Form 9	90-Ť		Exempt Orgar (an	d proxy tax und	sine er se	ss Income 7 ction 6033(e))	7,00	1 W	OMB No 1545-0047			
		For cal	lendar year 2019 or other tax yea					<u>.0</u>	ZU 19			
Departme	nt of the Treasury		_	•		ons and the latest inform		-	Open to Public Inspection for			
	evenue Service	•	Do not enter SSN number				ration is a 501(c)(3)		501(c)(3) Organizations Only			
	Check box if address changed Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust, see instructions)											
	npt under section	Print	WILLIAM CARE	_	<u>4-0329300 </u>							
X 50	01(c(0)3)	10 10 Type	Type Notified, Street, and room of Street in that o box, see instructions (See i									
40	08(e) 220(e)	1906	710 WILLIAM	CAREY PARK	WAY							
	408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 1529(a) HATTIESBURG, MS 39401 541800											
	alue of all assets		F Group exemption numb					DAT	300			
et end	of year	17	G Check organization type	 _	noration	501(c) trust	7/01/301/30	trușt 👝	Other trust			
			tion's unrelated trades or b	_	1	Describe	the only (or first) un	Colored Colored	O COLOR HUSE			
		-			<u> т </u>	Describe	complete Parts I-V	i elgien.	k - USB			
			VERTISING				•	-				
		•	ce at the end of the previou	s sentence, complete Pa	arts i an	a II, complete a Schedul	e IVI for each addition	7 20°	or 20			
	ess, then complete			# 1 - 1 - 1				<u>/ LU/</u>	s X No			
			oration a subsidiary in an a		nt-subs	idiary controlled group?	▶ 1	Yes	3 LA NO			
	<u> </u>		tifying number of the parent				one number	0117	210 (102			
			GRANT GUTHRII		FF.							
Part			de or Business Inc	ome		(A) Income	(B) Expenses	<u> </u>	(C) Net			
	oss receipts or sale			_								
-	ss returns and allov			c Balance	1c							
2 Co	st of goods sold (S	chedule	: A, line 7)		2				/			
3 Gr	oss profit. Subtract	line 2 fr	om line 1c		3							
	pital gain net incom		•		4a	·						
b Ne	t gaın (loss) (Form	4797, P	'art II, line 17) (attach Form	4797)	4b			_/				
	pital loss deduction				4c		ļ					
7 5 Inc	come (loss) from a	partners	ship or an S corporation (att	tach statement)	5							
2 6 Re	nt income (Schedu	le C)			6							
7 06 Re 7 Un 8 Int. 8 P 100 Ex	related debt-financ	ed incor	ne (Schedule E)		7							
≈ 38 Int	erest, annuities, roy	/alties, a	and rents from a controlled o	organization (Schedule F)	8							
−9 Inv	estment income of	a section	on 501(c)(7), (9), or (17) or	ganization (Schedule G)	9							
⋽ 0 Ex	ploited exempt activ	vity inco	me (Schedule I)		10							
11 Ad	vertising income (S	Schedule	e J)		11	63,9⁄25.	7,3	34.	<u>56,591.</u>			
∩ 12 Oti	ner income (See ins	struction	is, attach schedule)		12							
	tal. Combine lines				13	√63,925 .	7,3	34.	<u>56,591.</u>			
Part 14 C			ot Taken Elsewhere be directly connected with									
O 14 C	ompensation of off	icers, di	rectors, and trustees (Scher	dule K)				14				
15 S	alaries and wages							15				
16 R	epairs and mainten	ance						16				
17 B	ad debts							17				
18 In	iterest (attach sche	dule) (s	ee instructions)					18				
	axes and licenses							19				
20 D	epreciation (attach	Form 4	562)			20						
≈ 21 L	•		n Schedule A and elsewhere	on return		21a		21b				
	epletion							22				
<u></u>	ontributions to defe	erred co	mpensation plans					23				
₹24 E	mployee benefit pro							24				
25 E	xcess exempt expe		chedule I)					25				
	xcess readership co							26				
70 27 0	ther deductions (at	_						27				
§6 28 T	otal deductions A							28	0.			
			ncome before net operating	loss deduction. Subtract	t line 2	8 from line 13		29	56,591.			
9 30 U			loss arising in tax years beg									
(D) (e)	see instructions)	J. J. III I	unomy in wax years beg	g on or alter ballua	, ,,	· · -		30	0.			
	,	axable ::	ncome Subtract line 30 from	m line 29				31	56,591.			
			work Reduction Act Notice					$\overline{\wedge}$	Form 990-T (2019)			
923/01 0	21-20 LIA FU	apei	Neadollon Act Holles	,	1			i U	• (2010)			

64-0329300 Page 2

Form 990-T (2019)' WILLIAM CAREY UNIVERSITY

Schedule A - Cost of Good	S Sold. Enter	method of inven	tory valuation N/A	<u> </u>	1=					
I Inventory at beginning of year 1			6 Inventory at end of year		6					
2 Purchases	2		7 Cost of goods sold S	Subtract li	ne 6					
3 Cost of labor	3		from line 5 Enter here	and in P	Part I,	ŀ				
4a Additional section 263A costs			line 2			7				
(attach schedule)	(attach schedule) 4a 8 Do				Do the rules of section 263A (with respect to					
b Other costs (attach schedule)	property produced or	acquired	for resale) apply to							
5 Total Add lines 1 through 4b	the organization?									
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Lease	ed With Real Prop	perty)				
1 Description of property										
(1)							,			
(2)										
(3)										
(4)										
	2 Rent receive	d or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	ind personal property (if the percent ersonal property exceeds 50% or it it is based on profit or income)	ersonal property exceeds 50% or if			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	n (A)	>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.		
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)							
			2 Gross income from		3 Deductions directly cont to debt-finance					
1 Description of debt-fit		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(t	Other deduction (attach schedule)				
(1)	-					1	-			
(2)										
(3)					<u> </u>					
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all 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)		Allocable deduct imn 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)		r here and on pag t I, line 7, column (
Totals			•		0 .			0.		
· · •										
Total dividends-received deductions in	icluded in column	8			•			0.		

			Exempt 0	Controlled O	ganizatio	ons					
1 Name of controlled organiza	identif			let unrelated income s) (see instructions)		4 Total of specified payments 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 Organi	izations										
7 Taxable Income		et 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		11 Deductions directly connected with income in column 10			
(1)											
(2)											
(3)											
(4)											
						Add colun Enter here and line 8, c		9 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals					<u>▶</u>			0.		0	
Schedule G - Investme (see inst	ent Income of a ructions)	Section	501(c)(7), (9), or	(17) Or	ganizatior	1				
1 Desc	cription of income			2 Amount of	income	3 Deduction directly connected (attach scheduler)	ected	4 Set- (attach s	asides chedule)	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			<u> </u>		0.					0	
Schedule I - Exploited (see instri	•	y Income	e, Othei	r Than Ad	vertisi	ng Income	-			_	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe directly co with prod of unre business	onnected duction plated	4 Net incom from unrelated business (co minus colum gain, comput- through	trade or dumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	y that attributable 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 page 1, line 10, c	Perti,		,					Enter here and on page 1, Part II, line 25	
Totals >	0.		0.	L						0	
Schedule J - Advertisi											
Part I Income From	Periodicals Rep	orted or	n a Con	solidated	Basis						
1 Name of periodical	2 Gross advertising income		Direct tising costs			5 Circula e income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•	0.	0							0	
		- 1								Form 990-T (201	

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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		63,925.	7,334.	56,591.	<u>-</u>		
(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 26
Totals, Part II (lines 1-5)	▶	63,925.	7,334.			,	0.

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)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)