						()2/9	393	0670423	6 0	
_		EX	TENDED TO M	AY 1	15, 2020		\mathcal{Q}	l		
Form	990-T 🦮 Ex				ss Income T	ax Reti	urn	OMB No 1545-0687	•	
		•	ind proxy tax und			NT 20 1	2010	2018		
	For calen				18 and ending JU		2019	2010		
	partment of the Treasury ernal Revenue Service Go to www irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations only Demolover identification number.									
ΑL	Check box if address changed Name of organization (Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions.)									
B E	xempt under section2 Print 1		11-0747165							
X	X 501(C)(3 Or Type Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code (See instructions)									
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code									
		MANKATO, MN				<u> </u>	1900	0099	1 .	
C at	93,817,053.	F Group exemption num		norotion	n		401(a) trust	Other trust	\cdot	
H En	ter the number of the organization			1		the only (or fir	401(a) trust		.	
	de or business here NONI			<u> </u>		complete Part	•			
	scribe the first in the blank space		us sentence, complete Pa	arts I an						
	siness, then complete Parts III-V		bo domonod, dompidae i	2. 15 1 4.1	ia ii, adiiipiola a concadio			.		
	iring the tax year, was the corpor		affiliated group or a parei	nt-subs	idiary controlled group?		▶ □ Y	es X No	•	
	'Yes," enter the name and identify		_						-	
	e books are in care of 🕨 DA				Telepho	one number	> 507-	344-7739	•	
Ra	ন্টু Unrelated Trade	or Business Inc	come	,	(A) Income	(B) Exp	enses	(C) Net	:	
1 a	Gross receipts or sales		_	l						
b	Less returns and allowances		c Balance	1c		ALTERNATION OF THE PERSON OF T		Applications and application of the second		
2	Cost of goods sold (Schedule A	•		2			100 Y V 100 Y			
3	Gross profit. Subtract line 2 from			 	DECENT	The Second				
	Capital gain net income (attach	•		4 a	REVEIVE		war. Marka	4	•	
	Net gain (loss) (Form 4797, Par		n 4797)	1 1 g	\ 			1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							2		
5	Income (loss) from a partnershi	ip or an S corporation (a	ittach statement)	10		America Co.	Lange Lington	Ĵ		
6	Rent income (Schedule C)	(Cahadula E)		1	CODEN	1193				
8	Unrelated debt-financed income Interest, annuities, royalties, and	•	organization (Schodulo E)	832	Waller.				•	
9	Investment income of a section		_		Tible, north at 4-4-2			_	•	
10	Exploited exempt activity incom		riganization (ochedule d)	10						
11	Advertising income (Schedule J	,		11					•	
12	Other income (See instructions.	•		12				1	•	
	Total. Combine lines 3 through			13	0.				•	
Pa			e (See instructions for						='	
	(Except for contributi	ions, deductions mus	t be directly connected	d with t	the unrelated business	ıncome)		<u></u>		
14	Compensation of officers, direc	ctors, and trustees (Sch	edule K)				14			
15	Salaries and wages						15			
16	Repairs and maintenance						16			
17	Bad debts						17		•	
18	Interest (attach schedule) (see	instructions)					18_			
19	Taxes and licenses						19			
20	Charitable contributions (See ii		i ruies)		lati		20			
21 22	Depreciation (attach Form 456) Less depreciation claimed on S	•	ra on raturn		21 22a		22b	4		
23	Depletion	Schedule A and eisewhei	e on return		[228]		23		•	
24	Contributions to deferred comp	nensation nlans					24		•	
25	Employee benefit programs	portounon piuno					25			
26	Excess exempt expenses (Sche	edule I)					26	† · · · · · ·	•	
. 27									•	
28	Other deductions (attach sched	•					28	<u></u>		
29	Total deductions Add lines 14	=				55	5 29	0.		
30										
31	Deduction for net operating los	ss arising in tax years be	ginning on or after Janua	ry 1, 20	018 (see instructions)	_	31	HE THE STREET		
32	Unrelated business taxable inci	ome Subtract line 31 fro	om line 30		·		32	0.	_	
82370	1 01-09-19 LHA For Paperwo	ork Reduction Act Notic	e, see instructions.				' 1	Form 990-T (2018)) _	

Form 990-		41-07	<u>47165</u>	Page 2				
Part	II ■ Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.				
34	Amounts paid for disallowed fringes		34					
35	·							
	Deduction 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	410	36					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3	3 7	1,000.				
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		\perp \downarrow \downarrow					
	enter the smaller of zero or line 36	- 351	38	0.				
Part	ଐନ୍ତ୍ର Tax Computation							
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	110	- 39	0.				
		40-	30.3					
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	_	-3453					
	Tax rate schedule or Schedule D (Form 1041)	•	40					
41	Proxy tax. See instructions	•	41					
42	Alternative minimum tax (trusts only)		42					
43	Tax on Noncompliant Facility Income. See instructions		48					
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	Uh	44	0.				
	Tax and Payments		1 1					
			2.46.2					
b	Other credits (see instructions) 45b							
C	General business credit. Attach Form 3800	=:	1.34.1					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)							
е	Total credits. Add lines 45a through 45d		45e					
46	Subtract line 45e from line 44		46	0.				
47		(attach schedule)						
		A LOCALISE		0.				
48	Total tax. Add lines 46 and 47 (see instructions)	9	48					
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	\sim) 49	0.				
50 a	Payments A 2017 overpayment credited to 2018							
b	2018 estimated tax payments	2,400	. 對劉					
С	Tax deposited with Form 8868							
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	-						
е	Backup withholding (see instructions)							
1	Credit for small employer health insurance premiums (attach Form 8941)							
g	Other credits, adjustments, and payments Form 2439							
	Form 4136 Other Total ▶ 50g							
51	Total payments. Add lines 50a through 50g		51	2,400.				
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52					
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53					
		55	54	2,400.				
0^{54}	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid							
√ 3 ₆		funded >	5 5	2,400.				
Rant'								
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit	y		Yes No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country							
	here ▶			X				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	aian truct2		_ x				
37		cigii ii ust		3600				
	If "Yes," see instructions for other forms the organization may have to file.			74 (4)				
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$							
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and pemplete Declaration of prepayer (other/y/an taxpayer) is based on/all information of which prepayer has any knowledge	Dest of my know	leage and belief,	it is true,				
	10,000	Г	May the IRS disc	uss this return with				
Here	HULLEN AU 424/2020 PRESIDENT		the preparer show					
	Signature of officer Date Title		instructions)?	X Yes No				
	Print/Type preparer's name Preparer's signature A Date	Check	If PTIN					
D-: 1		self- employed						
Paid	bpa T holle cod 2/ dog	Son Ginploye		447603				
Prepa	F A PAVED MILLY VIDOUGH VDAUGE LLD	r >						
Use C	nly Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN	<u> </u>	0859910				
	225 S 6TH ST #2300		· · · ·					
	Firm's address ► MINNEAPOLIS, MN 55402	Phone no	<u>612.876</u>					
823711 01-	09-19		Fo	rm 990-T (2018)				

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	luation N/A					
Inventory at beginning of year 1			ĭ	Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold. S	ubtract l	ine 6	∯		
3 Cost of labor	3_				and in f	Part I,			
4 a Additional section 263A costs		line 2 8 Do the rules of section 263.					7		
(attach schedule)	4a					with respect to	Yes No		
b Other costs (attach schedule) 4b				property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income	(From Real I	Property and	l Pers	onal Property L	.ease	d With Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)		-							
(2)	_				Ť				
(3)									
(4)									
	2 Rent receive	d or accrued				04.35.4.4.4.4.4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` ´of rent for p	personal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	g e	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.]			
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	>			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	ınstruc	tions)					
				Gross income from		3. Deductions directly conne to debt-finance			
1. Description of debt-fin	anced property		or allocable to debt- financed property		(2) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
· ·			_						
(1)			-						
(2)			 						
(3)			-			<u> </u>			
(4)			-			,			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-finar	adjusted basis llocable to iced property 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)				. %					
(2)				%					
(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				>		0.	0.		
Total dividends-received deductions in	cluded in column	8					0.		
							Form 990-T (2018)		

		indities, rioya			Controlled Or				(555 1115	tructions	<u>′ </u>	
Name of controlled organization		identif	nployer lication nber	3. Net unre	slated income instructions)	4. Tot	ments made incl		, Part of column 4 that is ncluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5	
(1)				-	_							
(2)												
(3)												
(4)										•		
Nonexempt (Controlled Organiz	ations										
7. ^{Tax}	able Income	8 Net unrelated incor (see instruction		9. Total o	of specified paym made	ients	10 Part of colun in the controllin gross	nn 9 that i ng organia i income	s included zation's		uctions directly connected income in column 10	
(1)												
(2)		_										
(3)												
(4)												
							Add columns 5 and 10 Enter here and on page 1, Part I, Inne 8, column (A)		I, Part I,	Add columns 6 and 11 Enter here and on page 1, Part I, Inne 8, column (B)		
Totals	-					<u> </u>			0.		0.	
Schedule ———	G - Investment (see instru	it Income of a sictions)	Section 5	01(c)(7)), (9), or (1 	17) Org						
	1. Descrip	ption of income			2. Amount of i	псоте	 Deduction directly connect (attach schedule) 	cted	4. Set-a (attach se		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											<u> </u>	
(2)												
(3)												
Totals Schedule	I - Exploited E	exempt Activity	Income,	•	Enter here and o Part I, line 9, coli Than Adv	umn (A)	g Income				Enter here and on page 1, Part I, line 9, column (B)	
	(see instruc		,				•					
	scription of sted activity	2 Gross unrelated business income from trade or business	3. Exper directly con- with produ- of unrela business in	nected ection ited	4 Net income from unrelated business (col- minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inconfrom activity the is not unrelate business incon	nat ed	6. Expeatributa	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
		Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P. line 10, co	arti,							Enter here and on page 1, Part II, line 26	
Totals	<u> </u>	0.		0.		The factor	arise.	iyyi			0.	
	J - Advertising	g Income (see i eriodicals Rep	orted on a	a Cons	olidated I	Basis		_	-			
		<u> </u>			1 4					·	7 -	
1.	Name of periodical	2 Gross advertising income		Direct sing costs	4. Advertis or (loss) (co col 3) If a gai cols 5 thr	l 2 minus in, computi ough 7	1	on	6. Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				•		· 動主法 ·	## ##			6		
(2)												
(3)												
(4)												
Totals (carry to	Part II, line (5))	•	0.	0.			<u> </u>				0. Form 990-T (2018	

Form 990-I (2018) BETHANY LUTHERAN COLLEGE INC. 41-07471 Partill 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.			建铁器铁锅	0.

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)