OMB No. 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

D Employer identification number (Employees' trust, see instructions)

64-0329300

Unrelated business activity code (See instructions)

541800

	٠.	234, 575, 439. G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust							
	H Er	he only (or first) unrelated											
	H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ADVERTISING . If only one, complete Parts I-V if more the sum of the organization is unrelated trade or business here ▶ ADVERTISING . If only one, complete Parts I-V if more the organization is unrelated trade or businesses ▶ 1 Describe the only (or first) unrelated trade or businesses ▶ 2 Describe the only (or first) unrelated trade or businesses ▶ 2 Describe the only (or first) unrelated trade or businesses ▶ 2 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses here ▶ 3 Describe the only (or first) unrelated trade or businesses here ▶ 4 Describe the only (or first) unrelated trade or businesses here ▶ 4 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses because the or businesses ▶ 3 Describe the only (or first) unrelated trade or businesses because the or businesse												
	de	scribe the first in the blank space at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additional trade o	or							
	<u>bu</u>	siness, then complete Parts III-V											
	I Di	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No											
		If "Yes," enter the name and identifying number of the parent corporation											
	-		FF.		<u>ne number ▶ 601-3</u>								
	Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net							
	1 a	Gross receipts or sales											
	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										
2020		Capital gain net income (attach Schedule D)	4a										
20		Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b										
—	C	Capital loss deduction for trusts	4c										
က	5	Income (loss) from a partnership or an S corporation (attach statement)	5			-							
Z	6	Rent income (Schedule C)	6										
₹	7	Unrelated debt-financed income (Schedule E)	7										
Ω	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8										
SCANNED JAN	9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				_							
Z	10	Exploited exempt activity income (Schedule I)	10 11	76,050.	16,766.	59,284							
₹	11	Advertising income (Schedule J) Other income (See instructions, attach schedule)	12	70,030.	10,700.	33,204							
ပ္က	12	Total Combine lines 3 through 12	13	76,050.	16,766.	59,284							
ŲŲ,	13 P a	Int II Deductions Not Taken Elsewhere (See instructions for				33,1201							
	(Except for contributions, deductions must be directly connected with the unrelated business income)												
	14	Compensation of officers, directors, and trustees (Schedule K)		····	14	-							
	15	Salaries and wages			15								
	16	Repairs and maintenance RECEIV	ED		16								
	17	Bad debts		ଅ ଥି	17								
	18		n 10	RS-OSC	18								
	19	Interest (attach schedule) (see instructions) Taxes and licenses DEC 06 2	כוט	<u> </u>	19								
	20	Charitable contributions (See instructions for limitation rules)		 1	20								
	21	Depreciation (attach Form 4562) OGDEN,	UT	21									
	22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b								
	23	Depletion			23								
	24	Contributions to deferred compensation plans			24								
	25	Employee benefit programs			25								
	26	Excess exempt expenses (Schedule I)			26								
	27	Excess readership costs (Schedule J)			_27								
	28	Other deductions (attach schedule)			28								
	29	Total deductions. Add lines 14 through 28			29	0							

EXTENDED TO MAY 15, 2020 Exempt Organization Business Income Tax Return

For calendar year 2018 or other tax year beginning \underline{JUL} 1, 2018 , and ending \underline{JUN}

Name of organization (Check box if name changed and see instructions)

39401

WILLIAM CAREY UNIVERSITY

710 WILLIAM CAREY PARKWAY

F Group exemption number (See instructions.)

HATTIESBURG, MS

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Number, street, and room or suite no. If a P.O. box, see instructions

City or town, state or province, country, and ZIP or foreign postal code

(and proxy tax under section 6033(e))

► Go to www.irs gov/Form990T for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

59,284.

59.284.

Form **990-T** (2018)

30

31

32

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

30

31

Form **990-T**

Department of the Treasury Internal Revenue Service

Check box if address changed

Print

or Type

Exempt under section X 501(c)(3 02

408A

C Book value of all assets

529(a)

408(e) 220(e)

___530(a)

Form 990-	T(2018) WILLIAM CAREY UNIVERSITY	<u>64-0329</u>	<u> 3300 </u>	Page 2
Part	III Total Unrelated Business Taxable Income	=		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	L	33	59,284.
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		36	59,284.
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,	Ī		
	enter the smaller of zero or line 36		38	58,284.
Part		· · · · ·		<u> </u>
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	•	39	12,240.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from			12,210.
70	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	-	43	12 240
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	12,240.
Part '		 -		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions)			
	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits Add lines 45a through 45d	<u> </u>	45e	
46	Subtract line 45e from line 44	<u> </u>	46	12,240.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 DOther (et	tach schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	L	48	12,240.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	L	49	<u> </u>
50 a	Payments A 2017 overpayment credited to 2018 50a			
b	2018 estimated tax payments 50b 2	1,720.		
С	Tax deposited with Form 8868			
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions) 50e		-	
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
g				
٠	Form 4136 Other Total > 50g			
51	Total payments. Add lines 50a through 50g		51	21,720.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	ļ ,	52	13.
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	9,467.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded -	55	9,467.
Part \			33	<u> </u>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			162 140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			•
	here >			$- \frac{X}{X}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the contract of the contract o	gn trust?		
	If "Yes," see instructions for other forms the organization may have to file			
58	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 correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	e cost of my known	Juge and bei	
Here	Man & Man & Man and a second as a second a		the IRS disc	uss this return with
11010	Construct of officers Date Title Title			vn below (see
	Signature of officer Date Title			Yes No
		neck if	PTIN	
Paid-	- J J J J J J J J J J J J J J J J J J	elf- employed		-
Prepa				144776
Use C	Inly Firm's name TMH	irm's EIN 🕨	<u> 20-</u> !	<u> 5857627</u>
	P. O. DRAWER 15099			
	Firm's address ► HATTIESBURG, MS 39404-5099	Phone no 60		<u>4-3519 </u>
823711 01	-09-19		Fo	rm 990-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of inver	ntory valuation N/A		<u> </u>			
1 Inventory at beginning of year	Inventory at beginning of year 1 6 Inventory at end of year			ar		6		
2 Purchases	2		7 Cost of goods sold Subtract line 6					
3 Cost of labor	3		from line 5 Enter here and in Part I,					
4a Additional section 263A costs	1 1		line 2		7	<u> </u>		
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	per 	ty) 	
1 Description of property								
(1)		<u></u>						
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			0/2\ D. d. ata-ata-ata-ata			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directl columns 2(a) a		ected with the income i (attach schedule)	ın
(1)			<u></u>				_	
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 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 De		I Income (see	instructions)					•
			2. Gross income from		3 Deductions directly conto debt-finan			
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)					· -			
(2)								
(3)								
(4)		· · ·						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	edjusted basis illocable to nced property ischedule)	6 Column 4 divided by column 5	-	7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 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 pag Part I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions in	ncluded in column	18	•			>		0.
							Form 990-T	(2019)

•				Exempt	Controlled O	rganizatio	ons				
Name of controlled organization		2 Employer (dentification number			related income a instructions)		al of specified nents made	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)	_										
Nonexempt Controlled Organ	nizations					·					
7 Taxable Income	8 Net un	related income e instructions)		9. Total	of specified pay	ments	10 Part of colu in the controll gros	mn 9 tha Ing organ s income	nization's	11. De with	ductions directly connected income in column 10
(1)											
(2)						Î					·
(3)											-
(4)	-			_	<u> </u>	Ì					
	1						Add colur Enter here and line 8,		o 1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals			`ti	E04/a\/	7) (0) 07	<u>►</u>	conization		0.		0
Schedule G - Investme	ent incon tructions)	ne or a S	ection	1 501(C)((7), (9), or	(17) Or	ganization	1			
	cription of incon	ne			2 Amount of	ıncome	3 Deduction	ected	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)	-										
(3)		-	_	-							
(4)			_			"	-				
					Enter here and Part I, line 9, co					_	Enter here and on page ' Part I, line 9, column (B)
Totals				•		0.			_		0
Schedule I - Exploited (see instr	_	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Incom	•			
1 Description of exploited activity	2. Gr unrelated to income trade or b	from	directly of with pre of uni	penses connected oduction elated s income	4. Net inconfrom unrelated business (cd minus colum gain, comput through	trade or dumn 2 n 3) If a a cols 5	5 Gross inc from activity is not unrela business inco	that ted	6. Exp attributi colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)		-									
(3)											
(4)		1									
	Enter here page 1, line 10, c	Parti, ol (A)	page 1	re and on I, Part I, col (B)		-				-	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertis	ing Incon	0.	etnictics	0.	L						
Part I Income From	Periodica	als Repo	rted o	n a Con	solidated	Basis					
1 Name of periodical		2. Gross advertising income		3 Direct extising costs	or (loss) (c		5 Circula income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)		-									
(4)				_	\dashv						
_ 			1				1				
Totals (carry to Part II, line (5))	•	0	<u> </u>	0	<u> </u>						0 Form 990-T (2018

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 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) ATHLETICS	76,050	. 16,766.	59,284.			
(2)						
(3)	·					
(4)				<u> </u>		
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)	▶ 76,050	. 16,766.				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)