

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>WILLIAM CAREY UNIVERSITY</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>710 WILLIAM CAREY PARKWAY</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>HATTIESBURG, MS 39401</b><br><b>F</b> Name and address of principal officer: <b>DR. BEN BURNETT</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>64-0329300</b><br><b>E</b> Telephone number<br><b>601-318-6193</b><br><b>G</b> Gross receipts \$ <b>94,455,372.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |  |
| <b>J</b> Website: <b>WMCAREY.EDU</b>   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |  |
| <b>L</b> Year of formation: <b>1892</b>  |  | <b>M</b> State of legal domicile: <b>MS</b>  |

**Part I Summary**

|            |   |            |                     |
|------------|---|------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>AS A CHRISTIAN UNIVERSITY WHICH EMBRACES ITS BAPTIST HERITAGE AND NAMESAKE, WILLIAM CAREY UNIVERSITY</b> |            |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |            |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>23</b>           |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>23</b>           |
| <b>5</b>   | Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>   | <b>1299</b>         |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>35</b>           |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>105,850.</b>     |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>  | <b>96,470.</b>      |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | <b>8</b>   | <b>16,105,326.</b>  |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | <b>9</b>   | <b>80,450,376.</b>  |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>10</b>  | <b>1,215,354.</b>   |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>11</b>  | <b>409,858.</b>     |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>12</b>  | <b>98,180,914.</b>  |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>13</b>  | <b>12,113,849.</b>  |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>14</b>  | <b>0.</b>           |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>15</b>  | <b>42,985,899.</b>  |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>16a</b> | <b>0.</b>           |
| <b>16b</b> | Total fundraising expenses (Part IX, column (D), line 25) <b>579,603.</b>   | <b>16b</b> | <b>579,603.</b>     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>17</b>  | <b>39,127,995.</b>  |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>18</b>  | <b>94,227,743.</b>  |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | <b>19</b>  | <b>3,953,171.</b>   |
| <b>20</b>  | Total assets (Part X, line 16)  | <b>20</b>  | <b>252,285,278.</b> |
| <b>21</b>  | Total liabilities (Part X, line 26)   | <b>21</b>  | <b>52,075,991.</b>  |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | <b>22</b>  | <b>200,209,287.</b> |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>GRANT GUTHRIE, VP BUSINESS &amp; CFO</b>        | Date   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>PAIGE M. JOHNSON, CPA</b>                 | Preparer's signature<br><b>PAIGE M. JOHNSON, CP</b>                      |
|                               | Firm's name<br><b>TMH</b>  | Date<br><b>05/09/24</b>  |
|                               | Firm's address<br><b>P. O. DRAWER 15099<br/>HATTIESBURG, MS 39404-5099</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00637479</b> |
|                               |  | Firm's EIN <b>20-5857627</b>   |
|                               |  | Phone no. <b>601-264-3519</b>  |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: AS A CHRISTIAN UNIVERSITY WHICH EMBRACES ITS BAPTIST HERITAGE AND NAMESAKE, WILLIAM CAREY UNIVERSITY PROVIDES QUALITY EDUCATIONAL PROGRAMS, WITHIN A CARING CHRISTIAN ACADEMIC COMMUNITY, WHICH CHALLENGE THE INDIVIDUAL STUDENT TO EXCEL IN SCHOLARSHIP, LEADERSHIP,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 45,214,588. including grants of \$ ) (Revenue \$ 78,742,578.) ACADEMIC PROGRAMS

THE UNIVERSITY MAINTAINS UNDERGRADUATE AND GRADUATE PROGRAMS AT THREE CAMPUSES. ENROLLMENT HAS GROWN TO INCLUDE OVER 5,000 STUDENTS. THE UNIVERSITY DESIGNS AND OPERATES ITS PROGRAMS TO ENCOURAGE EACH STUDENT TO DEVELOP HIS/HER HIGHEST POTENTIAL IN LIBERAL ARTS AND/OR PROFESSIONAL EDUCATION.

4b (Code: ) (Expenses \$ 14,901,213. including grants of \$ 14,901,213.) (Revenue \$ ) STUDENT AID

DIRECT AID TO STUDENTS PRIMARILY FROM INSTITUTIONAL FUNDS

4c (Code: ) (Expenses \$ 6,175,206. including grants of \$ ) (Revenue \$ 3,966,248.) AUXILIARY ENTERPRISES INCLUDE DINING, HOUSING, AND ATHLETICS.

AUXILIARY PROGRAMS PROVIDE HOUSING AND DINING SERVICES FOR THE STUDENTS WHO NEED OR WANT TO LIVE ON CAMPUS. THE ATHLETIC PROGRAMS ENCOURAGE LOYALTY TO THE UNIVERSITY AND A SENSE OF UNITY AMONG STUDENTS AND FACULTY. IN PROVIDING THESE PROGRAMS, THE UNIVERSITY ENCOURAGES THE EXERCISE OF STUDENT TALENT, WHICH ENHANCES THE LEARNING EXPERIENCES OF THE STUDENTS INVOLVED.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 1,980,273.)

4e Total program service expenses 66,291,007.

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  | <b>3</b>     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  | <b>4</b>     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....  | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  | <b>7</b> X   |    |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <b>8</b> X   |    |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | <b>10</b> X  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....  | <b>11b</b>   | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>12a</b> X |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  | <b>13</b> X  |    |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | <b>14a</b>   | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....   | <b>17</b>    | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <b>18</b> X  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   | <b>20b</b>   |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | <b>21</b>    | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, FL, IA, LA, MS, NC, OH, SC, TN, VA, WV
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
GRANT GUTHRIE VP BUS. AFF. CFO - 601-318-6193
710 WILLIAM CAREY PARKWAY, HATTIESBURG, MS 39401

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) ITALO SUBBARAO<br>PROFESSOR OF CLINICAL SCIE               | 40.00   |   |                       |         | X            |                              | 503,152. | 0.  | 23,361.  |   |
| (2) RAYMOND KING<br>FORMER PRESIDENT AND CHIEF                 | 40.00   |   |                       |         |              | X                            | 283,385. | 0.  | 14,897.  |   |
| (3) KEITH SPEED<br>PROFESSOR OF CLINICAL SCIE                  | 40.00   |   |                       |         | X            |                              | 256,314. | 0.  | 21,601.  |   |
| (4) ETHAN WORTHINGTON<br>ASSISTANT PROFESSOR OF CLI            | 40.00   |   |                       |         | X            |                              | 253,277. | 0.  | 15,260.  |   |
| (5) AJAY SHARMA<br>ASSOCIATE PROFESSOR OF CLI                  | 40.00   |   |                       |         | X            |                              | 244,452. | 0.  | 14,900.  |   |
| (6) TONYA CREECH<br>ASSISTANT PROFESSOR OF PRE                 | 40.00   |   |                       |         | X            |                              | 240,041. | 0.  | 15,802.  |   |
| (7) TIFFANY WORTHINGTON<br>ASSISTANT PROFESSOR OF CLI          | 40.00   |   |                       |         | X            |                              | 230,927. | 0.  | 15,260.  |   |
| (8) MICHAEL MALLOY<br>PROFESSOR OF PHARMACY AND                | 40.00   |   |                       |         | X            |                              | 230,308. | 0.  | 15,612.  |   |
| (9) MELISSA STEPHENS<br>PROFESSOR OF CLINICAL SCIE             | 40.00   |   |                       |         | X            |                              | 223,527. | 0.  | 15,810.  |   |
| (10) EDWARD FRIEDLANDER<br>PROFESSOR OF PRECLINICAL S          | 40.00   |   |                       |         | X            |                              | 218,500. | 0.  | 14,782.  |   |
| (11) ROSALYN SCHNEIDER<br>PART-TIME ASST PROF CLINICAL STUDIES | 40.00   |   |                       |         | X            |                              | 213,314. | 0.  | 14,035.  |   |
| (12) ENG HUU<br>ASSOCIATE PROFESSOR OF CLI                     | 40.00   |   |                       |         | X            |                              | 209,728. | 0.  | 14,836.  |   |
| (13) BENJAMIN BURNETT<br>PRESIDENT AND CHIEF EXECUT            | 40.00   |   |                       | X       |              |                              | 202,447. | 0.  | 16,962.  |   |
| (14) DARRYLL BARKSDALE<br>ASSISTANT PROFESSOR OF PRE           | 40.00   |   |                       |         | X            |                              | 202,228. | 0.  | 14,591.  |   |
| (15) CHARLES FILLINGANE<br>ASSOCIATE PROFESSOR OF CLI          | 40.00   |   |                       |         | X            |                              | 202,119. | 0.  | 14,223.  |   |
| (16) JOHN GAUDET<br>ASSOCIATE PROFESSOR OF CLI                 | 40.00   |   |                       |         | X            |                              | 200,077. | 0.  | 14,197.  |   |
| (17) JIM WEIR<br>PROFESSOR OF CLINICAL & PR                    | 40.00   |   |                       |         | X            |                              | 200,080. | 0.  | 12,891.  |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) EVAN WILLIAMSON<br>ASSISTANT PROFESSOR OF CLI             | 40.00   |   |                       |         |              | X                            |        | 195,041.  | 0.   | 14,034.   |
| (19) JAMES MITCHELL<br>ASSISTANT PROFESSOR OF PRE              | 40.00   |   |                       |         |              | X                            |        | 200,000.  | 0.   | 6,456.  |
| (20) JANET WILLIAMS<br>PROFESSOR OF NURSING; VICE              | 40.00   |   |                       |         | X            |                              |        | 174,107.  | 0.   | 23,258.   |
| (21) DANIEL CALDWELL<br>PROFESSOR OF RELIGION; PRO             | 40.00   |   |                       | X       |              |                              |        | 123,828.  | 0.   | 23,141.   |
| (22) ASHLEY GUTHRIE<br>VICE-PRESIDENT FOR BUSINES              | 40.00   |   |                       | X       |              |                              |        | 122,607.  | 0.   | 23,149.   |
| (23) ANGELA HOUSTON<br>FORMER ASSISTANT PROFESSOR EDUCATION    | 40.00   |   |                       |         |              |                              | X      | 108,889.  | 0.   | 13,995.   |
| (24) CASSANDRA CONNER<br>PROFESSOR OF EDUCATION; VI            | 40.00   |   |                       |         | X            |                              |        | 109,000.  | 0.   | 13,225.   |
| (25) BRANTLY FRYFOGLE<br>FORMER DIRECTOR ENTERPRISE SERV       | 40.00   |   |                       |         |              |                              | X      | 100,820.  | 0.   | 14,265.   |
| (26) CHARLOTTE GREEN<br>SECRETARY TO BOARD OF TRUS             | 40.00   |   |                       | X       |              |                              |        | 47,708.   | 0.   | 12,401.   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 5,295,876.  | 0.   | 412,944.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 5,295,876.  | 0.   | 412,944.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 25

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| MMI DINING SYSTEMS LLC<br>1000 RED FERN PLACE, FLOWOOD, MS 39232                  | FOOD SERVICES                  | 1,972,628.          |
| MAC'S CONSTRUCTION COMPANY LLC, 6555<br>HIGHWAY 98W STE 13, HATTIESBURG, MS 39402 | CONSTRUCTION SERVICES          | 1,051,938.          |
| PROFESSIONAL SECURITY<br>2 THOMAS LANE, HATTIESBURG, MS 39402                     | SECURITY SERVICES              | 541,938.            |
| BARNES & NOBLE BOOKSTORE<br>P O BOX 713660, PHILADEPHIA, PA 19171-3660            | BOOKSTORE SERVICES             | 534,182.            |
| HANCO CORPORATION<br>P O BOX 17678, HATTIESBURG, MS 39404                         | CONSTRUCTION SERVICES          | 430,000.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 51

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) JIMMY STEWART<br>TRUSTEE               | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) CHARLES PICKERING<br>CHAIRMAN OF BOT   | 0.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (29) TED BOWER<br>TRUSTEE                   | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) ODEAN BUSBY<br>VICE-CHAIRMAN OF BOT    | 0.00  | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (31) BRIAN DIX<br>TRUSTEE                   | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) GARY FORDHAM<br>TRUSTEE                | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (33) JOEY GARNER<br>TRUSTEE                 | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) GARY GORDON<br>TRUSTEE                 | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) MACK GRUBBS<br>TRUSTEE                 | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) NELL HENDERSON<br>TRUSTEE              | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) DAN HULL<br>TRUSTEE                    | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (38) BRETT JONES<br>TRUSTEE                 | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (39) RAYMON LEAKE<br>TRUSTEE                | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (40) ERIC LINDSTROM<br>TRUSTEE              | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (41) DAVID MILLICAN<br>TRUSTEE              | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (42) BRENDA ROSS<br>TRUSTEE                 | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (43) LARUE STEPHENS<br>TRUSTEE              | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (44) ROBERT SULLIVAN<br>TRUSTEE             | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (45) STAN BURTON<br>TRUSTEE                 | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (46) WILLIAM RAY<br>TRUSTEE                 | 0.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        |  |   |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (47) JACK SIMMONS<br>TRUSTEE                | 0.00  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (48) BRETT VALENTINE<br>TRUSTEE             | 0.00  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (49) LEANDER BRIDGES<br>TRUSTEE             | 0.00  | <input checked="" type="checkbox"/>    |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |   |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   |   |                      | (A)           | (B)                                | (C)                        | (D)  |            |
|--|---|---|----------------------|---------------|------------------------------------|----------------------------|--|------------|
|  |   |   |                      | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |            |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |                      |               |                                    |                            |  |            |
|  | <b>b</b> Membership dues .....  | <b>1b</b>   |                      |               |                                    |                            |  |            |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>   | 157,085.             |               |                                    |                            |  |            |
|  | <b>d</b> Related organizations .....  | <b>1d</b>   |                      |               |                                    |                            |  |            |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   | 1,687,902.           |               |                                    |                            |  |            |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>   | 6,018,630.           |               |                                    |                            |  |            |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>   | \$ 235,355.          |               |                                    |                            |  |            |
|  | <b>h Total.</b> Add lines 1a-1f .....   |   |                      | 7,863,617.    |                                    |                            |  |            |
|  | <b>Program Service Revenue</b>  | <b>2 a</b> EDUCATION & GENERAL REVENUE  | <b>Business Code</b> | 611310        | 78,742,578.                        | 78,742,578.                |  |            |
| <b>b</b> AUXILIARY INCOME  |   |   | 611310               | 3,966,248.    | 3,966,248.                         |                            |  |            |
| <b>c</b> ADVERTISING   |   |   | 541800               | 105,550.      |                                    | 105,550.                   |  |            |
| <b>d</b> ART CONSIGNMENT SALES   |   |   | 611310               | 300.          |                                    | 300.                       |  |            |
| <b>e</b> _____   |   |   |                      |               |                                    |                            |  |            |
| <b>f</b> All other program service revenue .....   |   |   |                      |               |                                    |                            |  |            |
| <b>g Total.</b> Add lines 2a-2f .....  |   |   |                      | 82,814,676.   |                                    |                            |  |            |
| <b>Other Revenue</b>   |   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      |               | 1,304,195.                         |                            |  | 1,304,195. |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |   |                      |               |                                    |                            |  |            |
|  | <b>5</b> Royalties .....  |   |                      | 7,740.        |                                    |                            | 7,740.   |            |
|  | <b>6 a</b> Gross rents .....  | <b>6a</b>   | (i) Real             | 9,135.        |                                    |                            |  |            |
|  |   |   | (ii) Personal        |               |                                    |                            |  |            |
|  |   |   |                      | 0.            |                                    |                            |  |            |
|  | <b>b</b> Less: rental expenses ...  | <b>6b</b>   |                      |               |                                    |                            |  |            |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>   |                      | 9,135.        |                                    |                            |  |            |
|  | <b>d</b> Net rental income or (loss) .....  |   |                      | 9,135.        | 9,135.                             |                            |  |            |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>   | (i) Securities       | 170,318.      |                                    |                            |  |            |
|  |   |   | (ii) Other           | 212,513.      |                                    |                            |  |            |
|  |   |   |                      |               |                                    |                            |  |            |
|  | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>   |                      | 357,492.      | 250,575.                           |                            |  |            |
|  | <b>c</b> Gain or (loss) .....   | <b>7c</b>   |                      | -187,174.     | -38,062.                           |                            |  |            |
|  | <b>d</b> Net gain or (loss) .....   |   |                      | -225,236.     |                                    |                            | -225,236.  |            |
| <b>8 a</b> Gross income from fundraising events (not including \$ 157,085. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |   |                      |               |                                    |                            |  |            |
|  |   |   | 102,040.             |               |                                    |                            |  |            |
|  |   |   | 163,595.             |               |                                    |                            |  |            |
| <b>b</b> Less: direct expenses .....   | <b>8b</b>   |   |                      |               |                                    |                            |  |            |
| <b>c</b> Net income or (loss) from fundraising events .....  |   |   | -61,555.             |               |                                    | -61,555.                   |  |            |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....   | <b>9a</b>   |   |                      |               |                                    |                            |  |            |
|  |   |   |                      |               |                                    |                            |  |            |
|  |   |   |                      |               |                                    |                            |  |            |
| <b>b</b> Less: direct expenses .....   | <b>9b</b>   |   |                      |               |                                    |                            |  |            |
| <b>c</b> Net income or (loss) from gaming activities .....   |   |   |                      |               |                                    |                            |  |            |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....  | <b>10a</b>  |   |                      |               |                                    |                            |  |            |
|  |   |   |                      |               |                                    |                            |  |            |
|  |   |   |                      |               |                                    |                            |  |            |
| <b>b</b> Less: cost of goods sold .....  | <b>10b</b>  |   |                      |               |                                    |                            |  |            |
| <b>c</b> Net income or (loss) from sales of inventory .....  |   |   |                      |               |                                    |                            |  |            |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> OTHER REVENUE   | <b>Business Code</b>  | 900099               | 1,971,138.    | 1,971,138.                         |                            |  |            |
|  | <b>b</b> _____  |   |                      |               |                                    |                            |  |            |
|  | <b>c</b> _____  |   |                      |               |                                    |                            |  |            |
|  | <b>d</b> All other revenue .....  |   |                      |               |                                    |                            |  |            |
|  | <b>e Total.</b> Add lines 11a-11d .....   |   |                      | 1,971,138.    |                                    |                            |  |            |
|  | <b>12 Total revenue.</b> See instructions .....   |   |                      | 93,683,710.   | 84,689,099.                        | 105,850.                   | 1,025,144.   |            |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 14,901,213.           | 14,901,213.                     |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 1,529,213.            | 732,688.                        | 796,525.                               |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 33,685,484.           | 29,457,195.                     | 3,982,876.                             | 245,413.                    |
| <b>7</b> Other salaries and wages  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,521,475.            | 1,210,796.                      | 300,183.                               | 10,496.                     |
| <b>9</b> Other employee benefits   | 4,412,123.            | 3,397,306.                      | 976,267.                               | 38,550.                     |
| <b>10</b> Payroll taxes  | 2,409,705.            | 2,051,799.                      | 338,182.                               | 19,724.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  |                       |                                 |  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 8,682,670.            | 5,251,058.                      | 3,339,014.                             | 92,598.                     |
| <b>12</b> Advertising and promotion  | 785,182.              | 302,243.                        | 474,390.                               | 8,549.                      |
| <b>13</b> Office expenses  | 437,915.              | 281,217.                        | 147,695.                               | 9,003.                      |
| <b>14</b> Information technology   | 382,637.              | 126,987.                        | 255,650.                               |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 2,881,032.            | 6,399.                          | 2,874,633.                             |                             |
| <b>17</b> Travel   | 1,816,292.            | 1,720,165.                      | 91,083.                                | 5,044.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 739,013.              | 543,204.                        | 189,048.                               | 6,761.                      |
| <b>20</b> Interest   | 1,132,644.            |                                 | 1,132,644.                             |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 6,285,185.            |                                 | 6,285,185.                             |                             |
| <b>23</b> Insurance  | 2,076,931.            | 363,278.                        | 1,713,653.                             |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> UBI TAX   | 35,577.               |                                 | 35,577.                                |                             |
| <b>b</b> OTHER EXPENSES  | 7,562,292.            | 4,269,525.                      | 3,150,061.                             | 142,706.                    |
| <b>c</b> DUES & SUBSCRIPTIONS  | 788,177.              | 648,637.                        | 138,781.                               | 759.                        |
| <b>d</b> LIBRARY RESOURCES   | 705,231.              | 705,231.                        |  |                             |
| <b>e</b> All other expenses  | 322,066.              | 322,066.                        |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 93,092,057.           | 66,291,007.                     | 26,221,447.                            | 579,603.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)                     |              | (B)          |              |
|---|--|-------------------------|--------------|--------------|--------------|
|   |  | Beginning of year       |              | End of year  |              |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 10,326,955.             | 1            | 9,988,458.   |              |
|   | <b>2</b> Savings and temporary cash investments .....  | 14,184,461.             | 2            | 14,997,992.  |              |
|   | <b>3</b> Pledges and grants receivable, net .....  |                         | 3            |              |              |
|   | <b>4</b> Accounts receivable, net .....  | 7,925,668.              | 4            | 6,893,861.   |              |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                         | 5            |              |              |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                         | 6            |              |              |
|   | <b>7</b> Notes and loans receivable, net .....   | 45,992.                 | 7            | 22,975.      |              |
|   | <b>8</b> Inventories for sale or use .....   |                         | 8            |              |              |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 341,691.                | 9            | 225,587.     |              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 265,790,076. |              |              |              |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 81,644,017.  | 187,156,385. | <b>10c</b>   | 184,146,059. |
|   | <b>11</b> Investments - publicly traded securities .....   | 28,399,508.             | 11           | 30,896,692.  |              |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                         | 12           |              |              |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                         | 13           |              |              |
|   | <b>14</b> Intangible assets .....  |                         | 14           |              |              |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 3,904,618.              | 15           | 4,102,821.   |              |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 252,285,278.   | 16                      | 251,274,445. |              |              |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 3,330,391.              | 17           | 3,731,671.   |              |
|   | <b>18</b> Grants payable .....   |                         | 18           |              |              |
|   | <b>19</b> Deferred revenue .....   | 4,343,524.              | 19           | 3,168,371.   |              |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                         | 20           |              |              |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                         | 21           |              |              |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                         | 22           |              |              |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 44,320,416.             | 23           | 42,229,564.  |              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                         | 24           |              |              |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 81,660.                 | 25           | 38,267.      |              |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 52,075,991.             | 26           | 49,167,873.  |              |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                         |              |              |              |
|   | <b>27</b> Net assets without donor restrictions .....  | 169,865,960.            | 27           | 171,163,752. |              |
|   | <b>28</b> Net assets with donor restrictions .....   | 30,343,327.             | 28           | 30,942,820.  |              |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                         |              |              |              |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                         | 29           |              |              |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                         | 30           |              |              |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                         | 31           |              |              |
|   | <b>32</b> Total net assets or fund balances .....  | 200,209,287.            | 32           | 202,106,572. |              |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 252,285,278.   | 33                      | 251,274,445. |              |              |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 93,683,710.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 93,092,057.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 591,653.     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 200,209,287. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,305,629.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 3.           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 202,106,572. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|   |  | Yes | No |
|---|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |  |     |    |
| <b>2a</b>   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| <b>3a</b>   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  | X   |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     | X   |    |

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization WILLIAM CAREY UNIVERSITY
Employer identification number 64-0329300

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [X] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
section 170(b)(1)(A)(iv). (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in
section 170(b)(1)(A)(vi). (Complete Part II.)
8 [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or
university:
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
See section 509(a)(2). (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
organization. You must complete Part IV, Sections A and B.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
control or management of the supporting organization vested in the same persons that control or manage the supported
organization(s). You must complete Part IV, Sections A and C.
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                         |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....    |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |     |    |
|---|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .  |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |     |    |
| <b>2a</b>   |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3a</b>   |  |     |    |
| <b>3b</b>   |  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |   | Current Year |
|---------------------------|---|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2022 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2022   |                             |  |   |
| <b>a</b> From 2017   |                             |  |   |
| <b>b</b> From 2018   |                             |  |   |
| <b>c</b> From 2019   |                             |  |   |
| <b>d</b> From 2020   |                             |  |   |
| <b>e</b> From 2021   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2022 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2018  |                             |  |   |
| <b>b</b> Excess from 2019  |                             |  |   |
| <b>c</b> Excess from 2020  |                             |  |   |
| <b>d</b> Excess from 2021  |                             |  |   |
| <b>e</b> Excess from 2022  |                             |  |   |

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **WILLIAM CAREY UNIVERSITY** Employer identification number **64-0329300**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate value of contributions to (during year) .....   |                         |  |
| 3 Aggregate value of grants from (during year) .....  |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 20

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 800.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ 0.

(ii) Assets included in Form 990, Part X ..... \$ 1,542,187.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 28,399,508.      | 27,225,422.    | 22,412,126.        | 21,123,449.          | 19,288,129.         |
| b Contributions                                  | 709,043.         | 6,480,708.     | 938,196.           | 462,751.             | 475,362.            |
| c Net investment earnings, gains, and losses     | 2,102,493.       | -4,726,414.    | 4,965,979.         | 835,648.             | 1,713,400.          |
| d Grants or scholarships                         | 311,288.         | 569,630.       | 1,081,257.         | 379.                 | 343,099.            |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        | 3,064.           | 10,578.        | 9,622.             | 9,343.               | 10,343.             |
| g End of year balance                            | 30,896,692.      | 28,399,508.    | 27,225,422.        | 22,412,126.          | 21,123,449.         |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.0000 %
  - b Permanent endowment 83.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  | X   |    |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value      |
|--|--------------------------------------|---------------------------------|------------------------------|---------------------|
| 1a Land  |                                      | 13,801,931.                     |                              | 13,801,931.         |
| b Buildings  |                                      | 199,837,421.                    | 43,493,395.                  | 156,344,026.        |
| c Leasehold improvements   |                                      | 159,192.                        | 159,192.                     | 0.                  |
| d Equipment  |                                      | 39,703,376.                     | 30,795,424.                  | 8,907,952.          |
| e Other  |                                      | 12,288,156.                     | 7,196,006.                   | 5,092,150.          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>184,146,059.</b> |



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>LEASES PAYABLE</b>   | <b>38,267.</b> |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 80,251,725. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 1,305,629.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 163,600.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 1,469,229.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 78,782,496. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 14,901,214. |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 14,901,214. |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 93,683,710. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 78,354,440. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 163,597.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 163,597.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 78,190,843. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | 14,901,214. |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 14,901,214. |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 93,092,057. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART II, LINE 9:**

NATURE RESERVE REPORTED AS "LAND" ON THE BALANCE SHEET.

**PART III, LINE 4:**

THE COLLECTION CONSISTS OF ART FROM THE LUCILLE PARKER COLLECTION AND THE SARAH GILLESPIE MUSEUM; RARE BOOKS, ARTIFACTS, ART, MANUSCRIPTS IN THE CENTER FOR THE STUDY OF THE LIFE AND WORK OF WILLIAM CAREY; AND RARE BOOKS, ARTIFACTS, FURNITURE, ART, AND MANUSCRIPTS FROM THE DICKINSON COLLECTION. THE ABOVE COLLECTIONS FURTHER WILLIAM CAREY UNIVERSITY'S MISSION AS AN EXEMPT ORGANIZATION BY PROVIDING RESOURCES FOR SCHOLARLY RESEARCH, PRESERVING ART FOR APPRECIATION AND STUDY IN AN EDUCATIONAL CONTEXT, AND GATHERING MATERIALS TOGETHER IN ORDER TO MAKE THEM AVAILABLE

**Part XIII** Supplemental Information (continued)

TO A BROADER COMMUNITY.

PART V, LINE 4:

ENDOWMENT IS PRIMARILY USED TO FUND SCHOLARSHIPS, ACADEMIC PROGRAM  
ACTIVITIES, PROFESSORIAL CHAIRS, AND GENERAL OPERATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

|                                       |          |
|---------------------------------------|----------|
| FUNDRAISING EXPENSES REPORTED NET     | 163,595. |
| ROUNDING                              | 5.       |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 163,600. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|  |             |
|--|-------------|
| INSTITUTIONAL STUDENT AID EXPENDITURE INCLUDED IN TUITION<br>REVENUE | 14,901,214. |
|--|-------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|  |          |
|--|----------|
| FUNDRAISING EXPENSES REPORTED NET      | 163,595. |
| ROUNDING                               | 2.       |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 163,597. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

|  |             |
|--|-------------|
| INSTITUTIONAL STUDENT AID EXPENDITURE INCLUDED IN TUITION<br>REVENUE | 14,901,214. |
|--|-------------|

**SCHEDULE E**  
**(Form 990)**

**Schools**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**WILLIAM CAREY UNIVERSITY**

Employer identification number

**64-0329300**

**Part I**

|   | YES | NO |
|---|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....   | X   |    |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....  | X   |    |
| 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II ..... | X   |    |
| <b>THE UNIVERSITY PUBLICIZES ITS NONDISCRIMINATORY POLICY TOWARD STUDENTS AT THE BEGINNING OF EACH SCHOOL YEAR. THIS ADVERTISEMENT IS PUBLISHED IN THE LARGEST NEWSPAPERS AT ALL THREE CAMPUS LOCATIONS. THE POLICY IS ALSO DISPLAYED ON THE WEBSITE.</b>   |     |    |
| 4 Does the organization maintain the following? .....   |     |    |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? .....   | X   |    |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....   | X   |    |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....   | X   |    |
| d Copies of all material used by the organization or on its behalf to solicit contributions? .....  | X   |    |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II.  |     |    |
| 5 Does the organization discriminate by race in any way with respect to: .....  |     |    |
| a Students' rights or privileges? .....   |     | X  |
| b Admissions policies? .....  |     | X  |
| c Employment of faculty or administrative staff? .....  |     | X  |
| d Scholarships or other financial assistance? .....   |     | X  |
| e Educational policies? .....   |     | X  |
| f Use of facilities? .....  |     | X  |
| g Athletic programs? .....  |     | X  |
| h Other extracurricular activities? .....   |     | X  |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.   |     |    |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? .....  | X   |    |
| b Has the organization's right to such aid ever been revoked or suspended? .....  |     | X  |
| If you answered "Yes" on either line 6a or line 6b, explain on Part II.   |     |    |
| 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II .....  | X   |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990) 2022

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

SCHEDULE E, PAGE 1, #6A

- FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS
- FEDERAL WORK-STUDY PROGRAM
- FEDERAL PERKINS LOAN PROGRAM
- FEDERAL PELL GRANT PROGRAM
- FEDERAL DIRECT STUDENT LOANS
- TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANTS
- HIGHER EDUCATION EMERGENCY RELIEF FUND

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **WILLIAM CAREY UNIVERSITY** Employer identification number **64-0329300**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |  | (a) Event #1                    | (b) Event #2            | (c) Other events    | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------|--|---------------------------------|-------------------------|---------------------|---|
|                 |  | GOLF TOURNAMENT<br>(event type) | DINNERS<br>(event type) | 3<br>(total number) |   |
| 1               | Gross receipts .....   | 53,255.                         | 183,750.                | 22,120.             | 259,125.  |
| 2               | Less: Contributions .....  | 10,905.                         | 135,700.                | 10,480.             | 157,085.  |
| 3               | Gross income (line 1 minus line 2) .....                           | 42,350.                         | 48,050.                 | 11,640.             | 102,040.  |
| Direct Expenses | 4  | Cash prizes .....               |                         |                     |   |
|                 | 5  | Noncash prizes .....            |                         |                     |   |
|                 | 6  | Rent/facility costs .....       |                         |                     |   |
|                 | 7  | Food and beverages .....        |                         |                     |   |
|                 | 8  | Entertainment .....             |                         |                     |   |
|                 | 9  | Other direct expenses .....     | 19,182.                 | 132,745.            | 11,668.   |
| 10              | Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                 |                         |                     | 163,595.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) ..... |                                 |                         |                     | -61,555.  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |  | (a) Bingo                   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |
|-----------------|--|-----------------------------|---|---|---|
|                 |  |                             |   |   |   |
| 1               | Gross revenue .....  |                             |   |   |   |
| Direct Expenses | 2  | Cash prizes .....           |   |   |   |
|                 | 3  | Noncash prizes .....        |   |   |   |
|                 | 4  | Rent/facility costs .....   |   |   |   |
|                 | 5  | Other direct expenses ..... |   |   |   |
|                 | 6  | Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d) .....        |                             |   |   |   |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |                             |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer    
 Employee    
 Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **WILLIAM CAREY UNIVERSITY** Employer identification number **64-0329300**

**Part I** General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |
|  |         |                                 |                          |                                  |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

3 Enter total number of other organizations listed in the line 1 table .....

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SCHOLARSHIPS FOR STUDENTS       | 1915                     | 14,901,213.              | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL SCHOLARSHIPS AND GRANTS ARE ADMINISTERED WITHIN THE GUIDELINES OF THE DEPARTMENT OF EDUCATION. WILLIAM CAREY UNIVERSITY'S FINANCIAL AID AND BUSINESS DEPARTMENTS MONITOR THE PROGRAMS TO ASSURE THAT THEY FOLLOW FEDERAL GUIDELINES. THE INDEPENDENT AUDITORS PERFORM AN AUDIT ON ALL FEDERAL PROGRAMS ANNUALLY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**WILLIAM CAREY UNIVERSITY**

Employer identification number

**64-0329300**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) ITALO SUBBARAO<br>PROFESSOR OF CLINICAL SCIE               | (i)  | 503,125.   | 0.                                  | 27.                                 | 15,000.  | 8,361.                  | 526,513.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) RAYMOND KING<br>FORMER PRESIDENT AND CHIEF                 | (i)  | 197,371.   | 56,000.                             | 30,014.                             | 9,375.   | 5,522.                  | 298,282.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) KEITH SPEED<br>PROFESSOR OF CLINICAL SCIE                  | (i)  | 256,175.   | 0.                                  | 139.                                | 13,275.  | 8,326.                  | 277,915.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) ETHAN WORTHINGTON<br>ASSISTANT PROFESSOR OF CLI            | (i)  | 253,250.   | 0.                                  | 27.                                 | 6,900.   | 8,360.                  | 268,537.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) AJAY SHARMA<br>ASSOCIATE PROFESSOR OF CLI                  | (i)  | 241,700.   | 0.                                  | 2,752.                              | 6,540.   | 8,360.                  | 259,352.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) TONYA CREECH<br>ASSISTANT PROFESSOR OF PRE                 | (i)  | 235,000.   | 5,000.                              | 41.                                 | 7,442.   | 8,360.                  | 255,843.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) TIFFANY WORTHINGTON<br>ASSISTANT PROFESSOR OF CLI          | (i)  | 230,900.   | 0.                                  | 27.                                 | 6,900.   | 8,360.                  | 246,187.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) MICHAEL MALLOY<br>PROFESSOR OF PHARMACY AND                | (i)  | 230,080.   | 0.                                  | 228.                                | 7,252.   | 8,360.                  | 245,920.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) MELISSA STEPHENS<br>PROFESSOR OF CLINICAL SCIE             | (i)  | 223,500.   | 0.                                  | 27.                                 | 7,450.   | 8,360.                  | 239,337.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) EDWARD FRIEDLANDER<br>PROFESSOR OF PRECLINICAL S          | (i)  | 213,500.   | 5,000.                              | 0.                                  | 6,476.   | 8,306.                  | 233,282.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) ROSALYN SCHNEIDER<br>PART-TIME ASST PROF CLINICAL STUDIES | (i)  | 208,300.   | 5,000.                              | 14.                                 | 5,700.   | 8,335.                  | 227,349.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) ENG HUU<br>ASSOCIATE PROFESSOR OF CLI                     | (i)  | 204,500.   | 5,000.                              | 228.                                | 6,476.   | 8,360.                  | 224,564.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) BENJAMIN BURNETT<br>PRESIDENT AND CHIEF EXECUT            | (i)  | 202,370.   | 0.                                  | 77.                                 | 8,698.   | 8,264.                  | 219,409.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) DARRYLL BARKSDALE<br>ASSISTANT PROFESSOR OF PRE           | (i)  | 197,000.   | 5,000.                              | 228.                                | 6,238.   | 8,353.                  | 216,819.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (15) CHARLES FILLINGANE<br>ASSOCIATE PROFESSOR OF CLI          | (i)  | 197,000.   | 5,000.                              | 119.                                | 5,870.   | 8,353.                  | 216,342.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (16) JOHN GAUDET<br>ASSOCIATE PROFESSOR OF CLI                 | (i)  | 195,000.   | 5,000.                              | 77.                                 | 5,850.   | 8,347.                  | 214,274.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (17) JIM WEIR<br>PROFESSOR OF CLINICAL & PR                 | (i)  | 195,080.   | 5,000.                              | 0.                                  | 12,287.  | 604.                    | 212,971.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (18) EVAN WILLIAMSON<br>ASSISTANT PROFESSOR OF CLI          | (i)  | 190,000.   | 5,000.                              | 41.                                 | 5,700.   | 8,334.                  | 209,075.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (19) JAMES MITCHELL<br>ASSISTANT PROFESSOR OF PRE           | (i)  | 195,000.   | 5,000.                              | 0.                                  | 5,850.   | 606.                    | 206,456.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (20) JANET WILLIAMS<br>PROFESSOR OF NURSING; VICE           | (i)  | 164,080.   | 0.                                  | 10,027.                             | 15,000.  | 8,258.                  | 197,365.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (21) ANGELA HOUSTON<br>FORMER ASSISTANT PROFESSOR EDUCATION | (i)  | 106,780.   | 0.                                  | 2,109.                              | 5,960.   | 8,035.                  | 122,884.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (22) CASSANDRA CONNER<br>PROFESSOR OF EDUCATION; VI         | (i)  | 109,000.   | 0.                                  | 0.                                  | 5,187.   | 8,038.                  | 122,225.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (23) BRANTLY FRYFOGLE<br>FORMER DIRECTOR ENTERPRISE SERV    | (i)  | 100,804.   | 0.                                  | 16.                                 | 6,199.   | 8,066.                  | 115,085.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

EMPLOYEES WHO ARE ORDAINED MINISTERS QUALIFY FOR HOUSING ALLOWANCES. THE AMOUNT OF THE HOUSING ALLOWANCE IS INCLUDED IN FORM 990, PART VII, SECTION A, COLUMN F. THE HOUSING ALLOWANCE IS ALSO REPORTED ON THE W-2, BOX 14.

THE FOLLOWING ORDAINED MINISTERS REPORTED IN FORM 990, PART VII, SECTION A, COLUMN F, RECEIVED HOUSING ALLOWANCE: DRS. RAYMOND KING AND DANIEL CALDWELL.

SCHEDULE L (Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization WILLIAM CAREY UNIVERSITY Employer identification number 64-0329300

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? Yes/No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? To/From, (e) Original principal amount, (f) Balance due, (g) In default? Yes/No, (h) Approved by board or committee? Yes/No, (i) Written agreement? Yes/No

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| BARNES & NOBLE                | VENDOR  | 534,182.                  | PROVIDER OF                    |   | X  |
| COMMERCIAL STATIONERY COMP    | VENDOR  | 422,907.                  | PURCHASE OF                    |   | X  |
| MMI DINING SERVICES           | VENDOR  | 1,972,628.                | CAFETERIA S                    |   | X  |
| HANCO CORPORATION             | VENDOR  | 430,000.                  | CONSTRUCTIO                    |   | X  |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BARNES & NOBLE

(D) DESCRIPTION OF TRANSACTION: PROVIDER OF BOOKSTORE SERVICES

(A) NAME OF PERSON: COMMERCIAL STATIONERY COMPANY

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF CLASSROOM AND OFFICE FURNISHINGS

(A) NAME OF PERSON: MMI DINING SERVICES

(D) DESCRIPTION OF TRANSACTION: CAFETERIA SERVICES

(A) NAME OF PERSON: HANCO CORPORATION

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION SERVICES

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **WILLIAM CAREY UNIVERSITY** Employer identification number **64-0329300**

| Part I | Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1      | Art - Works of art  | X                          | 3   | 37,200.  | FAIR MARKET VALUE   |
| 2      | Art - Historical treasures                                |                            |   |  |   |
| 3      | Art - Fractional interests                                |                            |   |  |   |
| 4      | Books and publications                                    |                            |   |  |   |
| 5      | Clothing and household goods                              |                            |   |  |   |
| 6      | Cars and other vehicles                                   |                            |   |  |   |
| 7      | Boats and planes  |                            |   |  |   |
| 8      | Intellectual property                                     |                            |   |  |   |
| 9      | Securities - Publicly traded                              |                            |   |  |   |
| 10     | Securities - Closely held stock                           |                            |   |  |   |
| 11     | Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12     | Securities - Miscellaneous                                |                            |   |  |   |
| 13     | Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14     | Qualified conservation contribution - Other               |                            |   |  |   |
| 15     | Real estate - Residential                                 |                            |   |  |   |
| 16     | Real estate - Commercial                                  |                            |   |  |   |
| 17     | Real estate - Other                                       | X                          | 1   | 11,800.  | FAIR MARKET VALUE   |
| 18     | Collectibles  |                            |   |  |   |
| 19     | Food inventory  |                            |   |  |   |
| 20     | Drugs and medical supplies                                |                            |   |  |   |
| 21     | Taxidermy   |                            |   |  |   |
| 22     | Historical artifacts                                      |                            |   |  |   |
| 23     | Scientific specimens                                      |                            |   |  |   |
| 24     | Archeological artifacts                                   |                            |   |  |   |
| 25     | Other (EQUIPMENT)   | X                          | 2   | 175,798.   | COST  |
| 26     | Other (FURNITURE)   | X                          | 1   | 7,924.   | COST  |
| 27     | Other (GIFT CARDS)  | X                          | 38  | 2,528.   | COST  |
| 28     | Other (SIGNS)   | X                          | 1   | 105.   | COST  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

WILLIAM CAREY UNIVERSITY

Employer identification number

64-0329300

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDES QUALITY EDUCATIONAL PROGRAMS WITHIN A CARING CHRISTIAN  
ACADEMIC COMMUNITY, WHICH CHALLENGE THE INDIVIDUAL STUDENT TO EXCEL IN  
SCHOLARSHIP, LEADERSHIP, AND SERVICE IN A DIVERSE GLOBAL SOCIETY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SERVICE IN A DIVERSE GLOBAL SOCIETY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,980,273.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - A COPY OF FORM 990 IS PRESENTED IN PERSON, MAILED,  
OR EMAILED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING. THE RETURN MUST  
BE REVIEWED BY THE BOARD BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE MUST SIGN A CONFLICT OF INTEREST  
CERTIFICATION EACH YEAR. EACH CERTIFICATION IS REVIEWED BY THE APPROPRIATE  
BODY (ADMINISTRATION OR GOVERNING BOARD), AND MATTERS REQUIRING RESOLUTION  
ARE RESEARCHED, DISCUSSED, AND ACTED UPON AS NEEDED TO ENSURE THE NECESSARY  
DISCLOSURE AND AVOIDANCE OF CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND MEETS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

|   |   |
|---|---|
| Name of the organization<br><b>WILLIAM CAREY UNIVERSITY</b> | Employer identification number<br><b>64-0329300</b> |
|---|---|

ANNUALLY REGARDING THE CHIEF EXECUTIVE'S COMPENSATION. THIS COMMITTEE OFTEN DETERMINES THE COMPENSATION OF THE PRESIDENT BASED ON COMPARABILITY DATA FROM OTHER UNIVERSITIES OF SIMILAR SIZE AND DELIBERATION AMONG THE MEMBERS. AFTER THE COMMITTEE REACHES A CONCLUSION, THEY MAKE A RECOMMENDATION TO THE TRUSTEES. THE TRUSTEES THEN DISCUSS AND VOTE ON THE RECOMMENDATION OF THE COMMITTEE. ALL DISCUSSIONS CONCERNING EXECUTIVE COMPENSATION ARE RECORDED IN THE MINUTES OF THE MEETINGS FOR SUBSTANTIATION PURPOSES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, FL, IA, LA, MS, NC, OH, SC, TN, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
THE FINANCIAL STATEMENTS AND TAX RETURNS ARE AVAILABLE BY REQUESTING A COPY FROM THE BUSINESS OFFICE THROUGH THE CFO, THE GUIDESTAR WEBSITE, OR UNIVERSITY'S WEBSITE.

CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO ALL EMPLOYEES ON OUR INTERNAL WEBSITE. THESE ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
ROUNDING 3.

FORM 990, PART XII, LINE 2C:  
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

**2023**

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

|     |  |     |                    |             |
|-----|--|-----|--------------------|-------------|
| 1   | Unrelated business taxable income expected in the tax year .....   |     | 1                  |             |
| 2   | Tax on the amount on line 1 .....  |     | 2                  |             |
| 3   | Alternative minimum tax for trusts .....   |     | 3                  |             |
| 4   | Total. Add lines 2 and 3 .....   |     | 4                  |             |
| 5   | Estimated tax credits .....  |     | 5                  |             |
| 6   | Subtract line 5 from line 4 .....  |     | 6                  |             |
| 7   | Other taxes .....  |     | 7                  |             |
| 8   | Total. Add lines 6 and 7 .....   |     | 8                  |             |
| 9   | Credit for federal tax paid on fuels .....   |     | 9                  |             |
| 10a | Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization does not need to make<br>estimated tax payments .....   | 10a |                    |             |
| b   | Enter the tax shown on the 2022 return. <b>Caution:</b> If<br>zero or the tax year was for less than 12 months, skip this line<br>and enter the amount from line 10a on line 10c ..... | 10b | 20,259.            |             |
| c   | <b>2023 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount<br>from line 10a on line 10c .....            |     | <b>ADJUSTED TO</b> | 10c 20,280. |

|    |   | (a) | (b)      | (c)      | (d)      |          |
|----|---|-----|----------|----------|----------|----------|
| 11 | Installment due dates .....   | 11  | 10/16/23 | 12/15/23 | 03/15/24 | 06/17/24 |
| 12 | Installments. Enter 25% of line 10c in<br>columns (a) through (d) ..... | 12  | 5,070.   | 5,070.   | 5,070.   | 5,070.   |
| 13 | 2022 Overpayment .....  | 13  |          |          |          |          |
| 14 | Payment due (Subtract line 13 from line 12) .....                       | 14  | 5,070.   | 5,070.   | 5,070.   | 5,070.   |

Form **990-W**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>WILLIAM CAREY UNIVERSITY</b>                         | Taxpayer identification number (TIN)<br><b>64-0329300</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>710 WILLIAM CAREY PARKWAY</b>               |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>HATTIESBURG, MS 39401</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**GRANT GUTHRIE VP BUS. AFF. CFO**

• The books are in the care of ▶ **710 WILLIAM CAREY PARKWAY - HATTIESBURG, MS 39401**

Telephone No. ▶ **601-318-6193** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2022**

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

Go to [www.irs.gov/Form990T](http://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).

Department of the Treasury  
Internal Revenue Service

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

|   |   |  |  |   |
|---|---|--|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.   |   | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) | <b>D</b> Employer identification number  |   |
|   | <b>Print<br/>or<br/>Type</b>  | <b>WILLIAM CAREY UNIVERSITY</b>  | <b>64-0329300</b>  |   |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) <input type="checkbox"/> 529A |   | Number, street, and room or suite no. If a P.O. box, see instructions.                           | <b>710 WILLIAM CAREY PARKWAY</b>   | <b>E</b> Group exemption number (see instructions)                |
|   |   | City or town, state or province, country, and ZIP or foreign postal code                         | <b>HATTIESBURG, MS 39401</b>   | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
|   |   | <b>C</b> Book value of all assets at end of year   | <b>251,274,443.</b>  |   |
| <b>G</b> Check organization type  | <input checked="" type="checkbox"/> 501(c) corporation              | <input type="checkbox"/> 501(c) trust  | <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university |   |
| <b>H</b> Check if filing only to  | <input type="checkbox"/> Claim credit from Form 8941                | <input type="checkbox"/> Claim a refund shown on Form 2439                                       |  |   |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation   | <input type="checkbox"/>  |  |  |   |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T)  | <b>1</b>  |  |  |   |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?<br>If "Yes," enter the name and identifying number of the parent corporation.  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |   |
| <b>L</b> The books are in care of   | <b>GRANT GUTHRIE VP BUS. AFF. CFO</b>                               |  | Telephone number <b>601-318-6193</b>   |   |

| <b>Part I Total Unrelated Business Taxable Income</b> |  |                |
|---|--|----------------|
| <b>1</b>  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)               | <b>97,470.</b> |
| <b>2</b>  | Reserved   |                |
| <b>3</b>  | Add lines 1 and 2  | <b>97,470.</b> |
| <b>4</b>  | Charitable contributions (see instructions for limitation rules)   | <b>0.</b>      |
| <b>5</b>  | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3                             | <b>97,470.</b> |
| <b>6</b>  | Deduction for net operating loss. See instructions   |                |
| <b>7</b>  | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | <b>97,470.</b> |
| <b>8</b>  | Specific deduction (generally \$1,000, but see instructions for exceptions)  | <b>1,000.</b>  |
| <b>9</b>  | <b>Trusts.</b> Section 199A deduction. See instructions  |                |
| <b>10</b>   | <b>Total deductions.</b> Add lines 8 and 9   | <b>1,000.</b>  |
| <b>11</b>   | <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero        | <b>96,470.</b> |

| <b>Part II Tax Computation</b> |  |                |
|--------------------------------|--|----------------|
| <b>1</b>                       | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)  | <b>20,259.</b> |
| <b>2</b>                       | Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |                |
| <b>3</b>                       | Proxy tax. See instructions  |                |
| <b>4</b>                       | Other tax amounts. See instructions  |                |
| <b>5</b>                       | Alternative minimum tax (trusts only)  |                |
| <b>6</b>                       | Tax on noncompliant facility income. See instructions  |                |
| <b>7</b>                       | <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies  | <b>20,259.</b> |

LHA For Paperwork Reduction Act Notice, see instructions.



**Part III Tax and Payments**

|           |  |           |         |         |
|-----------|--|-----------|---------|---------|
| <b>1a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....  | <b>1a</b> |         |         |
| <b>b</b>  | Other credits (see instructions) .....   | <b>1b</b> |         |         |
| <b>c</b>  | General business credit. Attach Form 3800 (see instructions) .....   | <b>1c</b> |         |         |
| <b>d</b>  | Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | <b>1d</b> |         |         |
| <b>e</b>  | <b>Total credits.</b> Add lines 1a through 1d .....  | <b>1e</b> |         |         |
| <b>2</b>  | Subtract line 1e from Part II, line 7 .....  | <b>2</b>  |         | 20,259. |
| <b>3</b>  | Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... | <b>3</b>  |         |         |
| <b>4</b>  | <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....   | <b>4</b>  |         | 20,259. |
| <b>5</b>  | Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....  | <b>5</b>  |         | 0.      |
| <b>6a</b> | Payments: A 2021 overpayment credited to 2022 .....  | <b>6a</b> |         |         |
| <b>b</b>  | 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....   | <b>6b</b> | 17,720. |         |
| <b>c</b>  | Tax deposited with Form 8868 .....   | <b>6c</b> |         |         |
| <b>d</b>  | Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |         |         |
| <b>e</b>  | Backup withholding (see instructions) .....  | <b>6e</b> |         |         |
| <b>f</b>  | Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |         |         |
| <b>g</b>  | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439<br><input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total  | <b>6g</b> |         |         |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6g .....   | <b>7</b>  |         | 17,720. |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....  | <b>8</b>  |         | 42.     |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....  | <b>9</b>  |         | 2,581.  |
| <b>10</b> | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....   | <b>10</b> |         |         |
| <b>11</b> | Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b>  | <b>11</b> |         |         |

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

|           |  |     |    |
|-----------|--|-----|----|
| <b>1</b>  | At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority 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 _____ | Yes | No |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |     | X  |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____   |     |    |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.  |     |    |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |     |    |
|           | Business Activity Code   |     |    |
|           | Available post-2017 NOL carryover  |     |    |
|           | \$   |     |    |
|           | \$   |     |    |
| <b>6a</b> | Did the organization change its method of accounting? (see instructions) .....   |     | X  |
| <b>b</b>  | If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |     |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|                               |  |                       |          |   |
|-------------------------------|--|-----------------------|----------|---|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                       |          |   |
|                               | Signature of officer   | Date                  | Title    |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature  | Date     | Check <input type="checkbox"/> if self-employed |
|                               | PAIGE M. JOHNSON, CPA  | PAIGE M. JOHNSON, CPA | 05/09/24 | PTIN  |
|                               | Firm's name  | Firm's EIN            |          |   |
|                               | TMH  | 20-5857627            |          |   |
|                               | Firm's address   | Phone no.             |          |   |
|                               | P. O. DRAWER 15099<br>HATTIESBURG, MS 39404-5099   | 601-264-3519          |          |   |

|   |
|---|
| May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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).

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

A Name of the organization WILLIAM CAREY UNIVERSITY B Employer identification number 64-0329300 C Unrelated business activity code (see instructions) 541800 D Sequence: 1 of 1

E Describe the unrelated trade or business ADVERTISING & ART CONSIGNMENT SALES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (300), Cost of goods sold, Advertising income (105,550), and Total (105,850).

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, and Amount. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, and Total deductions (0).

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |  |   |  |
|---|--|---|--|
| 1 | Inventory at beginning of year   | 1 |  |
| 2 | Purchases  | 2 |  |
| 3 | Cost of labor  | 3 |  |
| 4 | Additional section 263A costs (attach statement)   | 4 |  |
| 5 | Other costs (attach statement)   | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5  | 6 |  |
| 7 | Inventory at end of year   | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2                           | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A   
 B   
 C   
 D

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued  |    |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)                           |    |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |    |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D   |    |   |   |   |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)                            | 0. |   |   |   |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)   |    |   |   |   |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)                                     | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A   
 B   
 C   
 D

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property  |    |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property   |    |   |   |   |
| a Straight line depreciation (attach statement)   |    |   |   |   |
| b Other deductions (attach statement)   |    |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D)   |    |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)                   |    |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement)                               |    |   |   |   |
| 6 Divide line 4 by line 5   | %  | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6  |    |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)         | 0. |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6  |    |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10   | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations  |  |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|--|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made                                | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |  |   |  |
| 7. 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 | 11. Deductions directly connected with income in column 10         |   |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |   |  |
| <b>Totals</b>                      |   |                                     | 0.   | 0.   |   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A  ATHLETICS

B  DINNER THEATRE

C

D

Enter amounts for each periodical listed above in the corresponding column.

|  | A        | B      | C | D        |
|--|----------|--------|---|----------|
| 2 Gross advertising income   | 101,925. | 3,625. |   |          |
| Add columns A through D. Enter here and on Part I, line 11, column (A) |          |        |   | 105,550. |

|  |        |        |  |        |
|--|--------|--------|--|--------|
| a  |        |        |  |        |
| 3 Direct advertising costs by periodical                                 | 6,060. | 2,320. |  |        |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) |        |        |  | 8,380. |

|   |         |        |  |  |
|---|---------|--------|--|--|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | 95,865. | 1,305. |  |  |
| 5 Readership costs  |         |        |  |  |
| 6 Circulation income  |         |        |  |  |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero  |         |        |  |  |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7  |         |        |  |  |

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---------|----------|---|--|
| (1)     |          | %   |  |
| (2)     |          | %   |  |
| (3)     |          | %   |  |
| (4)     |          | %   |  |

Total. Enter here and on Part II, line 1 0.

**Part XI Supplemental Information** (see instructions)

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# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. FORM 990-T

**2022**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

|   |   |
|---|---|
| Name<br><b>WILLIAM CAREY UNIVERSITY</b> | Employer identification number<br><b>64-0329300</b> |
|---|---|

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

| <b>Part I Required Annual Payment</b>  |           |           |                |
|--|-----------|-----------|----------------|
| 1 Total tax (see instructions) .....   |           | <b>1</b>  | <b>20,259.</b> |
| 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....   | <b>2a</b> |           |                |
| b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....  | <b>2b</b> |           |                |
| c Credit for federal tax paid on fuels (see instructions) .....  | <b>2c</b> |           |                |
| d <b>Total.</b> Add lines 2a through 2c .....  |           | <b>2d</b> |                |
| 3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....   |           | <b>3</b>  | <b>20,259.</b> |
| 4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 ..... |           | <b>4</b>  | <b>17,687.</b> |
| 5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....  |           | <b>5</b>  | <b>17,687.</b> |

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

| <b>Part III Figuring the Underpayment</b>   |           |          |          |          |          |
|---|-----------|----------|----------|----------|----------|
|   |           | (a)      | (b)      | (c)      | (d)      |
| 9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....   | <b>9</b>  | 10/15/22 | 12/15/22 | 03/15/23 | 06/15/23 |
| 10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column ..... | <b>10</b> | 4,422.   | 4,422.   | 4,421.   | 4,422.   |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....  | <b>11</b> |          | 17,720.  |          |          |
| <b>Complete lines 12 through 18 of one column before going to the next column.</b>  |           |          |          |          |          |
| 12 Enter amount, if any, from line 18 of the preceding column .....   | <b>12</b> |          |          | 8,876.   | 4,455.   |
| 13 Add lines 11 and 12 .....  | <b>13</b> |          | 17,720.  | 8,876.   | 4,455.   |
| 14 Add amounts on lines 16 and 17 of the preceding column .....   | <b>14</b> |          | 4,422.   |          |          |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- .....  | <b>15</b> | 0.       | 13,298.  | 8,876.   | 4,455.   |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....  | <b>16</b> |          | 0.       | 0.       |          |
| 17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....   | <b>17</b> | 4,422.   |          |          |          |
| 18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....  | <b>18</b> |          | 8,876.   | 4,455.   |          |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

|  | (a)          | (b)                           | (c) | (d)        |
|--|--------------|-------------------------------|-----|------------|
| <b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.<br><b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month.<br><b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... | <b>19</b>    |                               |     |            |
| <b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....   | <b>20</b>    |                               |     |            |
| <b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022 .....  | <b>21</b>    |                               |     |            |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...   | <b>22</b> \$ | \$                            | \$  | \$         |
| <b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 ...   | <b>23</b>    |                               |     |            |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...   | <b>24</b> \$ | \$                            | \$  | \$         |
| <b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....  | <b>25</b>    |                               |     |            |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$ ...   | <b>26</b> \$ | \$                            | \$  | \$         |
| <b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023 ...   | <b>27</b>    | <b>SEE ATTACHED WORKSHEET</b> |     |            |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...   | <b>28</b> \$ | \$                            | \$  | \$         |
| <b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023 .....  | <b>29</b>    |                               |     |            |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....   | <b>30</b> \$ | \$                            | \$  | \$         |
| <b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 ...   | <b>31</b>    |                               |     |            |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....   | <b>32</b> \$ | \$                            | \$  | \$         |
| <b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....  | <b>33</b>    |                               |     |            |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....   | <b>34</b> \$ | \$                            | \$  | \$         |
| <b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024 ...  | <b>35</b>    |                               |     |            |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....   | <b>36</b> \$ | \$                            | \$  | \$         |
| <b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....   | <b>37</b> \$ | \$                            | \$  | \$         |
| <b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....   | <b>38</b>    |                               |     | <b>42.</b> |

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-T  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| Name(s)<br><b>WILLIAM CAREY UNIVERSITY</b> |  |  |  |  | Identifying Number<br><b>64-0329300</b> |
|--|--|--|--|--|---|

| (A)<br>*Date | (B)<br>Amount | (C)<br>Adjusted<br>Balance Due | (D)<br>Number Days<br>Balance Due | (E)<br>Daily<br>Penalty Rate | (F)<br>Penalty |
|--------------|---------------|--------------------------------|-----------------------------------|------------------------------|----------------|
|              |               | -0-                            |                                   |                              |                |
| 10/15/22     | 4,422.        | 4,422.                         | 58                                | .000164384                   | 42.            |
| 12/12/22     | -17,720.      | -13,298.                       |                                   |                              |                |
| 12/15/22     | 4,422.        | -8,876.                        |                                   |                              |                |
| 12/31/22     | 0.            | -8,876.                        | 74                                | .000191781                   |                |
| 03/15/23     | 4,421.        | -4,455.                        |                                   |                              |                |
| 06/15/23     | 4,422.        | -33.                           |                                   |                              |                |
| 09/30/23     | 0.            | -33.                           | 46                                | .000219178                   |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
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|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |
|              |               |                                |                                   |                              |                |

Penalty Due (Sum of Column F) ..... 42.

\* Date of estimated tax payment, withholding credit date or installment due date.