990-T   Exempt Organization Bus					OMB No 1545-0047
(and proxy tax und			7,004	2	2040
For calendar year 2019 or other tax year beginning JUL 1,				<u> 20</u>	2019
Department of the Treasury				,	Open to Public Inspection
Internal Revenue Service Do not enter SSN numbers on this form as it may	-		ation is a 50 i(c)(3		501(c)(3) Organizations Onl oyer identification number
A Check box if Name of organization ( Check box if name of address changed )	cnangeo an	a see instructions.)		(Emp	loyees' trust, see
	CE IN	iC.		1 .	1-0747165
B Exempt under section   Print   BETHANY LUTHERAN COLLE					ated business activity code
408(e) 220(e) Type 700 LUTHER DRIVE	ix, see iiisii	uctions .		See :	nstructions)
	or forman n	actal codo		-	
408A 530(a) City or town, state or province, country, and ZIP of MANKATO, MN 56001	Ji luleigii þ	USIAI CUUE		721	000
c Book value of all assets F Group evernation number (See instructions.)	<u> </u>				000
97,860,298. G Check organization type ► X 501(c) cor	noration	501(c) trust	4010	a) trust	Other trust
H Enter the number of the organization's unrelated trades or businesses	1		the only (or first)		
trade or business here FACILITIES RENTAL			, complete Parts I-		
describe the first in the blank space at the end of the previous sentence, complete Pa	arts I and II		•		
business, then complete Parts III-V.	arts rand n	, complete a comedate	on tor dadir addition	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.
During the tax year, was the corporation a subsidiary in an affiliated group or a pare	nt-subsidia	ry controlled group?	<b>•</b>	Ye	es X No
If "Yes," enter the name and identifying number of the parent corporation	ant Substatu	ry controlled group			.5 [==] 110
J The books are in care of DANIEL L. MUNDAHL	,	Telenh	one number 🕨	507-	344-7739
Part Unrelated Trade or Business Income		(A) Income	(B) Expens		(C) Net
1 a Gross receipts or sales		• • • • • • • • • • • • • • • • • • • •	14 - 15 July 18	W edit	ESTATION AND AND ADDRESS OF THE PARTY AND ADDR
b Less returns and allowances c Balance	1c				
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract line 2 from line 1c	3			7437	7
4a Capital gain net income (attach Schedule D)	4a			1.33	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			6.7.14 m	
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (attach statement)	5			TENE	
6 Rent income (Schedule C)	6	6,875,		487.	-2,612
7 Unrelated debt-financed income (Schedule E)	7		i		· -
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		· · · · · · · · · · · · · · · · · · ·		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					
10 Exploited exempt activity income (Schedule I)	10				
11 Advertising income (Schedule J)	11,	_			
12 Other income (See instructions, attach schedule)	12			N.S.	
13 Total. Combine lines 3 through 12	13	6,875.	9,	487.	-2,612
Part L Deductions Not Taken Elsewhere (See instructions for	or limitatio	ns on deductions)			
(Deductions must be directly connected with the unrelated busing	ness incon	ne)			
14 Compensation of officers, directors, and trustees (Schedule 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 Depreciation (attach Form 4562)		20			
21 Less depreciation claimed on Schedule A and elsewhere RECEIVE	ַ ו	21a		21b	
22 Depletion				22	
23 Contributions to deferred compensation plans MAR 1 5 202 Employee benefit programs	1  Ö			23	
24 Employee benefit programs	S			24	
25 Excess exempt expenses (Schedule I)	<u></u>			25	
26 Excess readership costs (Schedule J) OGDEN, U	<u> </u>			26	
27 Other deductions (attach schedule)		SEE STAT	EMENT 1	27	1,600
Total deductions. Add lines 14 through 27				28	1,600
29 Unrelated business taxable income before net operating loss deduction. Subtrac	ct line 28 fro	om line 13		29	-4,212
30 Deduction for net operating loss arising in tax years beginning on or after Janua					
(see instructions)				30	0
				Вí	-4,212
af. Unrelated business taxable income. Subtract line 30 from line 29				<u> </u>	Form <b>990-T</b> (20

Form 990	D-T (2019) BETHANY LUTHERAN COLLEGE INC.	41-0747165 Page 2
Rant	Total Unrelated Business Taxable Income	
, 32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -4,212.
່ 33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction  Subtract line 34 from the sum of lines 32 and 33	35 -4,212.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
	, man	37 -4,212.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	$\frac{3/4}{38}$ $\frac{4}{1,000}$ .
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
1 l <sup>39</sup>	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	4 212
Dout	enter the smaller of zero or line 37	39   -4,212.
	Tax Computation	<del></del>
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	J <del>-1</del>
	Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax See instructions	42
43	Alternative minimum tax (trusts only)	43
144)	Tax on Noncompliant Facility Income. See instructions	44
	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
_	Tax and Payments	
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	<b>-                                     </b>
b	Other credits (see instructions)	<b>-1 ∖</b> .1
c	General business credit Attach Form 3800	<b>↓                                    </b>
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>
е	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 0.
48	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49	Total tax. Add lines 47 and 48 (see instructions)	49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
	Payments A 2018 overpayment credited to 2019	
b	2019 estimated tax payments 5 tb	7 1 1
	Tax deposited with Form 8868	7 1 1
	Foreign organizations: Tax paid or withheld at source (see instructions) 5 td	7 11
	Backup withholding (see instructions) 51e	7 []
	Credit for small employer health insurance premiums (attach Form 8941) 5.1f	7 17
	Other credits, adjustments, and payments Form 2439	<b>1                                    </b>
9	Form 4136 Other	*
52	Total payments. Add lines 51a through 51g	52
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
	Enter the amount of line 55 you want Credited to 2020 estimated tax	56
Part		1 50 1
		Vac No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	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	XX
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	<del>  </del>
	If "Yes," see instructions for other forms the organization may have to file	
59	Enter the amount of tax-exempt interest received or accrued during the tax year   \$ \$	
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete. Declaration of preparer team taxpayer) is based on all information of which preparer has any knowledge.	adge and belief, it is true,
Here	13/9/21 N DREGINENT	May the IRS discuss this return with
11016	PRESIDENT	he preparer shown below (see
		nstructions)? X Yes No
	The state of the s	If PTIN
Paid		
Prep	parer CPA CPA	P00447603
-	Only Firm's name ► BAKER TILLY US, LLP Firm's EIN ►	39-0859910
•	225 S 6TH ST #2300	
	Firm's address ► MINNEAPOLIS, MN 55402 Phone no	512.876.4500
923711 (	11-27-20	Form 990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	luation N/A	·				
1 Inventory at beginning of year	1	-	6	Inventory at end of year	ar	-	6		
2 Purchases	2		] 7	Cost of goods sold Si	ubtract l	line 6			
3 Cost of labor	3		_	from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs				line 2		Į	7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (	with respect to		Yes No	
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		╛	property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?					
Schedule C - Rent Income	(From Real I	Property and	Pers	onal Property L	.ease	d With Real Prop	erty)		
(see instructions)				-					
1 Description of property									
(1) FACILITIES RENTA	L								
(2)									
(3)									
(4)	···								
		ed or accrued				3(a) Deductions directly	connecte	d with the income in	
(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	ersonal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	ige	columns 2(a) an	d 2(b) (at	lach schedule)	
(1)	6,875.							9,487.	
(2)									
(3)									
(4)									
Total	6,875.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter •		6,8	75.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	9,487.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstruc	tions)					
			١,	Gross income from		<ol> <li>Deductions directly confit to debt-finance</li> </ol>			
1. Description of debt-fir	anneed property			or allocable to debt-	(a)	(a) Straight line depreciation		(b) Other deductions	
1. Description of debt-fir	ranced property		financed property		` '	(attach schedule)		(attach schedule)	
			ļ				_		
(1)			<del> </del>				<b>-</b>		
(2)			-		<u> </u>		<del></del>		
(3)			-		<u> </u>		-		
(4)			1			<del></del>			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-final	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(cc	8. Allocable deductions plumn 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					1	inter here and on page 1, Part I, line 7, column (A)		ter here and on page 1, art I, line 7, column (B)	
Totals				•		0 .	.	0.	
Total dividends-received deductions in	ncluded in column	18		•		<b>&gt;</b>		0.	
				<del>-</del>				Form 990-T (2019)	

13460212 144198 6270

Schedule F - Interest,			<del>,</del>	Controlled Or					
Name of controlled organization		Employer dentification number		elated income instructions)		ol of specified nents made	5 Part of colu included in the organization's	a controlling	6. Deductions directly connected with income in column 5 —
A STATE OF THE PARTY OF THE PAR		<u> </u>	<del> </del>						
1)			<del>                                      </del>				-		
<u>2)                                    </u>			<del> </del>			1			
3)			<del> </del>	· · ·					
4)			<u>.</u>						<u> </u>
onexempt Controlled Organi	1		1		· T				
7. Taxable Income	8. Net unrelated (see instri		, 9. Total	of specified paym made	ents		mn 9 that is incluing organization!	eded 11. (	Deductions directly connected the income in column 10
1)									
2)									
3)	<u> </u>	-							
<u> </u>	1		<u> </u>						····
+)	L.		,				on page 1, Part		Add columns 6 and 11 r here and on page 1, Part I,
-	*			-		line 8, c	column (A)	,	line 8, column (B)
otals					. ▶			0.	C
chedule G - Investme (see inst	ent Income of tructions)	a Section	501(c)(7	'), (9), or (1	7) Org	anization			•
1. Desc	cription of income			2. Amount of	ncome	<ol> <li>Deduction directly connectly connectly connectly.</li> </ol>	cted 4	Set-asides ttach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
1)									
2)	·								
3)									
(4)									
otals			<b>•</b>	Enter here and o Part I, line 9, col					Enter here and on page Part I, line 9, column (B
schedule I - Exploited		vity Incom	e, Other	Than Adv	ertisin	g Income			
1 Description of exploited activity	2 Gross unrelated busines income from bade or busines:	directly s with p of ui	xpenses connected roduction nrelated ss 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 t is not unrelat business inco	hat a	6. Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)	1								
2)	T			T					
3)			_			_			
<u>–</u> (4)	<u> </u>						<u> </u>		
	Enter here and or page 1, Part I, line 10, co1 (A)	page line 10	ere and on 1, Part I, 0, col (B)						Enter here and on page 1, Part II, line 25
otals ► Schedule J - Advertisi		0 .	0 .	[48]#12f. 3% *	There are the	armar Badaki	NEW MENTAL TO		<u> </u>
Partil Income From				solidated	Basis				
1 Name of periodical	2 Gr advert inco	ising ad	3 Direct vertising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5 Circulat		Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)	_					5			
(1)		<del></del>		一条决定的	<u>Lhy</u>				
(2)						<u> </u>			
				#1 km, #2 " [72 3]	es A SEA T	e"l	1		122926-72
3)					E. 1. E. 1. 12	Š.	+		
					No.	S. S			
3)		0.	0			5			

## [Part'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 Descr advertising costs	4 Adverticing gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership conts	7 Excess readership costs (column 6 minus column 6 but not more than column 4)
(1)							
(2)							
(3)			<del></del> -				· · · · ·
(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 2b
Totals Part II (lines 1.5)	<b>▶</b>	_ 0.	0.		TAME A	現場を開	0.

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

1 Name	2 Title	3 Pernant of time devoted to business	4 Compensation altributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PREPARATION FEE		1,600.
TOTAL TO FORM 990-T, PAGE	1, LINE 27	1,600.

FORM 990-T	DEDUCTIONS CONNECTED	WITH RENTAL	INCOME	STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION UTILITIES			7,058.	
011111111	- SUBTOTAI	1	_,	9,487.
TOTAL TO FORM	990-T, SCHEDULE C, COLUM	in 3		9,487.