Organization Business Income Tax Return Form 990-T OMB No 1545 0047 (and proxy tax under section 6033(e)) 2019 ► Go to www irs gov/Form9907 for instructions and the latest information epartment of the Treasur nternal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Employer identification number Check box if address changed B Exempt under section LINFIELD UNIVERSITY Print 93-0091586 501(0 ()3 Number street and room or suite no. If a P.O. box, see instructions E Unrelated business activity code 408(€) 220(e) Type (See instructions) 200 SE BANER STREET 1512 530(a) 408A City or town state or province country and ZIP or foreign postal code 529(a) MCMINNVILLE, OP 97128 C Book value of all assets at end of year Group exemption number (See instructions) 280, 243, 543 G Check organization type ► 1 501(c) corporation 501(c) trust 401(a) trust Other trust H. Enter the number of the organization's unrelated trades or businesses. ▶ NCNE Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one complete Parts I V If more than one describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or pusiness, then complete Parts III-V Yes During the tax year was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? If Yes enter the name and identifying number of the parent corporation Telephone number ► 503-935-2098 The books are in care of ▶PAUL L SHILLAM Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales Less returns and alloyances c Balance 1c 2 Cost of goods sold (Schedule A line 7) Gross profit. Subtract line 2 from line 1c. 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4 c 5 5 Income (loss) from a partnership or an Sicorporation (attach statement) Rent income (Schedule C) 6 Unrelated debt financed income (Schedule E) 7 8 Interest, annuities royalties, and rents, rom a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) Λ Total Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.) RECEIVED Compensation of officers directors and trustees (Schedule K) 14 14 15 Salaries and wages 15 MAR 0 8 2021 0 16 Repairs and maintenance 16 Bad debts 17 17 Interest (attach schedule) (see instructions) OGDEN, UT 18 18 Taxes and licenses, 19 19 Depreciation (attach Form 4562) 20 20 Less depreciation claimed on Schedule A and elsewhere on return 21 Depletion A 22 22 Contributions to deferred compensation plans 23 23 Employee benefit programs Excess exempt expenses (Schedule I) 25 26 Excess readership costs (Schedule J) 26 27 Óther deductions (altach schedule) 27 Total deductions, Add lines, 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income. Subtract line 30 from line 29 For Paperwork Reduction Act Notice, see instructions Form 990-T (2019)

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	t III Total Unrelated Business Taxable Income			<u>-</u>	-90
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	П			
J_	Instructions)	32			
33	Amounts paid for disallowed fringes	33			
					
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line				0
	34 from the sum of lines 32 and 33	35			0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	Instructions)	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38			
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39			0.
Par	t IV Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on		-		•
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42	Proxy tax. See instructions	42			
43	Alternative minimum tax (trusts only).	-			
44	Tax on Noncompliant Facility Income. See instructions				
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies				
Par					
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			-	
		1			
	Other credits (see instructions)	1			
_	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
	Total credits. Add lines 46a through 46d ,	46e			
47	Subtract line 46e from line 45			-	
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).				
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			
51 a	Payments A 2018 overpayment credited to 2019]			
b	2019 estimated tax payments]			
C	Tax deposited with Form 8868]			
d	Foreign organizations Tax paid or withheld at source (see instructions) 51d]			
е	Backup withholding (see instructions)]]			
f	Credit for small employer health insurance premiums (attach Form 8941)	1			
g	Other credits, adjustments, and payments Form 2439	1 .			
	Form 4136 Other Total ▶ 51g				
52	Total payments. Add lines 51a through 51g	52			
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	, , , , , , , , , , , , , , , , , , , ,				
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56 Par	Enter the amount of line 55 you want				
					A1
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		- 1	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-		. 1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country		
	here				Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	'		Х
	If "Yes," see instructions for other forms the organization may have to file				
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my	knowledge a	and belo	ef, it is
Sign	1 k	u tha II	OC diseuse	thua a	
Her	e Morada que 2 3-2-2) P Finance and Administration/CFO with		RS discuss preparer sh		
	- This is a street that in the street that it is a street to the street that it is a street to the s	e instruction			No
	Print/Type preparer's name Preparer's signature Date Check	(If	PTIN		
Paid	LAUREN R DENTON	mployed	P015	7186	o ʻ
	arer BKD LLP		44-0160		
USE			0-460-4		
	, as a second of the contract				

Schedule A - Cost of G	Coode Sold F		d of invocato	ru valuation				Pa
		iter metno					6	
						ar	-	
	· · · 				•	old Subtract line here and in Part		
3 Cost of labor 4a Additional section 263A c							7	
						section 263A (w		Yes
(attach schedule)						or acquired for	,	
b Other costs (attach sched5 Total, Add lines 1 through					•	or acquired for		1 1
Schedule C - Rent Incom		roperty a	nd Parson	al Property	Losed V	Mith Real Proper	<u>, , , , , , , , , , , , , , , , , , , </u>	.
(see instructions)	e (FIOIII Neal F	Toperty a	iliu Person	ai Fiopeity	Leaseu v	Willi Neal Flopei	ty)	
Description of property						· · · · · · · · · · · · · · · · · · ·		
(1)			·- <u>-</u>					 -
(2)							·	
(3)			<u>-</u> -					
(4)								
	2. Rent rece	ved or accru	ied			T	·- <u></u>	
(a) From personal property (if the	percentage of rent	(b) E	 From real and n	ersonal property	(if the	3(a) Deductions du	rectly connected wit	h the incom
for personal property is more t	han 10% but not	percent	tage of rent for	personal property	exceeds		a) and 2(b) (attach se	
more than 50%)	50% o	or if the rent is b	ased on profit or	income)			
(1)								
(2)	· · · · · · · · · · · · · · · · · · ·							
(3)				-				
(4)								
Total		Total						
(c) Total income Add totals of c	columns 2(a) and 2	b) Enter				(b) Total deduction Enter here and on		
here and on page 1, Part I, line t	6, column (A)	▶				Part I, line 6, colum		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instructio	ns)				
			2 Gross in	come from or	3 [Deductions directly con debt-finance		able to
1 Description of de			I	allocable to debt-financed		ht line depreciation	(b) Other deductions	
<u> </u>			pro	perty		ch schedule)	(attach sch	
(1)							- 	_
(2)								
(3)								
(4)	,							
 Amount of average acquisition debt on or 	5 Average adju of or alloca		6 6	olumn	7 0		8 Allocable de	eductions
allocable to debt-financed	debt-financed			vided		income reportable n 2 x column 6)	(column 6 x total	
property (attach schedule)	(attach sch	edule)	by co	lumn 5	`		3(a) and 3	3(b))
(1)	<u></u>			%				
(2)				%				_
(3)				%				
				%	<u> </u>			
						e and on page 1,	Enter here and	
					Part I, lin	ie 7, column (A)	Part I, line 7, co	olumn (B)
Totals				▶				
Total dividends-received deduc								

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Page 4

		Exem	npt Cor	ntrolled Or	ganızatı	ons					
1 Name of controlled organization	identification number		let unrelated income ss) (see instructions)		4 Total of specified payments made		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)											
(2)											
(3)											
(4)				·	<u> </u>			-		-	
Nonexempt Controlled Organia	zations	····								5-4-1	
7 Taxable Income	8 Net unrelated : (loss) (see instruc			otal of specific syments made		incl	Part of columnuded in the consistency of the constant of the column of	ontrolling		Deductions directly inected with income in column 10	
(1)											
(2)								-			
(3)											
(4)								-			
⊺otals Schedule G−Investment Ir	ncome of a Se		c)(7), (Pai	er here and on t I, line 8, colu on (see ins	ımn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount o	f income		3 Deduction directly contact (attach sch	nected			et-asides schedule)	_	5 Total deductions and set-asides (col 3 plus col 4)	
<u>(1)</u>			 			-			$-\!\!+$		
(2)			 -			+					
(3)			-							· 	
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	column (A)	er Tha	ın Adverti	sing Ir	come	(see instru	uctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with of	4 Net incomfrom unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from is no	oss income activity that it unrelated ess income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		•	_			_					
(2)										<u> </u>	
(3)				-							
(4)								+			
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here al page 1, Pa line 10, col	ert I,							Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In Part I Income From Peri			nsolic	lated Bas	is			<u></u>			
1 Name of periodical	2 Gross advertising income	3 Direc advertising o	t	4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	ising s) (col I 3) If mpute		irculation ncome	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										<u> </u>	
2)	-									-	
3)											
4)											
Totals (carry to Part II, line (5)) ▶											
The state of the s										Form 990-T (2019)	

JSA

Totals, Part II (lines 1-5) ▶

LINFIELD UNIVERSITY 93-0391586 Form 990-T (2019) Page 5 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising costs (column 6 gain or (loss) (col 2 Gross 3 Direct 5 Circulation 6 Readership minus column 5, but 1 Name of periodical advertising 2 minus col 3) If advertising costs ıncome costs not more than ıncome a gain, compute column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and

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

page 1, Part I,

line 11, col (B)

page 1, Part I,

line 11, col (A)

	1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
3)			- %	
(4)			%	
otal Enter h	nere and on page 1, Part II, line 14			

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on page 1,

Part II, line 26

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

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