through 15 in column (h). Enter here and on line 18a,

Capital gain distributions

Carryover Worksheet

column (3) on page 2

Gain from Form 4797, Part I

13

14

16

Part	e D (Form 1041) 2016 Bayside Supporting C				(1) Beneficiaries'	1	Estate's	87565	Page 2
	Caution: Read the instructions before co	mpleti	ng this part		(1/20//01/01/01/00		trust's		(0)
17 Ne	t short-term gain or (loss)	,5		17	<u> </u>				
	t long-term gain or (loss):						•		
	tal for year			18a		4	,254,	472.	4,254,472.
	recaptured section 1250 gain (see line 18 of the wrks	ht.)		18b					
	% rate gain	,		18c					
	tal net gain or (loss). Combine lines 17 and 18a		▶	19		4	,254,	472.	4,254,472.
Note: /f	line 19, column (3), is a net gain, enter the gain (on Foi	m 1041, line 4 (or Form 9	990-T,	Part I, line 4a) If lin	es 18a a	nd 19,	column	(2), are net gains,
go to Pa	art V, and don't complete Part IV If line 19, col	umn (3), is a net loss, complete	Part I	IV and the Capital Lo	ss Carry	over W	orksheet	t, as necessary
Part	IV Capital Loss Limitation								
20 En	ter here and enter as a (loss) on Form 1041, line 4 (or	r Form	990-T, Part I, line 4c, if a tru	ist), th	e smaller of:				
a Th	e loss on line 19, column (3) or b \$3,000						20	()
	the loss on line 19, column (3), is more than \$3,			ne 22	(or Form 990-T, line	34), is a	loss, d	complete	the Capital
Loss Ca	arryover Worksheet In the Instructions to figur	e youi	capital loss carryover						
Part									
Form 10	141 filers Complete this part only if both lines 18a an	d 19 ın	column (2) are gains, or an	amou	nt is entered in Part I c	r Part II a	nd ther	e is an en	try on Form 1041,
,	2), and Form 1041, line 22, is more than zero.								
Caution	: Skip this part and complete the Schedule D Ta	x Wor	ksheet in the instructio	ns if					
	e r line 18b, col (2) or line 18c, col (2) is more th								
	n Form 1041, line 2b(1), and Form 4952, line 4g					5	- 0	00 T	45 000 T I
	OO-T trusts. Complete this part only if both lines 18a a								
	ore than zero Skip this part and complete the Sched						180, COL	. (2) is mo	ore than zero.
	er taxable income from Form 1041, line 22 (or Form 9	190-1, 1	ine 34)	21	1,70	4,261.	/ 1		
	er the smaller of line 18a or 19 in column (2)	ــ ا		.			20		
	not less than zero	22	4,254,472	_	<u></u>		25		
	er the estate's or trust's qualified dividends from			1	*.		, ·		
	m 1041, line 2b(2) (or enter the qualified dividends			\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1		,		
	u ded in income in Part I of Form 990-T)	23	4 254 472	\dashv			*/		
	1 lines 22 and 23	24	4,254,472	⁴4 .					
	e estate or trust is filing Form 4952, enter the			, ľ			,		
	ount from line 4g; otherwise, enter -0-	25				. 470			
	otract line 25 from line 24. If zero or less, enter -0-			26		54,472.	1. 1		
	tract line 26 from line 21. If zero or less, enter -0-			27		0.			
	er the smaller of the amount on line 21 or \$2,550			28		2,550.	- 1		
	er the smaller of the amount on line 27 or line 28			29	<u> </u>				2,550
	tract line 29 from line 28. If zero or less, enter -0 Th	iis amo	unt is taxed at 0%	ء ا	. 1	NA 261	30		2,550
	er the smaller of line 21 or line 26			31	 	04,261. 51,922.	3, 7,		
	extract line 30 from line 26			32		12,400.	1. 1		
	er the smaller of line 21 or \$12,400			34		2,550.	3 (
	I lines 27 and 30			_		9,850.	13		
	otract line 34 from line 33. If zero or less, enter -0-			35		9,850.			
	er the smaller of line 32 or line 35			30	<u> </u>	3,030.	37		1,478
	Itiply line 36 by 15% (0.15) er the amount from line 31			38	1 7	04,261.	31		
				39		12,400.	1, 1		
	ines 30 and 36 otract line 39 from line 38. If zero or less, enter -0-			40		91,861.	4		
	•			40	1,0	71,001.	41		338,372
	Itiply line 40 by 20% (0.20)	v Data	Cabadula for Estatos	1	1		71		
_	ure the tax on the amount on line 27. Use the 2016 Ta			42	,	0.	1		
	Trusts (see the Schedule G instructions in the instructions in the instructions of the conditions of t	CHOIIS	or runn 1041)	43		39,850.	 /		
	i lines 37, 41, and 42	v Data	Schodula for Estatos	 "	, 	,000.	1/		
-	ure the tax on the amount on line 21. Use the 2016 Ta			44	.	73,183.			
	Trusts (see the Schedule G instructions in the instruc-					,			
	c on all taxable income. Enter the smaller of line 43 (line 1a (or Form 990-T, line 36)	or iii1e	44 HETE AND ON FORM 1041, 1	SUIRUI	nie	_	45		339,850
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SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

► Attach to Form 1041

Information about Schedule I (Form 1041) and its separate instructions is at www.lrs.gov/form1041

OMB No 1545-0092

1,705,261.

Department of the Treasury Internal Revenue Service

Name of estate or trust Employer identification number Bayside Supporting Organization 47-3887565

Part I Estate's or Trust's Share of Alternative Minimum Taxable Income

1 Adjusted total income or (loss) (from Form 1041, line 17)

2	Interest	2	
3	Taxes	3	
4	Miscellaneous itemized deductions (from Form 1041, line 15c)	4	
5	Refund of taxes	5	()
6	Depletion (difference between regular tax and AMT)	6	
7	Net operating loss deduction. Enter as a positive amount	7	
8	Interest from specified private activity bonds exempt from the regular tax	8	
9	Qualified small business stock (see instructions)	9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12	
13	Disposition of property (difference between AMT and regular tax gain or loss)	13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14	
15	Passive activities (difference between AMT and regular tax income or loss)	15	
16	Loss limitations (difference between AMT and regular tax income or loss)	16	
17	Circulation costs (difference between regular tax and AMT)	17	-
18	Long-term contracts (difference between AMT and regular tax income)	18	
19	Mining costs (difference between regular tax and AMT)	19	
20	Research and experimental costs (difference between regular tax and AMT)	20	
21	Income from certain installment sales before January 1, 1987	21	()
22	Intangible drilling costs preference	22	
23	Other adjustments, including income-based related adjustments	23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	1,705,261.
	Note: Complete Part II below before going to line 26	14	
26	Income distribution deduction from Part II, line 44 N/A 26	~	
27	Estate tax deduction (from Form 1041, line 19) N/A 27		
28	Add lines 26 and 27	28	
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	1,705,261.
	If line 29 is:		
	\$23,900 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the		
	alternative minimum tax.		
	• Over \$23,900, but less than \$175,450, go to line 45.		
- TO-	\$175,450 or more, enter the amount from line 29 on line 51 and go to line 52. Int II Income Distribution Deduction on a Minimum Tax Basis N/A		<u> </u>
		20	
	Adjusted alternative minimum taxable income (see instructions) Adjusted tax-exempt interest (other than amounts included on line 8)	30	
		32	
	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for	99	
2.4	charitable purposes (from Form 1041, Schedule A, line 4) Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	33	
	Capital gains computed on a minimum tax basis included on line 25	35	1
	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
	Distributable net afternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
	Income required to be distributed currently /from Form 10/11. Schedule R. line 9\	20	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

42 Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

41 Tax-exempt income included on line 40 (other than amounts included on line 8)

39 Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Schedule I (Form 1041) (2016)

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40 Total distributions. Add lines 38 and 39

Sch	dule (Form 1041) (2016) Bayside Supporting Organization			47-38	87565	Page 2
Pa	rt II Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)	N/A		
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3	37.				
	If zero or less, enter -0-			43		
44	Income distribution deduction on a minimum tax basis Enter the smaller of line 42 or line	43				
	Enter here and on line 26			44		
Pa	rt III - Alternative Minimum Tax					
45	Exemption amount			45	\$23,900 0	0
46	Enter the amount from line 29	46			-	
47	Phase-out of exemption amount	47	\$79,850 00			
48	Subtract line 47 from line 46. If zero or less, enter -0-	48] [
49	Multiply line 48 by 25% (0.25)			49		
50	Subtract line 49 from line 45. If zero or less, enter -0-			50		
51	Subtract line 50 from line 46			51	1,70	5,261.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha	s a gair	on lines 18a and 19			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	e, if line	e 51 is -			
	• \$186,300 or less, multiply line 51 by 26% (0.26).			11/1		
	 Over \$186,300, multiply line 51 by 28% (0.28) and subtract \$3,726 from the result 			52		10,050.
	Alternative minimum foreign tax credit (see instructions)			53		
	Tentative minimum tax. Subtract line 53 from line 52			54		10,050.
	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G)		•	55	33	89,850.
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here	and or	1			
_	Form 1041, Schedule G, line 1c			56		200.
<u> </u>	rt IV Line 52 Computation Using Maximum Capital Gains Rat					
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D		•			
	or the Qualified Dividend's Tax Worksheet in the Instructions for Form 1041, see the	ie instr	ructions			
67	before completing this part			_	1 7/	NE 261
	Enter the amount from line 51 Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax	1	1	57	1, //	05,261.
30	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for					
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	4,254,472.			
50	Enter the amount from Schedule D (Form 1041), line 18b, column (2)	- 30	1,231,112.	 		
00	(as refigured for the AMT, if necessary). If you didn't complete			11/2		
	Schedule D for the regular tax or the AMT, enter -0-	59		\\\',\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	-		1 1		
••	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter			13, 1		
	the smaller of that result or the amount from line 10 of the Schedule D Tax			l-		
	Worksheet (as refigured for the AMT, if necessary)	60	4,254,472.			
61	Enter the smaller of line 57 or line 60		<u>'</u>	61	1,70	5,261.
62	Subtract line 61 from line 57			62	·	
63	If line 62 is \$186,300 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by					
	28% (0.28) and subtract \$3,726 from the result		>	63		
64	Maximum amount subject to the 0% rate	64	\$2,550 00			
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D			1		
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions			/		
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't			: %		
	complete Schedule D or either worksheet for the regular tax, enter the amount			11/4		
	from Form 1041, line 22; if zero or less, enter -0-	65	0.	".		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	2,550.	[:]		
67	Enter the smaller of line 57 or line 58	67	1,705,261.			
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	2,550.	ľ., l		
69	Subtract line 68 from line 67	69	1,702,711.	lin		
6198	2 12-14-16			Sche	dule I (Form 104	1) (2016)

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0	Maximum amount subject to rates below 20%	70	\$12,400 00		
71	Enter the amount from line 66	71	2,550.	,5 .	
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the			. ~	
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax			- ,	
	Worksheet, whichever applies (as figured for the regular tax) If you			/	
	didn't complete Schedule D or either worksheet for the regular tax, enter	1 1		١,	
	the amount from Form 1041, line 22; if zero or less, enter -0-	▶ 72		′ '	
3	Add line 71 and line 72	73	2,550.	,	
' 4	Subtract line 73 from line 70. If zero or less, enter -0-	74	9,850.	,	
75	Enter the smaller of line 69 or 74	75	9,850.	Ì	
'6	Multiply line 75 by 15% (0.15)	<u> </u>	•	76	1,478
77	Add lines 68 and 75	77	12,400.		
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Of	therwise, go to line 78	 B.	11/4	
8'	Subtract line 77 from line 67	78	_1,692,861.	Ϊ́΄,	
79	Multiply line 78 by 20% (0.20)			79	338,572
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwis	se, go to line 80		1	
30	Add lines 62, 77, and 78	80		mentere	
31	Subtract line 80 from line 57	81		1/	
32	Multiply line 81 by 25% (0.25)		•	82	
33	Add lines 63, 76, 79, and 82			83	340,050
4	If line 57 is \$186,300 or less, multiply line 57 by 26% (0.26). Otherwise, multiply	/ line 57 by 28% (0.28)		
	and subtract \$3,726 from the result			84	473 <u>,</u> 747
35	Enter the smaller of line 83 or line 84 here and on line 52			85	340,050

•	Footnotes	Statement 1
Form 990-T, Part II, Line 19:		
Property taxes State income taxes		91,874. 208,588.
		300,462.

Form 990-T	Other Income	Statement	2	
Description		Amount		
License Income		45,000.		
Total to Form 990-T, 1				
Form 990-T	Interest Paid	Statement	3	
Description		Amount		
Investment Interest Expense		141,37	141,370.	
Total to Form 990-T, Page 1, line 18		141,37	70.	
Form 990-T	Other Deductions	Statement	4	
Description		Amount		
Legal and Professional Fees		386,863.		
Consulting Expenses Insurance Expense		6,33 23,81		
Office Supplies	ffice Supplies		99.	
Leases Utilities		13,500. 3,202.		
Corporate Taxes and Fees		14,005.		
Total to Form 990-T, Page 1, line 28		448,117.		

Form 990-T	Contributions Summary		Statement	
Carryover of Prior Years	Unused Contributions			
For Tax Year 2011 For Tax Year 2012 For Tax Year 2013 For Tax Year 2014 For Tax Year 2015	2,576,842			
Total Carryover Total Current Year 50% C	ontributions	2,576,842		
Total Contributions Available Taxable Income Limitation as Adjusted		2,576,842 1,704,262		
Excess 50% Contributions 872,580 Total Excess Contributions 872,580				
Allowable Contributions Deduction		1,704,	262	
Total Contribution Deduc	tion	-	1,704,	262

· Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification no. Bayside Supporting Organization Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box, If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (d) (e) (h) loss If you enter an amount Date sold or Proceeds Cost or other Gain or (loss). Description of property Date acquired in column (g), enter a code in column (f). See instructions. (sales price) Subtract column (e) basis See the (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) see Column (e) ın combine the result Amount of adjustment Code(s) with column (g) the instructions Lot 3 of Lot Line Roseville CA 06/24/13 02/14/17 2,307,430, 1,171,522. 1,135,908. CA06/24/13 02/14/17 Lot 4 of BLA, Roseville, 2,324,552. 1,283,237. 1,041,315. Lot 2, Pcl 49, Lot 1 & 5 Roseville, CA 06/24/13 02/14/17 4,052,918. 1,975,669. 2,077,249. Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

8,684,900.

4,430,428

4,254,472.

above is checked), or line 10 (if Box F above is checked)