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101	=	2
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				4	7000) T 9 0 0 (5 1
990-T	l E	Exempt Organization Bus	ine	ss Income T	ax Ret	urn	OMB No 1545-	-0687
rom CCC I	-	(and proxy tax und					004	
,	Forca	lendar year 2018 or other tax year beginning OCT 1, 20	18	, and ending SEP	30, 2019		201	8
B		► Go to www.irs.gov/Form990T for in		ons and the latest inform	ation. 1 🔾	\mathcal{M}		_
Department of the Treasury Internal Revenue Service		Do not enter SSN numbers on this form as it may	be ma	de public if your organiza	ation is a 50 t		Oden to Public Ins 50(1(c)(3) Organizat	
A Check box if address changed		Name of organization (hanged	and see instructions.)			imployer identification i Employees' trust, see instructions)	number
B Exempt under section	Print_	WAYZATA BAY SENIOR HOUSING, INC.					26-0615372	
X 501(c)(3)	_ or_	Number, street, and room or suite no. If a P O. box	k, see II	nstructions.			Inrelated business activ See instructions)	vity code
408(e) 220(e)	Туре	2845 HAMLINE AVENUE NORTH						•
408A 530(a)		City or town, state or province, country, and ZIP or ROSEVILLE, MN 55113	r foreig	n postal code		53	1120	
C Book value of all assets at end of year		F Group exemption number (See instructions)	>					
167,105,	467.	G Check organization type ► X 501(c) corp	oratio	n 501(c) trust		401(a) tru	st Othe	er trust
		tion's unrelated trades or businesses.	1	Describe	the only (or f	ırst) unrela	ited	
		r-FINANCED RENTAL INCOME					nore than one,	
describe the first in the b	lank spa	ice at the end of the previous sentence, complete Pa	rts I an	id II, complete a Schedule	M for each a	dditional tr	ade or	
business, then complete								
		poration a subsidiary in an affiliated group or a pare	t) sobs	idiary controlled group?	STMT 2	15 X	Yes No	
		tifying number of the parent corporation	rKj		41-0	· <i>~</i>	<u> 156</u>	
J The books are in care of		de or Business Income		· · · · · · · · · · · · · · · · · · ·				
		de of Business income	1	(A) Income	(B) EX	penses	(C) Ne	<u>" </u>
1a Gross receipts or sale		. 0-1	۱					/
b Cess returns and allow		c Balance	1c					
2 Cost of goods sold (S		•	3				- / 	
3 Gross profit. Subtract			4a					
4a Capital gain net incon		Part II, line 17) (attach Form 4797)	4b	1018-1	-		/	
 b Net gain (loss) (Form c Capital loss deduction 			4c			/		
•		ship or an S corporation (attach statement)	5					
6 Rent income (Schedu	•	sinp of all o corporation (attach otalemon)	6					
7 Unrelated debt-finance	•	ne (Schedule E)	7	728,866,00		895,30	016	6,434.
		nd rents from a controlled organization (Schedule F)	8					
		on 501(c)(7), (9), or (17) organization (Schedule G)	9					
10 Exploited exempt acti	vity inco	me (Schedule I)	10					
11 Advertising income (S	Schedule	e J)	11					
12 Other income (See in:	struction	ns; attach schedule)	12					
13 Total. Combine lines			13	728,866.		895,30	016	6,434.
(Except for	contribi	ot Taken Elsewhere (See instructions foutions, deductions must be directly connected			income)		.time	
14 Compensation of off	icerś, di	rectors, and trustees (Schedule K)		*****		ļ	4	
15 Salaries and wages		/ _RE	:CE	IVED			5	
16 Repairs and mainter	ance					_	6	
17 Bad debts		AUG	3 1	2020 SOS			17	
18 Interest (attach sche	dule) (s	ee instructions)	- 1	101		_	8	
19 Taxes and licenses	one (C-	OCT	75.	<u> </u>		r	9	
	•	e instructions for limitation rules)	ト	I, UT 21		1.2	20	
21 Depreciation (attach		n Schedule A and elsewhere on return		22a		——————————————————————————————————————	 2b	
22 Less depreciation cli23 Depletion	anneu U	II SCHOULE A AND EISEWHELE ON TELUIN		[224]			20	
24 Contributions to def	erred co	mpensation plans					24	
25 Employee benefit pro							25	
26 Excess exempt expe							26	
27 Excess readership o							27	
28 Other deductions (at							8	
29 Total deductions. A							9	0.
/		ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13	ā			6,434.
		loss arising in tax years beginning on or after Janua		/ \	LI		1	
	-	ncome. Subtract line 31 from line 30		(PW	1] 3	F .	6,434.
		rwork Reduction Act Notice, see instructions				^	Form 990 -	· T (2018)
		1				()	n11	

Fŏrm 990-T y	018) WAYZATA BAY SENIOR HOUSING	, INC.		26-061	5372	Page 2
Partifi		ble Income			1	
	Total of unrelated business taxable income comput	ted from all unrelated trades or businesse	s (see instructions)		33	-166,434.
4/	Amounts paid for disallowed fringes	<i>J</i> ,	LVX		34	
	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see	nstructions) ST	MT 3	35	0.
	Total of unrelated business taxable income before				i i	
	ines 33 and 34				. 1/86	-166,434.
	Specific deduction (Generally \$1,000, but see line (37 instructions for exceptions)		4	37	1,000.
	Unrelated business taxable income Subtract line		line 36.			
	enter the smaller of zero or line 36	great was		11	38	-166,434.
	Tax Computation					
	Organizations Taxable as Corporations Multiply	line 38 by 21% (0 21)			. 39	0.
40 1	Trusts Taxable at Trust Rates See instructions fo	r tax computation. Income tax on the am	ount on line 38 from:			
	Tax rate schedule or Schedule D (Fo			•	40	
41 8	Proxy tax See instructions	·		•	41	
42 //	Alternative minimum tax (trusts only)				42	
- /	Tax on Noncompliant Facility Income See instru	ctions			43	
44/ 1	Total Add lines 41, 42, and 43 to line 39 or 40, wh	nichever applies			44	0.
IPart\V	Tax and Payments					
45a F	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	4\$a			
ь (Other credits (see instructions)		45b			
c (General business credit Attach Form 3800		45c			
	Credit for prior year minimum tax (attach Form 880	01 or 8827)	45d		_	
e 7	Total credits Add lines 45a through 45d		1		45e	
	Subtract line 45e from line 44		,		46	0.
	Other taxes Check if from: Form 4255	Form 8611 Form 8697 For	m 8866 Other	(attach schedule)	3	
	Total tax. Add lines 46 and 47 (see instructions)				48	0.
	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2	ا با		49	0.
	Payments: A 2017 overpayment credited to 2018		50a			
	2018 estimated tax payments		5Ób		_{	
	Tax deposited with Form 8868		50c			
	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d		\dashv	
	Backup withholding (see instructions)	(-M F 0044)	50e		\dashv	
	Credit for small employer health insurance premiui		50f	······		
g (orm 2439				
	Form 4136 C Total payments Add lines 50a through 50g	Other Total	► 50g		51	
_	Estimated tax penalty (see instructions) Check if F	form 2220 is attached	,		52	
_	Tax due If line 51 is less than the total of lines 48,	•		•	53	
	Overpayment If line 51 is larger than the total of I		ıd		54	
	Enter the amount of line 54 you want. Credited to		ì	funded 🕨	55	
	Statements Regarding Certain				1	
	At any time during the 2018 calendar year, did the			TY		Yes No
	over a financial account (bank, securities, or other)					
	FinCEN Form 114, Report of Foreign Bank and Fina					
ı	here >					х
57 (During the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to, a fo	reign trust?		х
	If "Yes," see instructions for other forms the organi					
58 E	Enter the amount of tax-exempt interest received o					
	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of peparer (other that	d this return, including accompanying schedules a	nd statements, and to the	best of my know	ledge and belief, it is	true,
Sign		1 . 1.0			May the IRS discuss	this return with
Here	Stell				the preparer shown b	elow (see
	Signature of officer	Date Title			instructions)? X	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN	
Paid				self- employe		
Prepar	rer CHRISTOPHER STEINHOFF	CHRISTOPHER STEINHOFF	08/13/20	T	P015873	
Use O	nly Firm's name ► CLIFTONLARSONALLE			Firm's EIN	41-07	10/49
	220 S 6TH STRE	·		Dha	612 276 452	0
	Firm's address MINNEAPOLIS, M	N 55402	· · · · · · · · · · · · · · · · · · ·	Phone no	612-376-450	
823711 01-0	9-19				Form	990-T (2018)

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A			
1 Inventory at beginning of year	1_1_		6	Inventory at end of year	r		6
2 Purchases	2		7	Cost of goods sold Su	btract l	ine 6	
3 Cost of labor	3			from line 5 Enter here	and in l	Part I,	
4 a Additional section 263A costs				line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to	
5 Total Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income (see instructions)	From Real I	Property and	Pers	sonal Property L	ease	d With Real Prope	rty)
Description of property						, 10	
(1)							- 84
(2)							
(3)							
(4)		<u> </u>					
		ed or accrued				2(a) Doductions directly s	onnected with the income in
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	` of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)) 8	columns 2(a) and	2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see II	nstru	ctions)			
			2	Gross income from		3 Deductions directly conne to debt-financed	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
					S	PATEMENT 4	STATEMENT 5
(1) NORTH/SUPERIOR BLOCK				706,155.		297,667.	446,629.
(2) ALL AGE RENTAL UNITS				886,241.		354,862.	752,385.
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 6	of or a	adjusted basis llocable to nced property i schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,439,260.		12,954,068.		11.11%		78,454.	82,691.
(2) 8,336,005.		11,358,292.		73.39%		650,412.	812,609.
(3)				%			
(4)				%			
	· · · · · · · · · · · · · · · · · · ·					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		728,866.	895,300.
Total dividends-received deductions in	cluded in column	8		– [•	0.
							Form 990-T (2018)

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			Exempt (Controlled O	ganızatıc	ons					
Name of controlled organize		2 Employer dentification number	3 Net unre (loss) (see	elated income instructions)		al of specified nents made	included	of column 4 I in the contr I on's gross i	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)			T								
Nonexempt Controlled Organ	nizations										
7. Taxable Income	8 Net unrelated (see instru		9 Total o	of specified paym made	nents	10 Part of colur in the controlli gross	nn 9 that is ng organiza i income	s included ation's		ductions directly connected income in column 10	
(1)											
(2)	1										
(3)	1										
(4)			1								
						Add colum Enter here and line 8, c		Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
otals					<u> </u>			0.			
Schedule G - Investme		a Section	ı 501(c)(7)), (9), or (1	7) Org	anızation					
	tructions)			2 Amount of a	ncome	3 Deduction directly connect (attach schedu	cted	4 Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)					-+	(attach scried)	шел		····	(coi 3 pius coi 4)	
(2)					-+					 	
(3)					-+						
(4)					-+						
otals				Enter here and o Part I, line 9, cold						Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited		ity Incom	e, Other	Than Adv	ertising	Income					
Description of exploited activity	2 Gross unrelated business income from trade or business	s directly with pi of ur	expenses or connected production nrelated less income	4. Net incom- from unrelated business (col- minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross inco from activity the is not unrelate business income	nat ed	6 Exp attribute colun	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	1				-+		- -			†	
(2)	1			.,,,	-+						
(3)	 				- 						
(4)	+				-+			-		†	
<u> </u>	Enter here and on page 1, Part I, line 10, col (A)	page	nere and on 1, Part I, 0, col (B)				l			Enter here and on page 1, Part II, line 26	
otals -	<u>:L</u> _	0.	0.							0	
Schedule J - Advertisi Part I Income From		see instructio Reported o		olidated I	Basis						
1 Name of periodical	2 Gro advertis incom	sing and	3 Direct vertising costs	4 Adverts or (loss) (co col 3) If a ga cols 5 thr	2 minus in, compute	5 Circulati income	on	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)										•	
				7					$\neg \neg$	ı	
(3)											
(3)											
(4)											

IPart III 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.				0

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

	1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter here and o	n page 1, Part II, line 14		>	0.

Form 990-T (2018)

FOOTNOTES	STATEMENT 1
FORM 990-T, PAGE 3, SCHEDULE E	
ACQUISITION INDEBTEDNESS, BEGINNING	11,503,635.
ACQUISITION INDEBTEDNESS, ENDING ACQUISITION INDEBTEDNESS, AVERAGE	8,046,894. 9,775,265.
BEGINNING ADJUSTED BASIS	22,790,403.
ENDING ADJUSTED BASIS	25,834,313.
AVERAGE ADJUSTED BASIS	24,312,358.

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S	NAME						IDENTIFYING 1	NO
PRESBYTERIAN H	HOMES AN	ND SERVICES					41-0758756	

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/14	316,477.	90,669.	225,808.	225,808.
09/30/15	400,164.	0.	400,164.	400,164.
09/30/16	284,370.	0.	284,370.	284,370.
NOL CARRYO	VER AVAILABLE THIS	YEAR	910,342.	910,342.

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			297,667.	
DDDDDDDDDDDDD	- SUBTOTAL -	1	254 000	297,667.
DEPRECIATION	- SUBTOTAL -	2	354,862.	354,862.
TOTAL OF FORM 99	00-T, SCHEDULE E, COLUMN	3(A)		652,529.

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS	S	TATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST			364,763.	
OCCUPANCY			40,285.	
INSURANCE			5,818.	
SALARIES			28,949.	
BENEFITS		•	4,186.	
PAYROLL TAXES			2,209.	
ACCOUNTING FEES			419.	
OTHER DIRECT EXPENSES	5		0.	
	- SUBTOTAL -	1		446,629
INTEREST			410,976.	
SALARIES			61,636.	
OTHER BENEFITS			16,794.	
ACCOUNTING FEES			1,182.	
OCCUPANCY			106,005.	
INSURANCE			12,665.	
OTHER DIRECT EXPENSES	5		143,127.	
	- SUBTOTAL -	2		752,385
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)	_	1,199,014

	RAGE ACQUISITION ABLE TO DEBT-FIN			STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT			1,439,260.	
AVERAGE ACQUISITION DEBT	- SUBTOTAL -	1	8,336,005.	1,439,260.
	- SUBTOTAL -	2		8,336,005.
TOTAL OF FORM 990-T, SCHE	DULE E, COLUMN	4		9,775,265.

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS			12,954,068.	
	- SUBTOTAL -	1		12,954,068
AVERAGE ADJUSTED BASIS			11,358,292.	
	- SUBTOTAL -	2		11,358,292
TOTAL OF FORM 990-T, SCHE	DULE E. COLUMN	5	_	24,312,360