	•5	990-T	Ex	cempt Organization					irn	OMB N	No 1545-0687
	Form	J J J J I	(and proxy tax under section 6033(e)) $i\mathcal{U}_{33}$								<b>@40</b>
			For calendar year 2018 or other tax year beginning <u>07/01</u> , 2018, and ending <u>06/30</u> , 2015  Go to www.irs.gov/Form990T for instructions and the latest information.						20 1 5	2	<b>U 18</b>
		nent of the Treasury Revenue Service	<b>▶</b> Do			ublic Inspection for Organizations Only					
	Α	Check box if address changed		Employer identification number (Employees trust, see instructions )							
	B Exer	npt under section	1	LINFIELD COLLEGE							
	X ;	501( Q 3 )	Print	Number, street, and room or suite no	If a P O	box, see instruction	ons		93-03	391586	
	_∐·	408(e) 220(e)	Type			ated busines structions )	ss activity code				
	H٠	408A530(a)	*	900 SE BAKER STREET				A512	վ ՝	·	
		529(a)		City or town, state or province count	-	ZIP or foreign posta	l code				
		k value of all assets	<u> </u>	MCMINNVILLE, OR 971					ــــــــــــــــــــــــــــــــــــــ		
	26	0 211 079		up exemption number (See instruc			501/0	\ terret	401(0)	trust	Other trust
2020			•	eck organization type   X 50			501(c)		401(a) be the only		
2		ter the number of de or business her		anization's unrelated trades or busine TCは 1	65565		f only one	complete Parts	· ·		
<del>-</del> 1				e end of the previous sentence, co	molete		•	•			00001100 4110
		de or business, th			p.o.c					_	
NO.				corporation a subsidiary in an affi	liated o	roup or a parent-	subsidiary o	controlled group	·····	<b>&gt;</b> L	Yes X No
_				identifying number of the parent of							
SCANNED	J The	e books are in care	e of ▶C	AROL STOWELL-HELLER			Telephon	e number 🕨 5	03-883-	2618	
¥	Part	Unrelated	Trade (	or Business Income		(A) Inco	me	(B) Expe	enses		(C) Net
Ž	1 a	Gross receipts or	sales								j
Ķ		Less returns and allowa		c Balance						<u> </u>	i
$\mathcal{C}$	2	Cost of goods sol	ld (Sched	lule A. line 7)						<u> </u>	<u> </u>
0)		*	tract line 2 from line 1c								
										<del> </del>	
										<del>  -</del>	<del></del>
			partnership or an S corporation (attach statement)								
				ncome (Schedule E)		· · · · · · · · · · · · · · · · · · ·	1				
				ents from a controlled organization (Schedule F							
		•	alties and rents from a controlled organization (Schedule F)  a section 501(c)(7), (9) or (17) organization (Schedule G)  t activity income (Schedule I)								
	11	Advertising incon	ne (Sched	dule J)	11				<u></u>		
	12	Other income (Se	ee instruc	ctions, attach schedule)	12					<u> </u>	
	13			ough 12			0.				
	Part			Taken Elsewhere (See inst					(Except f	or contrib	outions,
		deduction	s must	be directly connected with	the u	related busin	ness inco	me)		т	
	14	Compensation of	officers,	directors, and trustees (Schedule K	D	· · ·   · · · · R	ECEN	/FD:	14	<del></del>	
	15	Salaries and wage	es	(see instructions)		8		· · · · · ·	15	-	
	16	Repairs and main	itenance			181 - ми	Rin	2020	16	<del>                                     </del>	
	17 18	Interest (attach s	chedule)	(see instructions)	18	<del> </del>					
	19	Taxes and license	erieduie)	(See Histractions),		00	DEV	<u> </u>	19		
5	20	Charitable contrib	outions (S	See instructions for limitation rules)			DEN,	UT	20	1	
)				4562)			21		_		
				I on Schedule A and elsewhere on r					22b		
		•				_			23		
				compensation plans						<u> </u>	
	25	Employee benefit	program	s					25	ļ	
	26	Excess exempt ex	(penses	Schedule I)						<del> </del>	
		-		Schedule J)							
			ctions (attach schedule)							<del> </del>	<del></del>
				es 14 through 28						<del> </del>	,
				ole income before net operating						<del> </del>	<del></del>
			•	ng loss arising in tax years beginni	-	•	•			<del>                                     </del>	<del></del>
				e income Subtract line 31 from lin Notice, see instructions	e 3U .	· · · · · · · · · · · · · · · · · · ·	<del></del> .		32	For	rm <b>990-T</b> (2018)
				19/2020 7:23:08 AM	V 1	.8-7.6F			0	$\wedge$	PAGE 8

## LINFIELD COLLEGE

_	990-T (2018)		Page 2
Pai	t III Total Unrelated Business Taxable Income	<del> </del>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	]	
	instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1	
	instructions),	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	-	
•	enter the smaller of zero or line 36	38	0.
Pat	t IV Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	33	· - · - · -
40		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)	42	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	t V Tax and Payments	,	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)		
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	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018	· · · · · · · · · · · · · · · · · · ·	
	2018 estimated tax payments	1	
	2016 estimated tax payments	1	
	Tax deposited with Form 8868	1	
đ	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		050
51	Total payments Add lines 50a through 50g	51 52	950.
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	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	950.
55_	Enter the amount of line 54 you want	<b>6</b> 55	950.
Par	tVI Statements Regarding Certain Activities and Other Information (see instructions	s) ¹	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other autho	rity Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to	file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign cour	ntry
	here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust?	X
٠.	If "Yes," see instructions for other forms the organization may have to file	J	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
<del></del>	Under penalties of penury I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowl	edge and belief it is
Sim	true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Sign			scuss this return
Her	Signature of officer Date Title	h the prepare instructions)?	er shown below
		7.	
Paid	Print/Type preparer's name Preparer's signature Date Check	1 5	
	EACKEN & DENTON LACOUR 1 2/20/2020   Sell-e		01571860
	Firms name DRD, DDI	EIN ► 44-	0160560
	Firm's address ► 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802 Phone	<sub>e no</sub> 260-4	60-4000

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Form **990-T** (2018)

Pao	۵	:
ray	C	•

Form 990-1 (2018)					· · · · · · · · · · · · · · · · · · ·	<del></del>		raye
Schedule A - Cost of Go	oods Sold. E	nter method				<del></del> .		
1 Inventory at beginning of y				6 Inventory	at end of yea	<sup>ar</sup>	6	
2 Purchases	2			7 Cost of	goods so	ld Subtract line		
3 Cost of labor	3			6 from	line 5 En	iter here and in	}	
4a Additional section 263A co	osts			Part I, line	2		7	
(attach schedule)	4a			8 Do the	rules of	section 263A (w	th respect to	Yes No
<b>b</b> Other costs (attach schedu	ıle) . <mark>4b</mark>					or acquired for		
5 Total Add lines 1 through				to the orga	anization? .	<u></u>	<u> </u>	X
Schedule C - Rent Income	e (From Real I	Property a	nd Person	al Property	Leased V	Vith Real Proper	ty)	
(see instructions)						- u-		
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent rece	eived or accru	ed					
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percent	age of rent for	personal property personal property pased on profit or	exceeds		rectly connected with a) and 2(b) (attach sch	
(1)								
(2)								
(3)								
(4)				-				
Total		Total						
(c) Total income Add totals of co						(b) Total deduction Enter here and on Part I, line 6, colun	page 1,	
Schedule E - Unrelated D	ebt-Financed	Income (se	ee instructio	ns)				
1 Description of det	nt-financed property			ncome from or debt-financed	_	Deductions directly con debt-finance	ed property	
				pperty		nt line depreciation ich schedule)	(b) Other dedu (attach sche	
(1)								
(2)								
(3)			<u> </u>					
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-finance (attach sci	able to d property	4 d	Column Iivided olumn 5		income reportable n 2 x column 6)	8 Allocable dec (column 6 x total 3(a) and 3	of columns
(1)				%				
(2)	_			%				
(3)		-		%				
(4)				%				
						e and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, co	
Totals				<b>.</b>	<u> </u>			

Page 4

Schedule F-Interest, Anni				ntrolled Org						·
Name of controlled organization	2 Employer identification numb	er 3 Ne	t unrela	ted income structions)	4 Total		ied included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)	<u></u>									
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations								,	
7 Taxable Income	Taxable Income 8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			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)										
(3)										
(4)										
Totals		 tion 501(c	· · · · · · · · · · · · · · · · · · ·	(9), or (17	<b>►</b> ) Orga	Pa	er here and on rt I, line 8, colu	mn (A)		er here and on page 1, rt ( line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction directly cor (attach sch	nected			et-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)			ļ							
(2)			ļ							
(3)										
(4)										
Totals	Part I, line 9, c		er Tha	·		come	(see instru	ictions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with i of	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		activity that ot unrelated	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										<del>-</del>
(2)										
(3)										
(4)										
-	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rti,					J		Enter here and on page 1, Part II, line 26
Totals		4 \			-					<u> </u>
Schedule J- Advertising In										
Part I Income From Per	iodicals Report	ed on a Co	nsoli	dated Bas	SIS					<del></del>
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		4 Adverting an or (los 2 minus con a gain, con cols 5 thro	s) (col ol 3) If mpute	1	Circulation income	6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)			$\dashv$					<u> </u>		7
(3)						_				7
(4)								<del>                                     </del>		<b>-</b>
						<del></del>	· · · · · · · · · · · · · · · · · · ·			<del>-</del>
Totals (carry to Part II line (5)) ▶										Form 990-T (201)

Form **990-T** (2018)

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 ▶  Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)				Enter here and on page 1, Part II, line 27

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
(1)			%	
(2)			%	
(3)			%	-
4)			%	
rotal Enter	here and on page 1, Part II, line 14			

Form 990-T (2018)

LINFIELD COLLEGE 93-0391586

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTE OF LIMITATIONS FOR REPORTING UNRELATED BUSINESS INCOME.

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