			EXTENDED TO MAY 15, 2			OMB No. 1545-0047
For	9 9	90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	-		Open to Public
Interr	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and start year, or tax year beginning JUL 1, 2021 and e			Inspection
		1		unding J	UN 30, 2022	
Bca	heck if pplicab	le:	organization		D Employer identified	cation number
	_chang Name		IAM CAREY UNIVERSITY		C4 02202	0.0
	_]chang ⊐Initial	ge Doing bu	Isiness as		64-03293	
	_returr Final	710	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe 601-318-	
	⊥returr termii	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	99,083,487.
	ated	nded UA TT	IESBURG, MS 39401		H(a) Is this a group re	
	_returr]Appli _tion		address of principal officer: DR . BEN BURNETT		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates in	
11	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 📃 527		list. See instructions
J /	Vebsi	ite: 🕨 WMCA	REY.EDU		H(c) Group exemptio	
κF	orm o	f organization:	X Corporation Trust Association Other ►	L Year	of formation: 1892 N	State of legal domicile: MS
Pa	art I					
ė	1	Briefly describ	e the organization's mission or most significant activities: ASA	CHRIS	TIAN UNIVER	SITY WHICH
anc			S ITS BAPTIST HERITAGE AND NAMESAK			
Activities & Governance			k local if the organization discontinued its operations or dispose	ed of more		
202						22
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			ependent voting members of the governing body (Part VI, line 1b) $\ldots$			22
ties			of individuals employed in calendar year 2021 (Part V, line 2a)			<u>1245</u> 32
ţ			of volunteers (estimate if necessary)			97,273.
Ac			business revenue from Part VIII, column (C), line 12			84,223.
	a	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		11,509,298.	16,105,326.
Revenue	9		ce revenue (Part VIII, line 2g)	····· –	79,492,198.	80,450,376.
evel		•	come (Part VIII, column (A), lines 3, 4, and 7d)		2,036,682.	1,215,354.
ň			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		378,271.	409,858.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		93,416,449.	98,180,914.
			nilar amounts paid (Part IX, column (A), lines 1-3)		12,712,839.	12,113,849.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		40,952,644.	42,985,899.
in Se	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)		33,000.	0.
Expenses	b	Total fundraisi	andraising fees (Part IX, column (A), line 11e) $701,60$	2.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		30,087,142.	39,127,995.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		83,785,625.	94,227,743.
	19	Revenue less	expenses. Subtract line 18 from line 12		9,630,824.	3,953,171.
Net Assets or Fund Balances					ginning of Current Year	End of Year
Sset Bala	20	Total assets (F			58,133,608.	252,285,278.
let A ind I	21		(Part X, line 26)		56,010,403.	52,075,991. 200,209,287.
	22 art II		iund balances. Subtract line 21 from line 20	2	02,123,205.	400,209,201.
		-	declare that I have examined this return, including accompanying schedules	and statem	ante and to the best of m	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which			y Knowleuge and Deller, it IS
uue,	COLLE		שלישות אווע אווע אווע אווע אווע אווע אווע או	on preparer		

Sign Here	Signature of officer GRANT GUTHRIE, VP BUSI Type or print name and title	NESS & CFO	Date						
Paid	Print/Type preparer's name SUSAN A. RILEY, CPA	Preparer's signature SUSAN A. RILEY, CPA	Date Check PTIN 12/05/22 self-employed P00144776						
Preparer	Firm's name <b>TMH</b>	•	Firm's EIN ► 20-5857627						
Use Only	Firm's address P. O. DRAWER 150 HATTIESBURG, MS		Phone no.601-264-3519						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	I3200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2021) WILLIAM CAREY UNIVERSITY 64-032930 rt III   Statement of Program Service Accomplishments	0 Pa
	Check if Schedule O contains a response or note to any line in this Part III	
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, LEADERS	HIP,
2	Did the organization undertake any significant program services during the year which were not listed on the	
	1	Yes X
_	If "Yes," describe these new services on Schedule O.	
3		Yes X
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	
	revenue, if any, for each program service reported.	es, anu
4a	(Code:) (Expenses \$ 42,675,462. including grants of \$) (Revenue \$ 77,53	2,904
Ĩ	ACADEMIC PROGRAMS	
	THE UNIVERSITY MAINTAINS UNDERGRADUATE AND GRADUATE PROGRAMS AT T	HREE
	CAMPUSES. ENROLLMENT HAS GROWN TO INCLUDE OVER 5,000 STUDENTS. TH	
	UNIVERSITY DESIGNS AND OPERATES ITS PROGRAMS TO ENCOURAGE EACH ST	UDEN'
	TO DEVELOP HIS/HER HIGHEST POTENTIAL IN LIBERAL ARTS AND/OR	
	PROFESSIONAL EDUCATION.	
4b	(Code:) (Expenses \$12,113,849. including grants of \$12,113,849. (Revenue \$) (Revenue \$)	
	STODENT ATD	
	DIRECT AID TO STUDENTS PRIMARILY FROM INSTITUTIONAL FUNDS	
4c		8,84
	AUXILIARY ENTERPRISES INCLUDE DINING, HOUSING, AND ATHLETICS.	
	AUXILIARY PROGRAMS PROVIDE HOUSING AND DINING SERVICES FOR THE ST	
	WHO NEED OR WANT TO LIVE ON CAMPUS. THE ATHLETIC PROGRAMS ENCOURA	
	LOYALTY TO THE UNIVERSITY AND A SENSE OF UNITY AMONG STUDENTS AND	
	FACULTY. IN PROVIDING THESE PROGRAMS, THE UNIVERSITY ENCOURAGES T	
	EXERCISE OF STUDENT TALENT, WHICH ENHANCES THE LEARNING EXPERIENC THE STUDENTS INVOLVED.	ES O
	THE STODENTS INVOLVED.	
4d	Other program services (Describe on Schedule O.)	
4u		
4e		
		m <b>990</b> (
3200:	2 12-09-21	
	3	
)1	205 796397 10710000 2021.05010 WILLIAM CAREY UNIVERSITY 10	0710

Form	aan	(2021)	

Part IV Checklist of Required Schedules

WILLIAM CAREY UNIVERSITY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
U	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	L
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	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</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	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? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21		X
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2021.05010 WILLIAM CAREY UNIVERSITY

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Form 990 (2	2021)		WILLIAM	CAREY	UNIV
Part IV	Che	ecklist of	Required Sch	edules (co	ntinued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
<u>2</u> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		Х
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	Х	
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	X	
Par	Note: All Form 990 filers are required to complete Schedule O           t 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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 325			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	
Part V	Sta

## 021) WILLIAM CAREY UNIVERSITY Statements Regarding Other IRS Filings and Tax Compliance (continued)

2         Enter the number of employees reported on Form W3, Transmitti of Wage and Tax Statements,         2         1.24.5           b If at least one is reported on line 2a, did the organization line all required tedes employment tax returns?         2a         X           Note: If the sum of lines 1 and 2a logeater thm system control by the return.         2a         X           b If Yas, The sum of lines 1 and 2a logeater thm System control and schedule O         3a         X           b If Yas, The stift for a Form System Control and System control and sea interest in, or signature or other authority over, a financial account?         4a           b If Yas, The stift for a Form System Control and System control and sea interest in, or a signature or other authority over, a financial account?         5a           See instructions for ling regularments to FinCON Form 114, Report of Foregon Bank and Financial Accounts Steparts         5a           b D Gar structures for this regular was or is a part but so a prohibit ta tax shore antiparts and the accounts of BAR.         5a           b D Gar structures for this regular was or is a part but so a control tax shore that so a control tax shore antiparts and the accounts of BAR.         5a           b If Yas, I to line Sa so Sb, dd the organization the account and yreas regular structures apprecision have are used and part for good and the organization solid.         6a           b If Yas, I dive contrastom tax sectores apprecision tax exceens structures in the solid tax schedular bax secont tax dedulato and the solid tax deductables accounts and accou						Yes	No
b     If at least one is reported on line 28, difference interplayment tax returns?     28     X       Note: If the sum of lines 1 and 28 is greater than 280, you may be required to c-file. See instructions.     38     X       b     Difference interplayment tax returns?     28     X       b     Thus, 'hat a file at form 500 T for thay year? if 'No' to line 80, provide an exploration on 8chodule 0     38     X       b     If 'Yua,' hat a file at form 500 T for thay year? if 'No' to line 80, provide an exploration on 8chodule 0     44       b     If 'Yua,' hat a file at form 500 T for thay year? if 'No' to line 80, provide an exploration on 8chodule 0     44       b     If 'Yua,' hat a file at form 500 T for the year?     56       See instructions for ling requirements for fincEN Form 114, Report of Fareign Bank and Financial Accounts (FBAR).     58       Se was the organization have annual greast reneipts that are normally greaster than \$100,000, and id the organization file form 886 T?     56       50     Dot due organization include with every solicitation an express statement that such contributions collar any contributions that were normal greaster than \$100,000, and id the organization file form 886 T?     78       7     Organization colled with every solicitation an express statement that such contributions or glins were normal actionaction?     56       8     Note: interplay the organization file form 880 T?     78     78       7     Organization coxide at expless of Si5 mdep atly as a contr	2a			1245			
Note: If the sum of lines 1 and 2 is greater than 250, you may be request to //le. See instructions.     30     X       30     Dift the organization have unrelated business greas income of \$1,000 or more during the year?     30     X       41     Name, 11 and 11 and 2 form 900-11 for the year?     30     X       54     Dift the organization have unrelated business greas income of \$1,000 or more during the start of the requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).     4       55     Bit Yes, "and the organization in the are organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year?     5e       56     Did any taxadi greas requires the financial accounts (FBAR).     5e       57     Was the organization in are organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year?     5e       58     Did any taxadi greas requires that are normally greater than \$100,000, and did the organization solitot are organization tax was or is a party to a prohibited tax sheller transaction?     5e       58     Did any taxadi greas requires that are normally greater than \$100,000, and did the organization solitot are used any taxadi the are party as a contribution and party for points and santy the organization solitot are used accounts.     5e       59     Did the organization include with every solicitation an express statement that such contributions or gifts were not tax doductable?     7e     X       70     Tyres, " did the organization include with			-			v	
a Did the organization have unrelated business gross income of \$1,000 or more during the yea?     ga     X       b If Yes, 'induction for the year, 'I' No' to his db, provide an exploration on Schedulo 0.     ga     X       4 A lary time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account in a torsign country (buch as a bank account, securities account, or other financial accounts (FBAP), Sa     ga     X       b If Yes, 'i center the name of the foreign country, b     Sa     Sa     Sa       c If Yes' to ine Sa or Sb, dd the organization have an interest in, or a signature or other authority over, a large data account is (FBAP), Sa     Sa     Sa       c If Yes' to ine Sa or Sb, dd the organization in fore M88-77.     Sa     Sa     Sa       c If Yes' to ine Sa or Sb, dd the organization in that was or is a party to a prohibited tax sheft transaction solid any contributions that were not tax detuctibles accharbale contributiona?     Sa     X       b If Yes, 'idd the organization include with every solicitation an express statement that such contributions or gifts were not tax detuctibles accharbale contribution and party for goods and services provided to the party?     7a     X       b If the organization neicker game party as a contribution and party for goods and services provided ?     7a     X       c Did the organization neicker game party as a contribution and party for goods and services provided ?     7a     X       c Did the organization neicker gama party asa contribution and party for goods and service	b				2b	<u> </u>	
b       If Yes, 'has it filed a form 990-T for this year? If 'No' to file 3D, provide an exploration on Schedule 0       3b       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a transcist account in a foreign country (such as a bank account, securities account, or other financial account).       4a         b       I' 'res, ' enter the name of the foreign country (such as a bank account, securities account, or other financial account).       5a         See instructions for timin grequements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization have organization have an a party to a prohibited tax shelter transaction?       5c         5b Did any taxable party notify the organization have an a party to a prohibited tax shelter transaction?       5c         5b Dif any taxable party notify the organization have an a party to a prohibited tax shelter transaction?       5c         6b Dif any canditation related accuritization file form 888517?       5a         7 Organizations that may receive deductible contributions under section 170(c).       7a       7a         7 Organization and party tax a construction of a support in excess of 57 made party as a contribution and party for goods and services provided to the party?       7a         7 Organization and the organization nucles discose of taxibibe personal property for which the services?       7a       7a         10 Two, 'initation techware aparty as a contribution of	~					v	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account), a foreign country leads as a bark account, excurtise account, or other financial account), and the organization apert to a profibe that such as a bark account, and the securities account, or other financial account), and the securities account, and and the securities account ac							
fmacel account in a foreign country (but has a bank account, securities account, or other financial account)?     4a       b     f"Yes," enter the name of the foreign country.     5a       Saw instructions for fling requirements for FinicPEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       Saw instructions for fling requirements for FinicPEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       Saw instructions for fling requirements for FinicPEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       Saw instructions for fling requirements for FinicPEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       Saw instructions for the again and gross receives that are normally greater than \$100,000, and did the organization solid any contributions under section 170(c).     5a       S     f"Yes," did the organization nucle were solication an express statement that such contributions or gifts were not tax deductible contribution and any try for goods and services provided to the payor     7a       X     f"Yes," did the organization nucle device flow or of the value of the goods or services provided?     7a       X     f"Yes," did the organization nucle device flow or setter than the such contract?     7a       Yes, 'did the organization nucle device flow or setter than the such contract?     7a       Yes, 'did the organization nucle advice than the such contract?     7a       Yes, 'did the organization nucle advice than the such contract?     7a       Yes, 'did the organizati					36	<u> </u>	
b If "Yes," enter the name of the foreign country. ► See instructions for filling requirements for FinCeR Form 114, Roport of Foreign Bank and Financial Accounts (FEAR). 58 Was the organization a party to a prohibited tax shelter transaction? 59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Did any taxable party notify the organization the form 88867 T? 50 Did any taxable party notify the organization for more 8867 T? 50 Did any taxable party notify the organization for more 8867 T? 50 Did any taxable party notify the organization the organization for form 8808 T? 50 Did Tes," fidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 50 Did the organization notify the donor of the value of the goods or services provided? 51 If "Yes," fidd the organization notify the donor of the value of the goods or services provided? 52 Did the organization notify the donor of the value of the goods or services provided? 53 Did the organization notify the donor of the value of the organization file from 8892 as equired? 54 Did the organization receive a payment. Sectore of the goods or services provided? 54 Did the organization notify the donor of the value of the organization file from 8892 as equired? 54 Did the organization receiver a contribution of cars, boats, airplanes, or other values, did the organization file a Form 1008-C? 55 Seponsoring organization make any taxeble distributions under section 49667 56 Did the organization make any taxeble distributions under section 49667 56 Did the seponsoring organization make at distribution to advised funds. Did a donor advised fund maintained by the seponsoring organization make at distribution to advised funds. Did a donor advised fund maintained by the section 501(c)(7) organizations. Enter: a file section 501(c)(2) organizations maintaining door advised funds. Did a donor ad	4a			•			v
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).     5a       59     Was the organization a party to a prohibited tax shelter transaction?     5a       50     Did any taxable party notify the organization file form 8888-17.     5a       60     Does the organization have not tax deductible as charitable contributions?     5b       70     Organization have multiple sets that are normally greater than \$100,000, and did the organization sells.     6a       81     I''''se; '' did the organization include with very solicitation an express statement that such contributions or gifts     6a       80     I'''se; '' did the organization include with very solicitation an express statement that such contributions or gifts     7a       81     I'''se; '' did the organization include with very solicitation an express statement that such contributions or gifts     7a       81     I'''se; '' did the organization netwee state deductible expression and party for goods and services provided to the paron?     7a       81     I'''se; '' did the organization sele, examp, or otherwise dispose of tangible personal property for which it was required ''     7a       92     I'' I''se; '' did the organization sele, examp, or otherwise dispose of tangible personal property for which it was required ''     7a       93     I'''se; '' did the organization sele, examp, premiums, directly or indirectly, to a parsinal benefit contract?     7a       94     I'''se; '' did the organization make ad			accou	nt)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b       c     Dide sor Sb, did the organization the irren 888e 71     5c       c     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as chartable contributions and party for goods and services provided to the party and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       7     Organization include with every solicitation an express statement that such contributions and services provided to the party in the organization notify the donor of the value of the ocods or services provided?     7a     X       7     Did the organization rolify the donor the value of the ocods or services provided?     7a     X       10     the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     7r       7     Did the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9       9     Sponsoring organization make a strabable distributions under section 4966?     9a     9a       9     Sponsoring organization make as any taxable distributions under section 4966?     9	b						
b     Did any taxable party notify the organization file Tom 8886-17     56       c     f1 'Ves' to line Sa or 5b, did the organization file Form 8886-17     56       d     Does the organization have annual gross receipts that are normaly greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charable contributions?     6       J1 'Ves', 'did the organization include with every solication an express statement that such contributions or gifts were not tax deductible?     7       J     Organizations that may receive deductible contributions under section 170(c).     10       J1 f1 'Ves', 'did the organization needly excess of \$75 mate party as a contribution and party for goods and services provided to the payor?     7       J     T     X       J0 f1 'Ves', 'did the organization needly excess of \$75 mate party as a contribution and party for goods and services provided?     7       J     J1 'Ves', 'did the organization needly exchange, or otherwise dispose of tangbite personal property for which it was required to file form 8282?     7       J0 f1 the organization receive any funds, directly or indirectly, to pay preniums on a personal benefit contract?     7       J1 f1 'Ves', 'did the organization maintaining door advised funds. Did a door advised fund maintaine door forms 8282 filed during the year?     8       J0 Did the organization maintaining door advised funds.     10     10       J1 f1 the organization receive a any funds. Juestle in the lactual property, did the organization file a Form 10886?     9 <td>_</td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td>v</td>	_				_		v
c If Yes' to line 5a or 5b, did the organization file Form 8886 T7.       5c         6a Does the organization have amual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       5c         b If Yes, ' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6c       X         7 Organizations that were not tax deductible?       7c       X       7c       X         b If the organization neake apament in excess of S5. made party as contribution and party for goods and services provided to the payor?       7a       X         c Did the organization neake apament in excess of S5. made party as contributions on a personal benefit contract?       7c       7d       X         c Did the organization neake any funds, directly or indirectly, to ap premiums on a personal benefit contract?       7f       7d         g If the organization neake any funds, directly or indirectly, to aparts.       7d       7d       7d         g If the organization neake any toxic directly or indirectly, on a personal benefit contract?       7f       7d         g If the organization neake any toxic directly or indirectly, on a personal benefit contract?       7d       7d         g If the organization make any taxable distributions under section 4966?       9a       9       9a       9a       9a       9a       9a							X
6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     6a     X       b     If 'ves,' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     6b     X       c     Organizations that may receive deductible contributions and partly for goods and services provided to the payor?     7a     X       d) lift e organization receive apyment in excess of \$75 m ded partly as a contribution and partly for goods and services provided?     7b     X       d) lift e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     7c       d) lift e organization receive a contribution of qualified indirectuly, on a personal benefit contract?     7f     7f       g) lift e organization receive a contribution of qualified turing the year?     7d     0       g) Sponsoring organization maintaining door advised funds.     8d     9a       g) Dis excites 051(c)(7) organizations. Enter:     10a     10a       g) rescit no 501(c)(12) organization make any taxable distributions und year of avoid solut funds.     11a       g) costic no 501(c)(21) organizations. Enter:     10a     11a       g) rescin so 501(c)(22) organization make any taxable distributions under sources against     11b       g) Socies on 501(c)(23) qualified neithel plasin in more than one state? <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td>							X
any contributions that were not tax deductible as charitable contributions?     6a     X       b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b     X       7 Organizations that may receive deductible contributions under section 170(c).     7b     7b     X       b If the organization netity approximent in excess of 357 mate party as contribution and party for goods and services provided to the payor?     7a     X       b If the organization netity approximent in excess of 357 mate party as a contribution and party for goods and services provided to the payor?     7a     X       b If the organization netity approximation netity approximation on the value of the goods or services provided?     7c     7c       c Did the organization netity any funds, directly or indirectly, on a personal benefit contract?     7d     0       g If the organization netity any funds, directly or indirectly, on a personal benefit contract?     7d     7d       g If the organization netity and contribution of autiled funds. Did a donor advised funds. Did a donor advised fund maintained by the sponsoring organization materia birthulions under section 4966?     8a       9 Sonsoring organizations maintaining donor advised funds.     10a     10a     9a       9 Did the sponsoring organizations maintaining donor advised funds.     10a     10a     9a       9 Sonsoring organizations maintaining donor advised funds.     10a     10a     10a       10 Section 50					5c		
b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <ul> <li>Organizations that may receive deductible contributions under section 170(c).</li> <li>Did the organization notify the donor of the value of the goods or services provided to the payor?</li> <li>To "S".</li> <li>Did the organization notify the donor of the value of the goods or services provided?</li> <li>To "S".</li> <li>Did the organization notify the donor of the value of the goods or services provided?</li> <li>To "S".</li> <li>Did the organization notify the donor of the value of the goods or services provided?</li> <li>To "S".</li> <li>Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>To a "To".</li> <li>If the organization neceive a contribution of qualified intelliculal property, did the organization file a Form 1084-C?</li> <li>Sponsoring organization maintaining door advised funds.</li> <li>Sponsoring organization make any taxable distributions under section 4966?</li> <li>Section 501(c)(7) organizations. Enter:</li> <li>Indib</li> <li>Section 501(c)(7) organizations. Enter:</li> <li>Gross income from themetors or shareholders</li> <li>Section 501(c)(12) organizations. Enter:</li> <li>Gross income from themetors or shareholders</li> <li>Section 501(c)(12) organizations. Enter:</li> <li>Gross income from themetors or shareholders</li> <li>Section 501(c)(12) organizations. Enter:</li> <li>Gross income from themetors or shareholders</li> <li>Section 501(c)(12) organizations. Enter:</li> <li>Gross income from themetors or shareh</li></ul>	6a					37	
were not tax deductible?     6b     X       7     Organizations time may receive deductible contributions under section 170(c).     7a     X       7     Organizations time a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?     7a     X       7     Tyres," did the organization notify the donor of the value of the goods or services provided?     7b     X       7     Did the organization notify the donor of the value of the goods or services provided?     7c     7c       7     dif 'Yes," indicate the number of Form 8282 filed during the year     7d     0       7     f'Yes," indicate the number of Form 8282 filed during the year     7d     0       7     f'Hes," indicate the number of Form 8282 filed during the year     7d     0       7     f'He organization received a contribution of cars, boats, aiplanes, or other vehicles, dif the organization file Form 8999 as required?     7f       9     If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     8a       9     Sponsoring organizations maintaining donor advised funds.     10a     10a       10     the sponsoring organization make any taxable distributions under section 4906?     9a       9     Sponsoring organization make any taxable distributions under section 4906?     9a       9     <					6a	X.	<u> </u>
7     Organizations that may receive deductible contributions under section 170(c).     a)     a)     b)     b)<	b			-			
a Did the organization receive a payment in access of \$75 made partly as a contribution and partly for goods and services provided to the payor?   7a X   b If Y'es,* did the organization ontify the donor of the value of the goods or services provided? 7b   7c 7c   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d       7d 7d   7d 7d       7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d   7d 7d  <					6b	X	
b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required     7c     7c       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     0       d     Did the organization receive any funds, directly or indirectly or indirectly on a personal benefit contract?     7t       d     If the organization received a contribution of qualified intellectual property, did the organization file a Form 8998 as required?.     7t       f     If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a       9     Sponsoring organization make a distribution to a door advised funds.     9b       0     Did the sponsoring organization make a distribution to a door, door advised funds.     9a       9     Did the sponsoring organization make a distribution to a door, door adviser, or related person?     9b       0     Section 501(c)(21) organizations. Enter:     10a     10b       a     Initiation fees and capital contributions included on Part VIII, line 12.     10a     10b       1     Section 501(c)(21) organizations. Enter:     11a     10b     12a       a     Gross income from members or shareholders     11a     12a							
c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c       d     T     T     T       d     If '''ses, '' indicate the number of Forms 8282 filed during the year     T     T       d     Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?     T     T       d     Did the organization received a contribution of qualified intellectual property (did the organization file a Form 1098-C7     T/n       d     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7     T/n       d     Sponsoring organization make any taxable distributions under section 4966?     9a       d     Did the sponsoring organization make any taxable distributions under section 4966?     9a       d     Did the sponsoring organization make any taxable distributions under section 4966?     9a       d     Did the sponsoring organization make any taxable distributions under section 4966?     9a       D     Did the sponsoring organization scheded on Form 90, Part VIII, line 12     10a       d     Gross income from them sources. Cherr     11a     10a       d     Gross income from themeny or shareholders     11a     11a       a     Bod schoon 497(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?     11							
to file Form 8282?  to file Form 8282?  to file Form 8282?  to file Yes, "Indicate the number of Forms 8282 filed during the year  to did the organization cereive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To did the organization neceive a contribution of qualified intellectual property, did the organization file a Form 1098 C?  Sonsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Sonsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from there form 600 Part VIII, line 12  Gross income from there sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(2) organizations. Enter:  Gross income from there the amount of tax-exempt interest received or accrued duing the year  Section 501(c)(2) organizations. Enter:  Gross income from there sources. (Do not ent amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Is the organization subject to the section 4960 tax one state wing the tax year?  Hores, 'nacte the amount of reserves on hand  Did the organization subject to the section 4960 tax one axplanation on Schedule 0.  Hores, 'nacte the amount of reserves on hand the form 720, Schedule N.  Substeps the instructions of additional information the organization is envices during thax year?  Hores,					7b	X	
d H "Yes," indicate the number of Forms 8282 filed during the year       7d       0         e Did the organization receive any funds, directly or indirectly, on pay prenumms on a personal benefit contract?       7e         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?,       7g         f If the organization more received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7h         g Sponsoring organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         g Did the sponsoring organization make any taxable distributions under section 4966?       9a         g Initiation fees and capital contributions included on Part VIII, line 12       10a         g Gross income from members or shareholders       11a         g Gross income from members or shareholders       11a         g Gross income from members or shareholders       11a         g Section 501(c)[2] organizations. Enter:       10a         g Carcin 497(a)[1) on exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417       12a         g S Section 501(c)[2] organizations. Enter:       11a         g Gross income from members or shareholders       11a         g S section 501(c)[2] organization instructuals the organization filing Form 990 in lieu of Form 10417	С						
b       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 108-C?       7h         g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         g       Sponsoring organizations maintaining donor advised funds.       8       9         g       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         g       Section 501(c)(12) organizations. Enter:       11a       10a       10b         a       Gross income from thembers or shareholders       11a       10a       11b       12a         2       Section 501(c)(12) organizations. Enter:       12b       12b       12a       12a         a       If section 501(c)(12) organization is received or accrued during the year <td></td> <td></td> <td></td> <td></td> <td>7c</td> <td></td> <td>X</td>					7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 1088-C?         3       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.       8         a       Did the sponsoring organization maintaining donor advised funds.       8         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations maintaining donor advised funds.       9b         cation 50(c)(7) organizations. Enter:       10a       10b         a       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         b       Gross income from members or shareholders       11a       10b         c       Section 501(c)(12) organizations. Enter:       11a       10b       12a         d       Gross income from members or shareholders       11a       10b       12a         d       Gross income from members or shareholders       11a       12a       12a       12a         d       Gross income from members or shareholders       11a       13a       13a       13a			-	, i i i i i i i i i i i i i i i i i i i			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h   sponsoring organization maintaining donor advised funds. 8a   a) Sponsoring organization make any taxable distributions under section 4966? 9a   b) Did the sponsoring organization make any taxable distributions under section 4966? 9a   b) Did the sponsoring organization make any taxable distributions under section 4966? 9a   b) Did the sponsoring organization make any taxable distributions under section 4966? 9a   b) Did the sponsoring organization make any taxable distributions on drivsor, or related person? 9b   c) Section 501(c)(7) organizations. Enter: 10a   a) Initiation fees and capital contributions included on Part VIII, line 12. 10a   b) Gross income from members or shareholders 11a   b) Gross income from members or shareholders 11a   b) Gross income from members or shareholders 11a   c) Section 501(c)(29) qualified nonprofit health insurance issuers. 12a   a) Is the organization is licensed to issue qualified health plans in more than one state? 13a   Note: See the instructions for additional information the organization must report on Schedule O. 14a   b) If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14a   b) If 'Yes,' has it filed a Form 720 to report these payments? If 'No, provide an explan	е						X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h   Sponsoring organizations maintaining donor advised funds. Did a donor advised furd maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8   a Did the sponsoring organizations maintaining donor advised funds. 9a   b Did the sponsoring organization make any taxable distributions under section 4966? 9a   b Did the sponsoring organizations. Enter: 10a   a Initiation fees and capital contributions included on Part VIII, line 12. 10a   b Gross income from members or shareholders 11a   b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b   a Section 4947(a)(1) on-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a   b If "Yes," enter the amount of tax-exempt interest received or accrued during the year? 12a   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13a   b If 'Yes," has it filed a Form 720 to report these payments? If 'No," provide an explanation on Schedule 0. 14a   b If 'Yes," has it filed a Form 720 to report these payments? If 'No," provide an explanation on Schedule 0. 14b   c Enter the amount of reserves on hand. 13a   a) Did the organization subject to the section 4968 excise tax on net investment income? <td< td=""><td>f</td><td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont</td><td>ract?</td><td></td><td>7f</td><td></td><td>X</td></td<>	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         Section 501(c)(12) organizations. Enter:       11a       11b         a Gross income from members or shareholders       11a       12a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         a Section 501(c)(29) qualified nealth insurance issuers.       12b       13a       13a         a Is the organization sicensed to issue qualified health plans in more than one state?       13a       14a         b If "Yes," enter the amount of reserves on hand       13b       13a       14a         c Enter the amount of reserves and painzation six provice a unexplanation on Schedule O       14b <t< td=""><td>g</td><td>If the organization received a contribution of qualified intellectual property, did the organization file F</td><td>orm 88</td><td>399 as required?</td><td>7g</td><td></td><td>X</td></t<>	g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		X
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If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.         7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.         32005 12-09-21         If "Pres," complete Form 6069.	5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration	or			
If "Yes," see the instructions and file Form 4720, Schedule N.     16       I6     Is the organization an educational institution subject to the section 4968 excise tax on net investment income?     16       If "Yes," complete Form 4720, Schedule O.     16     16       I7     Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?     17       If "Yes," complete Form 6069.     6     Form 990 (2000)		excess parachute payment(s) during the year?			15		X
If "Yes," complete Form 4720, Schedule O. 7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.							
7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       6       Form 990 (2000)	6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		Х
7 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       6       Form 990 (2000)		If "Yes," complete Form 4720, Schedule O.					
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 2005 12-09-21 6 Form <b>990</b> (2005 12-09-21)	7		n any				
If "Yes," complete Form 6069.         6         Form 990 (2000)           32005         12-09-21         6         Form 990 (2000)					17		
	32005	- 12 63 21 · · · ·			Form	9 <b>90</b>	(2021
	01	205 796397 10710000 2021.05010 WILLIAM CAREY	UNIV	/ERSITY	10	7100	001

Form 990	(2021)
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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.

1a       Enter the number of voting members of the governing body at the and of the tax year       1a       1a       1a       22         1b       If there are matrial differences in voting rights amorg members of the governing body, or if the governing body, or if the governing body are independent       1b       22         2       Did any office, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dutes customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management dutes customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management dutes customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management dutes customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management dutes customarily performed by or under the direct supervision of the organization have members or stockholders?       6         7a       Did the organization have members or stockholders?       6         7b       Dread the organization thave members or stockholders?       7b         80       the organization have members of the governing body?       8a         80       the organization have members of the governing body?       8a         80       the organization have members of the governing body?       8a         80       the organization have local hapters, branches, or affil		Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u></u>		
1a       Enter the number of volting members of the governing body at the end of the tax year       1a       22         1b       1b       22       1b       22         2       20       1b       1b       22         3       1b       1b       22       2         3       1b       1b       22       2         4       1b       1b       22       2         5       1b       1b       22       2         6       1b       1b       22       2         7       1b       1b       22       1b       2         1b       1b       1b       1b       22       2         1b       1b       1b       1b       22       2         1b       1b       1b       1b	Sec	tion A. Governing Body and Management				No.	
If there are material differences in volting (pb)s among members of the governing body, of the governing body delegated broad authority to an executive committee or similar committee, what are independent.       1b       22         2       Del any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to an amagement commany or other person?       3         3       Del the organization diselegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a significant durents on the organization assets?       5         5       Del the organization mechan sever during the year of a significant diversion of the organization assets?       6         6       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or other persons who had the power to elect or appoint one or more members, stockholders, or the organization reserved to (or subject to approval by members, stockholders, or 7a         8       Did the organization networks where one of the organization reserved to (or subject to approval by)       7b         8       Did the organization method were organization reserved to (or subject to appoint one or more members, stockholders, or 7a       7b         9       Did the organization networks and addresses on Schedule O       7a         9       Delet organization networks and addre	4		1.4-	1 2	2	Yes	1
bety the quantum ty in a resource committee or similar committe, explain on Schelule 0.       b       b       22         2       bd any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a somagement duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to the governing documents since the pror Form 900 was filed?       2         3       Did the organization bacemask control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to the governing documents since the pror Form 900 was filed?       2         4       Did the organization have members, stockholders?       5         5       Did the organization have members, stockholders?       7         6       Did the organization name one box of the organization reserved to (or subject to approval by) members, stockholders, or parson of the than the governing body?       8         6       Each committies with authority to act on behalf of the governing body?       8       8         9       Is there any officer, director, trustee, or key employee lided in Part VII, Secton A, who cannot be reached at the organization have written policies and regulates and procedures governing the activities of such chapters, affiliates, and branches to and/or the sectors and/or the seqtowering body?       9	Ia		la	27	-		
b Enter the number of voting members included on line 1a, above, who are independentb_   22 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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duries on the prior Form 990 was liked? 5 Did the organization have aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 8 Did the organization have members, stockholders? 8 Did the organization have members, stockholders? 8 Did the organization customaring body? 8 Did the organization customers, the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization customers, and the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization maximum did the governing body? 9 List hera any officer, director, trustee, or key employees listed in Park US, Section A, who cannot be reached at the organization maximum didres? 9 List hera any officer, director, trustee, or key employees listed in Park US, Section A, who cannot be reached at the organization maximum didres? 9 List hera any officer, director, trustee, or key employees and procedures governing the activities of such chapters, affiniates, and branches to ensure their operations are consistent with the organization to review this form 900 to governing body? 9 Dischole O Schedule O the process, if any, used by the or							
2       Did any officer, director, trustee, or key employee have a family reliationship or a business relationship with any other officer, director, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to its governing documents since the prior form 900 was filed?         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 its governing documents since the prior form 900 was filed?         4       Did the organization baceme aware during the year of a significant diversion of the organization's assets?       6         5       Did the organization baceme aware during the year of a significant diversion of the organization is assets?       6         6       Did the organization baceme aware during the year of a significant diversion of the organization is assets?       7         7       Did the organization baceme bace of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8         8       Did the organization contemportaneously document the meatings held or written actions undertaken during the year by the following:       7         8       Did the organization have local chapters, branches, or affiliates?       7       9         9       Ib the organization have local chapters, branches, or affiliates?       10a       X         9       Did the organization have awriten conflict o			4.	2			
officer, director, functes, or key employees?       2         3       Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, directors, functeses, or key employees to a management company or other person?       3         4       Did the organization have any significant changes to its governing documents aince the prior Form 980 was filed?       4         5       Did the organization have members or stockholders?       6         7       Did the organization have members, stockholders?       6         7       Did the organization have members, stockholders?       7         8       Did the organization have members, stockholders?       7         9       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8         9       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8         9       Did the organization have housd to behalf of the governing body?       8       8         9       Is there any ordificer, director, trustee, or key employee listed in PAH VIS. Secton A, who cannot be reached at the organization have written policies and procedures governing body?       8         9       Is there any ordificer, director, trustee, arc versitien about policies not required by the Internal Revenue Code.       9         9					-		
<ul> <li>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?</li> <li>4 Did the organization nakes any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization have members or stock/holders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>6 Area any governance decisions of the organization reserved to (or subject to approval by) members, stock/holders, or persons other than the governing body?</li> <li>8 Did the organization nontemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>8 Did the organization nontemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>9 Did the organization nontemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>9 Did the organization nontemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>9 Did the organization nontemporaneously document the materians and direses on Schedule O</li> <li>9 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 to review the form?</li> <li>10 X</li> <li>11 Yes, ' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches, and ky remotes, and ky remotes, and ky remotes, and ky remotes, and ky remotes and written be organization to review this form 990.</li> <li>12 Bid the organization nave written vicities due by the organization to review this form 990.</li> <li>12 Did the organization na</li></ul>	2						Ľ
of officers, directors, trustees, or key employees to a management company or other person?       3         4       Did the organization bace any significant changes to its governing documents since the prior Form 990 was filed?       4         5       Did the organization have members as tockholders?       6         6       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?       6         7       A vera vy governmand decisions of the organization reserved to (or subject to approval by) members, stockholders, or the persons who had the power to elect or appoint one or more members of the governing body?       8a       X         8       Did the organization normeno anceusly document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Secton A, who cannot be reached at the organization's maling address? If "key: arowide the names and addresses on Schedule O       9       9         9       Is there any officer, director, trustee, or key employee listed in Part VII, Secton A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       X         9       If 'Yes,' id due 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?       10a       X	•				2		+
4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4         5       Did the organization have members or stockholders?       5         6       Did the organization have members or stockholders?       6         7       Did the organization have members or stockholders?       7         7       Did the organization nave members or stockholders?       7         7       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8         8       Each committee with authority to act on behalf of the governing body?       8       8         9       Is there any office, director, trustee, or key employee listed in Part VII, Soction A, who cannot be reached at the organization in awa ordifere the names and addresses on Schedule O       9         9       Did the organization have local chapters, branches, or affiliates?       10a       X         9       Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are exempt purposes?       10a       X         11a       X       Did the organization nave written policies and proroce toregoninace with the policy? If Yes, "old the or	3			-			
<ul> <li>5 bid the organization bacome aware during the year of a significant diversion of the organization's assets?</li> <li>6 bid the organization have members or stockholders?</li> <li>7 bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>7 bid energy environance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.</li> <li>8 bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.</li> <li>9 bid the organization on the organization to act on behalf of the governing body?</li> <li>9 bid the organization provides. <i>It is a strain a strain action sees and addresses on Schedule O</i></li> <li>9 bid the organization nave local chapters, branches, or affiliates?</li> <li>10 bid the organization nave local chapters, branches, or affiliates?</li> <li>11 ''Nes, 'i due 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?</li> <li>11 bid the organization nave a written onclices in the organization's exempt purposes?</li> <li>12 bid the organization nave a written conflict of interest policy? <i>I''No'</i>, ' or to rife 13</li> <li>12 bid the organization nave a written organization or the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation onflice decision?</li> <li>13 bid the organization nave a written orbitise of the following persons include a review and approval by independent persons. (Foreganization have a written orbitise thermore orbitis)?</li></ul>							╀
6       Did the organization have members or stockholders?       6         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?       7a         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b         b       Bit the organization networking body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         corganization finance of key employee listed in Part VII, Section A, who cannot be reached at the organization in authority to act on behalf of the organization sempting process?       100       X         corganization finance avitten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization function provided a complete copy of this Form 990 to all members of this governing body before filing the form?       11a       X         b       Describe on Schedule O the process, if any, used by the organization to review this form 990.       12a       X         b       Did the organization nequark and theraches and	4						╀
Table the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       Table organization contemporaneously document the meetings held or witten actions undertaken during the year by the following:         Table organization contemporaneously document the meetings held or witten actions undertaken during the year by the following:       Table organization contemporaneously document the meetings held or witten actions undertaken during the year by the following:         Table organization contemporaneously document the meetings held or witten actions undertaken during the year by the following:       Table organization following:         Table organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       Table organization following:         Table organization following:       Table organization following:       Table organization following:         Table organization following:       Table organization following:       Table organization following:         Table organization have incle clapters, branches, or affiliates?       Toble organization following:       Table organization following:         Table and pranches to ensure their operations are consistent with the organization for view this form 900.       Table organization following:       Table organization following:         Table and organization have a written whistleblower policy?       Table and organization following:       Table organization following:         Table the organization have a written whistleblower polic	5						╀
more members of the governing body?     7a       b     Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     7a       b     the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a       a     The governing body?     8b       b     Each committee with authority to act on behalf of the governing body?     8b       capanization's mailing address? IIF 'Yes,' provide the names and addresses on Schedule O     9       capanization's mailing address? IIF 'Yes,' provide the names and addresses on Schedule O     9       capanization have local chapters, branches, or affiliates?     10a       b     If 'Yes,' did the organization have origitation there written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization repuess?     11a       a     It as the organization neve written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operating are consistent with the organization repuess?     11a       a     It as the organization neve written policy?     11a       b     Discrite on Schedule O The process, if any, used by the organization to reveal with size may 0.     12a       a     Did the organization neve written policy?     13a       b     Did the organization neve written document retenti	6				6		╀
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? B Each commutice with authority to act on behalf of the governing body? B Each commutice with authority to act on behalf of the governing body? B Each commutice with authority to act on behalf of the governing body? B Each commutice with authority to act on behalf of the governing body? B Each commutice with authority to act on behalf of the governing body who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O  9 Did the organization have local chapters, branches, or affiliates? 10 A X 11 Has the organization have local chapters, branches, or affiliates? 10 A X 11 Has the organization nave local chapters, branches, or affiliates? 10 A X 11 Has the organization nave local chapters, branches, or affiliates? 11 Has the organization nave avritten optice copy of this Form 990 to all members of its governing body before filing the form? 12 Bescribe on Schedule O the process, if any, used by the organization to review this Form 990. 23 Did the organization nave a written onstilet of thierest policy? If 'No,' go to line 13. 24 Did the organization nave a written onstilet on the advicus analy interests that could give rise to conflicts? 25 Did the process for determing compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation policy? 35 Did the organization nave a written document retention and destruction policy? 36 Did the organization have a written opticy or top management official in a joint venture or similar arrangement with a taxable entity during the year? 37 Did the organization follow a written policy or procedure requing the organization to evaluate its	7a				_		
persons other than the governing body?     7b       8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a       a The governing body?     8b       b Each committee with authority to act on behalf of the governing body?     8b       b Each committee with authority to act on behalf of the governing body?     8b       b Each committee with authority to act on behalf of the governing body?     8b       b Each committee with authority to act on behalf of the governing body?     8b       b a there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is making address? If "Yes," provide the names and addresses on Schedule O     9       cettion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     10a     X       cettion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     10a     X       cettion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     10a     X       1a Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?     12a     X       2 Did the organization have a written orbitor of Interest policy? If 'No, 'go to line 13     12a     X       2 Did the organ					7a		╀
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: <ul> <li>a The governing body?</li> <li>B Each committee with authority to act on behalf of the governing body?</li> <li>B there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's maling address? If "Yes," provide the names and addresses on Schedule O</li> <li>ection B. Policies (<i>This Section 1 requests information about policies not required by the Internal Revenue Code.</i>)</li> </ul> <li>9 Id the organization have local chapters, branches, or affiliates?</li> <li>10a X</li> <li>11a Has the organization notice of the process, if any, used by the organization is exempt purposes?</li> <li>10b X</li> <li>11a Has the organization notice a written collicity of this Form 990. Call members of its governing body before filing the form?</li> <li>12a Did the organization notice a written conditict on threest policy? If 'No,' got 0 in 13</li> <li>12a X</li> <li>12b Were officers, directors, or trustes, and key employees required to disclose annually intersts that could give rise to conflicts?</li> <li>12a X</li> <li>12b Were officers, directors, or trustes, and key employees required to disclose annually intersts that could give rise to conflicts?</li> <li>12a X</li> <li>12b Were officers, directors, or trustes, and key employees required to disclose annually intersts that could give rise to conflicts?</li> <li>12a X</li> <li>12b Were officers, directors, or trustes, and key employees required to disclose annually intersts that could give rise to conflicts?</li> <li>12b A the organization have a written whistleblower policy?</li> <li>13 A X</li> <li>14 Did the organization hav</li>	b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	holders, or			
a The governing body?       ga       X         b Each committee with authority to act on behalf of the governing body?       gb       X         b Each committee with authority to act on behalf of the governing body?       gb       X         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       y         cetton B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         0a Did the organization have local chapters, branches, or affiliates?       10a       X         b 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?       10b       X         1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         2b Did the organization regulary and consistently monitor and enforce compliance with the policy? If "Nes," describe on Schedule O the process, if any, used by the organization regulary and consistently monitor and enforce compliance with the policy? If "Yes," did the organization second and we written bolicy?       13       X         2b Did the organization regulary and consistently monitor and enforce compliance with the policy? If "Yes," describe on an Schedule O how this was done       12a       X         3 Did the organization any awritten bolicy or procedure requiring the organi					7b		Ļ
b       Each committee with authority to act on behalf of the governing body?       B       X         9       Is there any officer, furstee, 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       9         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         0       Did the organization have local chapters, branches, or affiliates?       Yes         10       H "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Yes         11       B as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Yes         12       B were officer, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       Yes         20       Did the organization provide the names of the governing body before filing the form?       Yes         21       Were officer, directors, or trustees, and key employees required to disclose annually interest stata could give rise to conflicts?       Yes         22       Did the organization nave a written whisteblower policy?       Yes       Yes         23       Did the organization nave a written document retention and destruction policy?       Yes       Yes         34	8						ł
9       is there any officer, director, frustee, 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       9         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       100         Call the organization have local chapters, branches, or affiliates?       100       X         b       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?       100       X         11       X as the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?       122       X         12       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "No," go to line 13       122       X         12       Did the organization have a written document retention and destruction policy?       13       X         2       Did the organization have a written document retention and destruction policy?       13       X         2       Did the organization have a written document retention and destruction policy?       14       X         3       Did the organization have a written document retention and destructions.       15a       X         4       Did the organization have a written	а	The governing body?			8a		ļ
organization's mailing address? If "Yes," provide the names and addresses on Schedule O.     9       ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       0a     Did the organization have local chapters, branches, or affiliates?     10a     X       1b     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?     10b     X       1a     Has 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?     10b     X       1a     Has the organization have a written conflict of interest policy? If 'No, '' go to line 13     12a     X       2     Did the organization have a written onlicit of interest policy? If 'No, '' go to line 13     12a     X       2     Did the organization have a written whistleblower policy?     13     X       3     Did the organization have a written document retention and destruction policy?     14     X       4     Did the organization have a written conflocing persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?     14     X       3     Did the organization have the nochribute assets to, or participate in a joint venture or similar arrangement with a taxable enti	b				8b	X	ļ
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taxable entity during the year?       16a         b       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?       16a         ection C. Disclosure       16b         7       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         8       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) availate 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)         9       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.       0         0       State the name, address, and telephone number of the person who possesses the organization's books and records ▶	6a		ement	with a			I
b       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?       16b         ection C. Disclosure       16b         7       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         8       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) availar for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X         9       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.         0       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         2006       12-09-21         7       Form 990	•••				16a		I
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's       16b         ection C. Disclosure       16b         7       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         8       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) availate 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)         9       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.         0       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       GRANT GUTHRIE VP BUS. AFF. CFO - 601-318-6193         710       WILLIAM CAREY PARKWAY, HATTIESBURG, MS 39401         2006       12-09-21       SEE SCHEDULE O FOR FULL LIST OF STATES         7       7	h	, , ,			ieu		t
exempt status with respect to such arrangements?       16b         ection C. Disclosure       AL, AR, FL, IA, LA, MS, NC, OH, SC, TN, VA         8       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) availate for public inspection. Indicate how you made these available. Check all that apply.       Image: Compute Computer Com							I
<ul> <li>ection C. Disclosure</li> <li>7 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</li> <li>8 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) availar for public inspection. Indicate how you made these available. Check all that apply.</li> <li>I Own website I Another's website I Upon request Other (explain on Schedule O)</li> <li>9 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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li></ul>					16h		I
<ul> <li>7 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</li> <li>8 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) availator public inspection. Indicate how you made these available. Check all that apply.</li> <li>I Own website I Another's website I Upon request Other (explain on Schedule O)</li> <li>9 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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records </li> <li>I GRANT GUTHRIE VP BUS. AFF. CFO - 601-318-6193</li> <li>710 WILLIAM CAREY PARKWAY, HATTIESBURG, MS 39401</li> <li>12006 12-09-21</li> <li>74</li> </ul>	ec		<u></u>		100		
<ul> <li>8 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) availate for public inspection. Indicate how you made these available. Check all that apply.</li> <li>I Own website I Another's website I Upon request Other (explain on Schedule O)</li> <li>9 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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>GRANT GUTHRIE VP BUS. AFF. CFO - 601-318-6193</li> <li>710 WILLIAM CAREY PARKWAY, HATTIESBURG, MS 39401</li> <li>12006 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES</li> <li>70 MILLIAM CAREY PARKWAY, HATTIESBURG, MS 39401</li> </ul>			T.A.I	MS NC OH SO	י דא	U VA	\ \
for public inspection. Indicate how you made these available. Check all that apply.         Image: Second state of the second state of the public during the tax year.         9       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.         0       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         12:006 12:09:21         SEE SCHEDULE O FOR FULL LIST OF STATES         70							-
X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)         9       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.         0       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         12006       12-09-21         SEE SCHEDULE O FOR FULL LIST OF STATES         70	0		anu s		5/5 UNI	i) avai	10
<ul> <li>9 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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>GRANT GUTHRIE VP BUS. AFF. CFO - 601-318-6193</li> <li>710 WILLIAM CAREY PARKWAY, HATTIESBURG, MS 39401</li> <li>2006 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES</li> <li>710</li> </ul>			in on S	chadula ()			
statements available to the public during the tax year. O 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 2006 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES 7	0				ad fina		
0       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         12:006 12:09-21       SEE SCHEDULE O FOR FULL LIST OF STATES         70	9		COLITIIC	t of interest policy, a	na fina	ncial	
GRANT GUTHRIE VP BUS. AFF. CFO - 601-318-6193710 WILLIAM CAREY PARKWAY, HATTIESBURG, MS 394012006 12-09-21SEE SCHEDULE O FOR FULL LIST OF STATES7	~						
710 WILLIAM CAREY PARKWAY, HATTIESBURG, MS 394012006 12-09-21SEE SCHEDULE O FOR FULL LIST OF STATES7	20	State the name, address, and telephone number of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the organization's to company of the person who possesses the person who possesses the organization's to company of the person who possesses the person who person who possesses the person who pers	ooks a	and records -			
2006 12-09-21SEE SCHEDULE O FOR FULL LIST OF STATESForm 990 (7							
7					-	000	
	2006	_			Forn	1 <b>990</b>	(;
	<b>م</b> 1	-			1	71 ^	~

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t 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, 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) Name and title	(B) Average			<b>(C</b> Posi	<b>;)</b> tion			(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per	box	, unle	heck r ss per	rson i	is botl	h an	compensation	compensation	amount of
	week (list any		er an	d a di	recto	n/trus	lee)	. from the	from related organizations	other compensation
	hours for	Individual trustee or director				eq		organization	(W-2/1099-MISC/	from the
	related	stee or	Institutional trustee		0	Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ual tru	onal t		ployee	t comp ee		1099-NEC)		and related
	below line)	Idivid	nstituti	Officer	Key employee	ighest mploy	Former			organizations
(1) ITALO SUBBARAO	40.00	-	-	0	¥	тə	ш			
PROFESSOR OF CLINICAL SCIENCES; DEAN					х			438,652.	0.	22,791.
(2) RAYMOND KING	40.00									
FORMER PRESIDENT AND CHIEF EXECUTIVE							Х	302,449.	0.	22,713.
(3) KEITH SPEED	40.00									
PROFESSOR OF CLINICAL SCIENCES; SENI						Х		273,361.	0.	20,310.
(4) MICHAEL MALLOY	40.00									
PROFESSOR OF PHARMACY AND DEAN, SCHO						Х		231,641.	0.	14,626.
(5) MELISSA STEPHENS	40.00							001 405	0	14 425
PROFESSOR OF CLINICAL SCIENCES; ASSO	40.00					X		231,485.	0.	14,435.
(6) TONYA CREECH	40.00					x		222 450	0.	11 101
ASSISTANT PROFESSOR OF PRECLINICAL S (7) EDWARD FRIEDLANDER	40.00					^		222,458.	0.	14,404.
PROFESSOR OF PRECLINICAL SCIENCES						x		219,561.	0.	13,891.
(8) TIFANY WORTHINGTON	40.00							219,3010		15,051.
ASSISTANT PROFESSOR OF CLINICAL SCIE						x		214,027.	Ο.	14,053.
(9) TANISHA DENNING	40.00							,		•
FORMER ASSOCIATE PROFESSOR OF CLINIC							х	210,360.	Ο.	17,166.
(10) ENG HUU	40.00									
ASSOCIATE PROFESSOR OF CLINICAL SCIE						Х		210,561.	0.	13,891.
(11) STEVEN GUSTAFSON	40.00									
FORMER ASSOCIATE PROFESSOR OF CLINIC							Х	205,452.	0.	13,891.
(12) DARRYLL BARKSDALE	40.00									4.0. 655
ASSISTANT PROFESSOR OF PRECLINICAL S	40.00					Х		203,061.	0.	13,655.
(13) CHARLES FILLINGANE	40.00					v			0	12 620
ASSOCIATE PROFESSOR OF CLINICAL SCIE	40.00					X		202,952.	0.	13,630.
(14) JIM WEIR PROFESSOR OF CLINICAL & PRECLINICAL	40.00					x		200,913.	0.	12,171.
(15) JAMES MITCHELL	40.00					<b>^</b>		200,913.	0.	12,11.
ASSISTANT PROFESSOR OF PRE-CLINICAL						x		200,833.	0.	6,418.
(16) MAKAYLA MERRITT	40.00							200,000		0,1100
ASSISTANT PROFESSOR OF CLINICAL SCIE						x		191,179.	0.	11,485.
(17) JENNIFER ROBERTS	40.00							, , ,		
PART-TIME ASSISTANT PROFESSOR OF CLI						x		192,860.	0.	9,178.
132007 12-09-21						_				Form <b>990</b> (2021)

10101205 796397 10710000

8 2021.05010 WILLIAM CAREY UNIVERSITY

10710001

Form	990	(2021)
1 01111	000	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ighe	st C	Compensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(de			ition	1 than	ane	Reportable	Reportable		Estimated
	hours per	box	, unles	ss pe	erson	is bot	n an	compensation	compensatio	n	amount of
	week		cer an	dad	Irecto	or/trus	tee)	from	from related		other
	(list any	rector						the	organization		compensation
	hours for related	or di	ee			sated		organization	(W-2/1099-MIS	iC/	from the
	organizations	ustee	trust		e	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
	below	l ual tr	tional		ploy6	st con yee	_	1099-1120)			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				erganizatione
(18) BRIAN ZACHARIAH	40.00	_		0	$\leq$						
ASSOCIATE PROFESSOR OF CLINICAL SCIE						X		187,952.		0.	13,166.
(19) JANET WILLIAMS	40.00										
PROFESSOR OF NURSING; VICE-PRESIDENT					x			165,299.		0.	22,684.
(20) ROBERT BAILEY	40.00										
FORMER ASSISTANT PROFESSOR OF CLINIC							х	168,125.		0.	8,680.
(21) BENJAMIN BURNETT	40.00									-	
PRESIDENT AND CHIEF EXECUTIVE OFFICE				х				144,316.		0.	14,129.
(22) ASHLEY GUTHRIE	40.00									-	<u> </u>
VICE-PRESIDENT FOR BUSINESS AFFAIRS				х				120,065.		0.	22,575.
(23) DANIEL CALDWELL	40.00										
PROFESSOR OF RELIGION; PROVOST; INTE				х				119,676.		0.	22,541.
(24) JESSICA JOHNSON	40.00										
FORMER ASSOCIATE PROFESSOR OF PHARMA							Х	118,349.		0.	11,064.
(25) ASHLEY KREBS	40.00										
FORMER ASSOCIATE PROFESSOR OF CLINIC							Х	106,938.		0.	10,451.
(26) EVA SHAY	40.00										
FORMER ASSOCIATE PROFESSOR OF CLINIC							Х	102,022.		0.	6,921.
1b Subtotal								5,184,547.		0.	380,919.
c Total from continuation sheets to Part VI								149,013.		0.	14,587.
d Total (add lines 1b and 1c)								5,333,560.		0.	395,506.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100,	000 of reportabl	e	
compensation from the organization											28
										_	Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	emp	loye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual										3 X
4 For any individual listed on line 1a, is the su	-							-	-		
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such individual			4 X
5 Did any person listed on line 1a receive or a	Iccrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or individ	dual for services		
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch	pers	son .					5 X
Section B. Independent Contractors											
<b>1</b> Complete this table for your five highest co	•	•							•	pensa	ation from
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithi	n the organization's tax y	ear.		
(A)	a al al una a a							(B)		0	(C)
Name and business		~		_			_	Description of se	ervices	C	ompensation
MAC'S CONSTRUCTION COMPAN	-				~	• •		CONSTRUCTION		~	206 151
HIGHWAY 98W STE 13, HATTI	LESBURG	, ľ	15	3	94(	02	_	SERVICES		6	<u>,286,151.</u>
MMI DINING SYSTEMS LLC	100D M				<u>_</u>				.	1	
1000 RED FERN PLACE, FLOW	NOOD, MS	5 .	592	432	4			FOOD SERVICES	5	T	<u>,682,608.</u>
VISION INTEGRATION	י הידת	. т	2		<b>.</b>					1	070 015
826 LAKESIDE DR STE A, MO	ингры, К	٩Г	36	005	23			AUDIO VIDEO S	DERVICES	T	<u>,072,815.</u>
HANCO CORPORATION			104					CONSTRUCTION			
P O BOX 17678, HATTIESBUE	KG, MS S	594	± U 4	Ł				SERVICES			765,532.

IT SERVICES 4246 COLLECTION CTR DR, CHICAGO, IL 60693 Total number of independent contractors (including but not limited to those listed above) who received more than 2 49

\$100,000 of compensation from the organization

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DELL MARKETING

2021.05010 WILLIAM CAREY UNIVERSITY

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740,331.

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2021) 132008 12-09-21 9

Form 990 WILLIAM (	CAREY U	VIV	VEF	RS	LLZ	Y			64-032	9300
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	ы				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(1099-10130)	organization
	related	ee or	stee			n sate				and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	/id ual	tutior	er	Key employee	lest c	Jer			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) JENNIFER WHITE	40.00							101 045		2 41 0
FORMER ASSISTANT PROFESSOR OF PHARMA	40.00						X	101,847.	0.	3,410.
(28) CHARLOTTE GREEN	40.00									
SECRETARY TO BOARD OF TRUSTEES				Х				47,166.	0.	11,177.
(29) JIMMY STEWART	0.00									
CHAIRMAN OF BOT		X		х				0.	0.	0.
(30) CHARLES PICKERING	0.00									
VICE-CHAIRMAN OF BOT		х		х				0.	0.	0.
(31) TED BOWER	0.00								0	0
TRUSTEE	0 00	X						0.	0.	0.
(32) ODEAN BUSBY	0.00							0	0	0
TRUSTEE	0 00	X						0.	0.	0.
(33) BRIAN DIX	0.00							0	0	0
TRUSTEE	0 00	X						0.	0.	0.
(34) LORI EDNEY	0.00							0	0	0
TRUSTEE	0.00	X						0.	0.	0.
(35) GARY FORDHAM	0.00	x						0.	Ο.	0.
TRUSTEE	0.00	<u> </u>						0.	0.	0.
(36) JOEY GARNER TRUSTEE	0.00	x						0.	Ο.	0.
(37) GARY GORDON	0.00	<u>^</u>						0.	0.	0.
TRUSTEE	0.00	x						0.	Ο.	0.
(38) MACK GRUBBS	0.00					-		0.	• •	0.
TRUSTEE	0.00	x						0.	Ο.	0.
(39) PHIL HANBERRY	0.00					-		0.	• •	0.
TRUSTEE	0.00	x						0.	Ο.	0.
(40) NELL HENDERSON	0.00								••	
TRUSTEE	0.00	x						0.	Ο.	0.
(41) DAN HULL	0.00								••	
TRUSTEE	0.00	x						0.	Ο.	0.
(42) BRETT JONES	0.00								••	
TRUSTEE	0.00	x						0.	Ο.	0.
(43) RAYMON LEAKE	0.00								••	
TRUSTEE		x						0.	Ο.	0.
(44) ERIC LINDSTROM	0.00	<u> </u>						<b>.</b>	•	
TRUSTEE		x						0.	Ο.	0.
(45) DAVID MILLICAN	0.00	<u> </u>			-		-		<b>.</b>	
TRUSTEE		x						0.	Ο.	0.
(46) ALLISON MOFFETT	0.00	<u> </u>								
TRUSTEE		x						0.	Ο.	0.
Total to Part VII, Section A, line 1c										

132201 04-01-21

		NIVERSITY						64-0329300 Compensated Employees (continued)					
(A)	(B)		,	(C				(D)	(F)				
Name and title	Average			Posi		1		Reportable	<b>(E)</b> Reportable	Estimated			
	hours	(c		c all t			lv)	compensation	compensation	amount of			
	per	(0)					.,,	from	from related	other			
	week					yee		the	organizations	compensatio			
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the			
	hours for	or dir	e			ated e		(W-2/1099-MISC)		organizatior			
	related	stee	ruste		æ	pens				and related			
	organizations	ual tru	onal		ploye	com				organization			
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
	,	Ē	Ë	đ	Ke	王	Б						
(47) BRENDA ROSS	0.00								•				
TRUSTEE		X						0.	0.	(			
(48) LARUE STEPHENS	0.00	1											
TRUSTEE		Х						0.	0.				
(49) ALAN SUDDUTH	0.00												
TRUSTEE		X						0.	Ο.				
(50) ROBERT SULLIVAN	0.00												
TRUSTEE		x						0.	Ο.				
		1											
		]											
		1											
		1											
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		-	-	$\left  - \right $									
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		-		$\left  - \right $									
		-											
		1											
		1											
otal to Part VII, Section A, line 1c								149,013.		14,58			

04-01-21

Form 990 (20	
Part VIII	

# 1) WILLIAM CAREY UNIVERSITY Statement of Revenue

			Check if Schedule O c	onta	ins a response	or note to any lin				
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns		1a					
nu			Membership dues							
Υ ^m G			Fundraising events			287,165.				
ar /			<b>B</b> 1 1 1 1 1			,				
s, G			Government grants (contril			7,380,587.				
r Si			All other contributions, gifts, g							
the			similar amounts not included a			8,437,574.				
d Oi		g	Noncash contributions included in I			117,465.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f				16,105,326.			
						Business Code				
e	2	а	EDUATION & GENERAL R	REVE	NUE	611310	76,644,256.	76,644,256.		
Program Service Revenue		b	AUXILIARY INCOME			611310	3,708,847.	3,708,847.		
enu Se		с	ADVERTISING			541800	96,913.		96,913.	
ran ?ev		d	ART CONSIGNMENT SALE	IS		611310	360.		360.	
rog		е								
Ч.			1 5							
		g	Total. Add lines 2a-2f				80,450,376.			
	3		Investment income (includ	0	,	,				
			other similar amounts)				858,142.			858,142.
	4		Income from investment of			•	4 504			
	5		Royalties	<u></u>			1,724.			1,724.
	~		<b>A</b>		(i) Real	(ii) Personal				
	6			6a	4,045.					
			'	6b	4,045.					
			Rental income or (loss) Net rental income or (loss)	6c	4,045.		4,045.	4,045.		
	7		Gross amount from sales of		(i) Securities	(ii) Other	4,045.	4,045.		
	'	а		7a	1,021,938.					
		h	Less: cost or other basis	7 a	1,011,000.					
e		b		7b	663,492.	1,234.				
/eni		с	F	7c	358,446.	-1,234.				
Other Revenue			Net gain or (loss)			,	357,212.	357,212.		
ler	8		Gross income from fundraisin				,	, ,		
ŧ	-		including \$ 2	•	·					
			contributions reported on I							
			Part IV, line 18			114,545.				
		b	Less: direct expenses			237,847.				
		с	Net income or (loss) from f	undi	aising events		-123,302.			-123,302.
	9	а	Gross income from gaming	g act	ivities. See					
			Part IV, line 19							
		b	Less: direct expenses		9b					
			Net income or (loss) from g	-	-	🕨				
	10	а	Gross sales of inventory, le							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from s	sales	of inventory					
sn		_				Business Code 900099	527 201	527 201		
neo	11		OTHER REVENUE			300033	527,391.	527,391.		
slla		b								
Miscellaneous Revenue		с С	All other revenue							
Σ			Total. Add lines 11a-11d			<b>&gt;</b>	527,391.			
	12		Total revenue. See instruction				98,180,914.	81,241,751.	97,273.	736,564.
13200						F	. , .	. , .		Form <b>990</b> (2021)

10101205 796397 10710000

12 2021.05010 WILLIAM CAREY UNIVERSITY 10710001

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

Da	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	12,113,849.	12,113,849.		
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,490,178.	679,786.	810,392.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,426,543.	29,411,375.	3,717,707.	297,461
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,498,976.		290,686.	11,922
9	Other employee benefits	4,177,574.		913,123.	55,189
10	Payroll taxes	2,392,628.	2,059,398.	308,030.	25,200
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	5,778,176.		1,824,752.	90
12	Advertising and promotion	451,993.		253,772.	15,534
13	Office expenses	385,955.	276,880.	90,765.	18,310
14	Information technology	449,178.	114,844.	333,990.	344
15	Royalties				
16	Occupancy	2,744,316.	13,067.	2,731,249.	
17	Travel	1,422,234.	1,324,694.	90,921.	6,619
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\ldots$	600 100		100 110	
19	Conferences, conventions, and meetings	620,192.	488,034.	102,419.	29,739
20	Interest	1,067,212.		1,067,212.	
21	Payments to affiliates	10 001 010		10 001 010	
22	Depreciation, depletion, and amortization	10,261,012.		10,261,012.	
23	Insurance	1,749,457.	354,196.	1,395,261.	
24	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 0.)				
а	UBI TAX	29,126.		29,126.	
b	OTHER EXPENSES	6,427,031.	3,258,106.	2,937,314.	231,611
с	OTHER SCHOLARHIPS	6,111,637.	193,012.	5,918,625.	
d	LIBRARY RESOURCES	722,840.	722,840.		
е	All other expenses	907,636.	773,725.	124,328.	9,583
25	Total functional expenses. Add lines 1 through 24e	94,227,743.	60,325,457.	33,200,684.	701,602
26	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 Filling if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

10101205 796397 10710000

13 2021.05010 WILLIAM CAREY UNIVERSITY Form **990** (2021)

10710001

10101205 796397 10710000

16,469,208. Cash - non-interest-bearing 13,201,585. Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable net

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

	4				7 96	53,693.	4	7,925,668		
	4	Accounts receivable, net			7,50	55,055.	4	7,525,000		
	5	Loans and other receivables from any current or form		, ,						
		trustee, key employee, creator or founder, substantia					-			
	-	controlled entity or family member of any of these per					5			
	6	Loans and other receivables from other disqualified p								
	_	under section 4958(f)(1)), and persons described in s				15 100	6	45 002		
ets	7	Notes and loans receivable, net			4	45,422.		45,992		
Assets	8	Inventories for sale or use			1 /	<u></u>	8			
•	9				14	22,788.	9	341,691		
	10a	Land, buildings, and equipment: cost or other								
				62,678,722.	100 01	-1 200		100 100 000		
	b	Less: accumulated depreciation 10b	_	75,522,337.	188,95	51,382.	10c			
	11	Investments - publicly traded securities			27,22	25,423.	11	28,399,508		
	12	Investments - other securities. See Part IV, line 11 $\ldots$					12			
	13	Investments - program-related. See Part IV, line 11					13			
	14	Intangible assets					14			
	15	Other assets. See Part IV, line 11		4,15	54,107.		3,904,618			
	16	Total assets. Add lines 1 through 15 (must equal line	e 33)			33,608.		252,285,278		
	17	Accounts payable and accrued expenses			5,11	11,645.	17	3,330,391		
	18	Grants payable					18			
	19	Deferred revenue			4,59	90,989.	19	4,343,524		
	20	Tax-exempt bond liabilities					20			
	21	Escrow or custodial account liability. Complete Part I	IV of S	chedule D			21			
es	22	Loans and other payables to any current or former of	fficer,	director,						
Liabilities		trustee, key employee, creator or founder, substantia	al cont	ributor, or 35%						
iab		controlled entity or family member of any of these per	ersons				22			
-	23	Secured mortgages and notes payable to unrelated t	third p	arties	46,15	71,032.	23	44,320,416		
	24	Unsecured notes and loans payable to unrelated third	d part	ies			24			
	25	Other liabilities (including federal income tax, payable	es to re	elated third						
		parties, and other liabilities not included on lines 17-2	24). Co	omplete Part X						
		of Schedule D			13	36,737.	25	81,660		
	26	Total liabilities. Add lines 17 through 25			56,01	10,403.	26	52,075,991		
s		Organizations that follow FASB ASC 958, check he	ere 🕨	► X						
ice		and complete lines 27, 28, 32, and 33.								
alan	27	Net assets without donor restrictions			51,833.					
Fund Balances	28	Net assets with donor restrictions		32,85	71,372.	28	30,343,327			
nnc		Organizations that do not follow FASB ASC 958, c	heck	here 🕨 🗌						
Ϋ́		and complete lines 29 through 33.								
Assets or	29	Capital stock or trust principal, or current funds					29			
se	30	Paid-in or capital surplus, or land, building, or equipm	nent fu	ind			30			
t As	31	Retained earnings, endowment, accumulated income	e, or o	ther funds			31			
Nei	32	Total net assets or fund balances				23,205.		200,209,287		
	33	Total liabilities and net assets/fund balances		258.13	33,608.	33	252,285,278			

WILLIAM CAREY UNIVERSITY

1

2

3

(A)

Beginning of year

(B)

End of year

10,326,955.

14,184,461.

Form 990 (2021)

1

2

3

Part X Balance Sheet

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       1       98, 18         2       Total expenses (must equal Part IX, column (A), line 25)       2       94, 22	0,9 7,7 3,1	
1 Total revenue (must equal Part VIII, column (A), line 12)	0,9 7,7 3,1	914.
	7,7 3,1	
	7,7 3,1	
2 Total expenses (must equal Part IX column (A) line 25) $2 \frac{94}{2}$	3,1	743.
3 Revenue less expenses. Subtract line 2 from line 1	2 1	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		
5 Net unrealized gains (losses) on investments 5 -5,86	7,C	)84.
6 Donated services and use of facilities6		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain on Schedule O) 9		-5.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
column (B)) 10 200,20	9,2	<u> 287.</u>
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		X
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a 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:		
Separate basis Consolidated basis Both consolidated and separate basis		
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:		
X Separate basis Consolidated basis Both consolidated and separate basis		
c 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.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133?3a	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 3b	Х	

Form **990** (2021)

132012 12-09-21

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Department of the Treasury Internal Revenue Service

(Form 990)

### **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.

- A1	ttacn	τοι	Form	1 990	or F	orm	990-EZ	
 ~~~/		000		in atu				1-4

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

T		WTT.T.	IAM CAREY	ΙΙΝΤVERSTUV					4-0329300
Pa	irt I	Reason for Public (omplete th	nis nart) S	ee instruction		4 0525500
		lization is not a private found	-	· •	· ·			10.	
1		A church, convention of ch							
2	X	A school described in secti					·// ~ //י/·		
3		A hospital or a cooperative				V6V1VAVi	ii)		
4	F	A medical research organiz						Viiii) Enter	the hospital's name
-		city, and state:		njunction with a nospital	ucsenber				the hospital s hame,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental	init describ	ned in
5		section 170(b)(1)(A)(iv). (C				icu by a g	overnmentar		
6		A federal, state, or local gov		nental unit described in r	section 17	70(6)(1)(4)	(v)		
7	\square	An organization that norma	-					he general	nublic described in
'		section 170(b)(1)(A)(vi). (Co	•		ioni a gov	erninentai		ine general	
8		A community trust describe		(1)(A)(vi) (Complete Par	• 11)				
9	\square	An agricultural research org				ed in conii	inction with a	land-grant	college
Ū		or university or a non-land-g	-			-		-	-
		university:	, and conego or agine				,,		
10		An organization that norma	llv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd aross receipts from
		activities related to its exem							
		income and unrelated busir		•	. ,			•••	•
		See section 509(a)(2). (Cor		,			,	5	,
11		An organization organized a		ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int		• •	•		-	d an attent	iveness
		requirement (see instruct							
e		Check this box if the orga					а Туре I, Туре	II, Type III	
_		functionally integrated, or		nally integrated support	ing organiz	zation.			
Ť		er the number of supported o	•						
<u></u> 0		vide the following informatior (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	```	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))	100				
Tota	al								

Schedule A	(Form	aan	202
Schedule A		990	1202

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
	Public support. Subtract line 5 from line 4.						
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4 Gross income from interest.						
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							
12	Gross receipts from related activities,	. etc. (see instruct [;]	ions)			12	
13							
	organization, check this box and <b>stor</b>				-		
See	ction C. Computation of Publ						
	Public support percentage for 2021 (			, column (f))		14	%
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	zation			▶∟
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the orc	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and <b>stop h</b> e	ere. Explain in Parl	t VI how the organi	zation
	meets the facts-and-circumstances te	est. The organizati	on qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2020. If the orc	panization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	7b, check this box		
						Schedule A	(Form 990) 2021

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17 2021.05010 WILLIAM CAREY UNIVERSITY

#### 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(	<b>e)</b> 2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
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								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	6	<b>e)</b> 2021	(f) Total	
	Amounts from line 6	(0) = 0		(0) _0 10	(0, 2020		.,	(1) 1010	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
_									
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is								
12	regularly carried on Other income. Do not include gain or loss from the sale of capital								
40	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)		inst opened the '	fourth an fifth t		F01/-`	(2) or a		
14	First 5 years. If the Form 990 is for th	-			-			<b>⊾</b> [	
200	check this box and stop here								<u> </u>
	Public support percentage for 2021 (li			a a li urava (f))		15			
						16			%
<u>16</u>	Public support percentage from 2020 ction D. Computation of Invest					10			%
	•					47			
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
19a	<b>33 1/3% support tests - 2021.</b> If the						%, and line 1	7 is not	_
	more than 33 1/3%, check this box ar							►L	
b	<b>33 1/3% support tests - 2020.</b> If the								_
	line 18 is not more than 33 1/3%, che								$\dashv$
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structi			<u> </u>
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~ ~	LOOF 706007 10010000	0.0		18	3 D D 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<b>n</b> n ~ -	r m 17	1071000	1
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3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* Part VI.
- 7 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** 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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **c** 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? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** 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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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#### Schedule A (Form 990) 2021 WILLIAM CAREY UNIVERSITY

	Supporting Organizations (continued)		Yes	No
	Lie the event stice constant a sift of contribution from only of the following parameter		Tes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a	<b></b>	
b	A family member of a person described on line 11a above?	11b		
С	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 Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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. 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.	1		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<u> </u>		L
			Yes	No
1	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

			Yes	No
1	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?	1		
2	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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1 (	Check the box next to the method that the organization used to satisfy the Integral Part Test duri	ng the	vea(see instructions)	
-----	----------------------------------------------------------------------------------------------------	--------	-----------------------	--

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

c L		The organization supported	a governmental entity	y. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	--	----------------------------	-----------------------	----------------------------	-----------------	---------------------	---------------------

2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

- a 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* **Part VI 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 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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 **Part VI.**
- **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* **Part VI** *the role played by the organization in this regard.*

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3b | | Schedule A (Form 990) 2021

2a

2b

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No

Yes

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Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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 Minimum Asset Amount (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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Par	tV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	ion D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organ	izations, in excess of income from activity			2	
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrik	putions to attentive supported organizations to which the	ne organization is responsive	е		
	(provi	de details in Part VI). See instructions.	-		8	
9	Distrik	putable amount for 2021 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distrik	outable amount for 2021 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2021 (reason-				
	able o	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
a	From	2016				
b	From	2017				
c	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrik	outions for 2021 from Section D,				
	line 7	\$				
а	Applie	ed to underdistributions of prior years				
b	Applie	ed to 2021 distributable amount				
с	Rema	inder. Subtract lines 4a and 4b from line 4.				
5	Rema	ining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than z	zero, explain in Part VI. See instructions.				
6	Rema	ining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	I. See instructions.				
7	Exce	ss distributions carryover to 2022. Add lines 3j				
	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
		s from 2020				
		s from 2021				

Schedule A (Form 990) 2021

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(See instructions.)				

SCHEDULE D

#### (Form 990)

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 for instructions and the latest information.



Employer identification number

64-0329300

Department of the Treasury Internal Revenue Service Name of the organization

#### WILLIAM CAREY UNIVERSITY

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Accounts. Complete if the
		(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 fu	inds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	i only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes 📃 No
Pa			V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		torically important land area
	X Protection of natural habitat	Preservation of a cer	rtified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	Conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired	-	
2	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
4	year ► Number of states where property subject to conservation ea	sement is located  1	
4 5	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements i		Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U		manuling of violations, and emotering conserva	alon easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
•	▶ \$ 800.		
8	Does each conservation easement reported on line 2(d) above	ve 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 conservati		
	balance sheet, and include, if applicable, the text of the footi	· · · · ·	
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and balan	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		1 404 022
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	s tor form 990.	Schedule D (Form 990) 202
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Sche	dule D (Form 990) 2021 WILLIAM	CAREY UNIV	VERSITY				64-03	82930	0 Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	^r Other	Simila	ar Asse	e <b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	make sigr	nificant	use of its	5		
	collection items (check all that apply):									
а	X Public exhibition	d	Loan or exc	hange progran	n					
b	X Scholarly research	е	Other							
с	X Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further t	he organizatior	n's exemp	ot purpo	ose in Pa	rt XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	similar a	ssets				
_	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	ollection?			[	Yes	X	No
Par	t IV Escrow and Custodial Arran	gements. Complet	e if the organizatio	n answered "Y	′es" on Fo	orm 990	), Part IV	, line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi		•				_	_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amour	ıt	
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					<b>1</b> e				
f	Ending balance					1f				1
	Did the organization include an amount on Fe					?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u> </u>	
Par	t V Endowment Funds. Complete it			i			aava baali	1 ( ) [ au		haali
		(a) Current year	(b) Prior year	(c) Two years						
	Beginning of year balance	27,225,422.	22,412,126.				88,129		,527,	
	Contributions	6,480,708.	938,196.	· · · · · · · · · · · · · · · · · · ·	,751.		75,362		580,	
	Net investment earnings, gains, and losses	-4,726,414.	4,965,979.		,648.		13,400	•		487.
	Grants or scholarships	569,630.	1,081,257.		379.	3	43,099	•	255,	926.
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	10,578.	9,622.		343.		10,343	_		
g	End of year balance	28,399,508.	27,225,422.		,126.	21,1	23,449	. 19	,288,	129.
2	Provide the estimated percentage of the curr			a)) held as:						
	Board designated or quasi endowment	17.0000	_%							
	Permanent endowment  83.0000	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administere	ed for the	organiz	ation			
	by:								Yes	No
	(i) Unrelated organizations								X	
	(ii) Related organizations								$\vdash$	Х
b	If "Yes" on line 3a(ii), are the related organiza							. 3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	<b>t VI</b> Land, Buildings, and Equipm		Dort IV/ line 11e 6		Dout V lin	10				
	Complete if the organization answered								<u> </u>	
	Description of property	(a) Cost or ot	• •	or other	(c) Accu		d	( <b>d</b> ) Boo	ik value	e
	Level	basis (investm	· · ·	(other)	uepre	eciation		3,74	0 2	21
	Land				41,36	Q 1				
	Buildings			9,192.				,,,,,4	4,40	00.
	Leasehold improvements					59,1 21 0		0 23	0 0	
	Equipment		-	-	27,28			<u>10,33</u>		
	Other			7,622.	6,71	13,0		<u>5,13</u> 37,15		
Iota	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part >	к, coiumn (B), line 1	UC.)	<u></u>					
							scnedul	e D (Fori	n 990)	2021

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	l-of-year market value
I) Financial derivatives			
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Dtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) 1         (1)         (2)         (3)         (4)         (5)         (6)         (7)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Yart IX         Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Vart IX         Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		· · ·
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a) I         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         vart X         Other Liabilities.         Complete if the organization answered "Yes"	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Yart IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASES PAYABLE	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASES PAYABLE (3)	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASES PAYABLE	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASES PAYABLE (3)	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) LEASES PAYABLE (3) (4)	Description		(b) Book value
Art IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) LEASES PAYABLE         (3)         (4)         (5)	Description		(b) Book value
Art IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) LEASES PAYABLE         (3)         (4)         (5)         (6)	Description		(b) Book value
Art IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (1)         Federal income taxes         (2)         LEASES PAYABLE         (3)         (4)         (5)         (6)         (7)	Description		· · ·

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...

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 WILLIAM CAREY UNIVERSITY 64-0329300 Page							V Page 4	
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.							
1	Total revenue, gains, and other support per audited financial statements					1	80,43	7,823.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	-5,	867,(	084.			
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d		237,8	347.			
е	Add lines <b>2a</b> through <b>2d</b>					2e		9,237.
3	Subtract line <b>2e</b> from line <b>1</b>				[	3	86,06	7,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.)	4b	12,	113,8	354.			
с	Add lines <b>4a</b> and <b>4b</b>					4c		3,854.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	98.18	0,914.
							-	,
	rt XII Reconciliation of Expenses per Audited Financial Stateme					Retu	-	<u> </u>
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents V	Vith E>	kpense	s per		rn.	
	Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents V	Vith E>	kpense	s per	Retu	rn.	1,741.
Pa	Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents V	Vith E>	kpense	s per		rn.	
Pa 1	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents V	Vith E>	kpense	s per		rn.	
Pa 1 2	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents V 2a	Vith E>	kpense	s per		rn.	
Pa 1 2 a	rt XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents V 2a 2b	With Ex	(pense	s per		rn.	
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	With Ex	kpense	s per		rn. 82,35	1,741.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Vith E>	237,8	s per		rn. 82,35 23	1,741.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Vith Ex	<b>xpense</b>	s per	1	rn. 82,35 23	1,741.
Pa 1 2 a b c d e	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	Vith Ex	<b>xpense</b>	s per	1 2e	rn. 82,35 23	1,741.
Pa 1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	Vith E>	(pense 237, {	347.	1 2e	rn. 82,35 23	1,741.
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Other statements         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	Vith E>	<b>xpense</b>	347.	1 2e	rn. 82,35 23 82,11	1,741. 7,847. 3,894.
Pa 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Vith E>	(pense 237,8 113,8	s per	1 2e	rn. 82,35 23 82,11 12,11	<u>1,741.</u> 7,847. 3,894. 3,849.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Vith E>	(pense 237,8 113,8	s per	1 2e 3	rn. 82,35 23 82,11 12,11	1,741. 7,847. 3,894.

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 132054 10-28-21 Schedule D (Form 990) 2021 43

10101205 796397 10710000 2021.05010 WILLIAM CAREY UNIVERSITY

0220200

то	Α	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

237,847.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INSTITUTIONAL STUDENT AID EXPENDITURE INCLUDED IN TUITION

REVENUE	12,113,849.
ROUNDING	5.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	12,113,854.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED NET

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INSTITUTIONAL STUDENT AID EXPENDITURE INCLUDED IN TUITION

REVENUE

12,113,849.

237,847.

Schedule D (Form 990) 2021

132055 10-28-21

SC	HEDULE E	Schools	с	MB No.	1545-00	47
(Form 990) Complete if the organization answered "Yes" on Form 990,						
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.				
	ment of the Treasury I Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		)pen to nspect		IC
Name	e of the organizatio		Employer iden	•		mber
		WILLIAM CAREY UNIVERSITY	64-0	)329	300	
Pa	rtl					
				<b></b>	YES	NO
1	•	tion have a racially nondiscriminatory policy toward students by statement in its charter,			x	
2		erning instrument, or in a resolution of its governing body? tion include a statement of its racially nondiscriminatory policy toward students in all its bro		1		
2	•	ther written communications with the public dealing with student admissions, programs, an		2	x	
3		on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	a contolarompo.	_		
		mes during its taxable year in a manner reasonably expected to be noticed by visitors to the	)			
	homepage, or thro	ough newspaper or broadcast media during the period of solicitation for students, or during	the			
	•	l if it has no solicitation program, in a way that makes the policy known to all parts of the ge				
		es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	X	
		RSITY PUBLICIZES ITS NONDISCRIMINATORY POLICY AT THE BEGINNING OF EACH SCHOOL YEAR. THIS	TOWARD			
		MENT IS PUBLISHED IN THE LARGEST NEWSPAPERS AT				
		PUS LOCATIONS. THE POLICY IS ALSO DISPLAYED (				
	WEBSITE.					
4	Does the organiza	tion maintain the following?				
а	Records indicating	g the racial composition of the student body, faculty, and administrative staff?		4a	Х	
b	Records documer	nting that scholarships and other financial assistance are awarded on a racially nondiscrimin	atory basis?	4b	Х	
С	Copies of all catal	ogues, brochures, announcements, and other written communications to the public dealing				
		ssions, programs, and scholarships?		4c	X	
d		rial used by the organization or on its behalf to solicit contributions?		4d	X	
	If you answered "I	No" to any of the above, please explain. If you need more space, use Part II.				
5	Does the organiza	tion discriminate by race in any way with respect to:				
а	Students' rights o	r privileges?		5a		Х
	Admissions policie			5b		X
С	Employment of fac	culty or administrative staff?		5c		X
		her financial assistance?		5d		X
		es?		5e		X
		~		5f		X X
				5g		X
n		lar activities? Yes" to any of the above, please explain. If you need more space, use Part II.		5h		
	n you answered					
		tion receive any financial aid or assistance from a governmental agency?		6a	Х	
b	Has the organizat	on's right to such aid ever been revoked or suspended?		6b		X
		Yes" on either line 6a or line 6b, explain on Part II.				
7	•	tion certify that it has complied with the applicable requirements of sections 4.01 through			37	
		75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	X	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedu	IE E (FO	rm 990	) 2021

**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.

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

132062 10-18-21

SCHEDULE G (Form 990)								OMB No. 1545-0047	
(10111 990)		2021							
Department of the Treasury			Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs	.gov/Form990 for instr	uction	s and	the latest informat	ion.	Employer id	Inspection entification number
name er ine ergamzatio		CAREY	UNIVERSITY					64-032	
			the organization answe	ered "Y	es" o	n Form 990, Part IV,	line ⁻	17. Form 990-E	Z filers are not
<ol> <li>Indicate whether the</li> <li>a Mail solicitate</li> <li>b Internet and</li> <li>c Phone solicitate</li> <li>d In-person social</li> <li>2 a Did the organization</li> <li>key employees list</li> </ol>	tions email solicitations tations blicitations on have a written o ted in Form 990, P ) highest paid indiv	sed funds th or oral agree art VII) or en viduals or en	f Solicita g Special ment with any individua tity in connection with p tities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover iising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stee	Ye	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				+
Total									
			ed or licensed to solicit		outions	I s or has been notified	l d it is	s exempt from	registration
LHA For Paperwork R	eduction Act Noti	ice, see the	Instructions for Form	990 or	990-	EZ.		Schedu	e G (Form 990) 2021

10710001

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, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

. 1		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
			GOLF			(d) Total events
				DINNERS	2	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	21,555.	372,820.	7,335.	401,710
		Less: Contributions			4,615.	
	2					
4	3	Gross income (line 1 minus line 2)	13,125.	98,700.	2,720.	114,545
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,374.			237,847
		Direct expense summary. Add lines 4 throug			►	237,847
_		Net income summary. Subtract line 10 from				-123,302
d	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		•	
	_					
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			l
	Ent	er the state(s) in which the organization conc	lucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes N
а		No," explain:				
					-	
b					vear?	Yes N
b		re any of the organization's gaming licenses Yes," explain:			, our :	
b					, cu	
b a b	lf "`					dule G (Form 990) 20

48 2021.05010 WILLIAM CAREY UNIVERSITY

<u>Sch</u>	edule G (Form 990) 2021	WILLIAM CAREY	UNIVERSITY	64-0	<u>329</u> 3	00	Page <b>3</b>
			ibers?		<b>∏</b> Y	es	No
12			or a member of a partnership or other entity formed				
					∐ Y	es	No No
	Indicate the percentage of gami			1			
				E CONTRACTOR OF CO			<u>%</u> %
			organization's gaming/special events books and reco		130		%
14		ine person who prepares the c	rganization's gaming/special events books and rect	105.			
	Name 🕨						
	Address 🕨						
<b>1</b> 5a	Does the organization have a cc	ntract with a third party from v	whom the organization receives gaming revenue? $_{\dots}$		<b>Y</b>	es	No No
b	If "Yes," enter the amount of ga	ming revenue received by the	organization $\blacktriangleright$ \$ and the am	ount			
	of gaming revenue retained by t						
c	: If "Yes," enter name and addres	s of the third party:					
	Name 🕨						
	Address ►						
16	Gaming manager information:						
	News N						
	Name						
	Gaming manager compensation	▶ \$					
	Description of services provided	▶					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
а			e distributions from the gaming proceeds to		<b>—</b>		<b>—</b>
	retain the state gaming license?				∐ Y	es	└── No
D	enter the amount of distribution organization's own exempt activ	-	be distributed to other exempt organizations or spen	t in the			
Pa		<u> </u>	nations required by Part I, line 2b, columns (iii) and (v	): and Par	t III. line	es 9.	9b. 10b.
		-	additional information. See instructions.	,,	,	,	, ,
1200	83 10-21-21			Schodu		orm (	990) 2021
1320	00 10-21-21		49	Joneuu	is a (P		2007 202 1
1 0 -	1005 506205 10510	000 0001 0			1	~ - 1	0001

10101205 796397 10710000

2021.05010 WILLIAM CAREY UNIVERSITY 10710001

	Schedule G (Form 990)
132084 11-18-21	50

SCHEDUI (Form 990 Department o Internal Rever	) f the Treasury	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 for the latest information.							
Name of the organization Employer ide								Employer identification number	
	WILLIAM C		ERSITY					64-0329300	
	Part I General Information on Grants and Assistance								
	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?								
	cribe in Part IV the organization's pro								
Part II	Grants and Other Assistance to					anization answered "Y	/es" on Form 990. Par	t IV. line 21. for any	
	recipient that received more than	-					,,,		
<b>1 (a)</b> Name and address of organization or government		<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Ente	r total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	•	•	·	
3 Ente	3 Enter total number of other organizations listed in the line 1 table								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021									

Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
SCHOLARSHIPS FOR STUDENTS	2513	12,113,849.	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.

SCHEDU	CHEDULE J Compensation Information		IB No. 1	545-00	47			
(Form 99	For certain Officers, Directors, Trustees, Key Employees, and Highest		2021					
-	Compensated Employees				1			
Department of t	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.							
	ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							
Name of the	Name of the organization Employer iden							
	WILLIAM CAREY UNIVERSITY	64-0329	930	0				
Part I	Questions Regarding Compensation							
· · · ·				Yes	No			
1a Check	ne appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,						
Part VI	Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
🗌 Fi	st-class or charter travel III Housing allowance or residence for persona	al use						
П	Travel for companions Payments for business use of personal residence							
🗌 та	Tax indemnification and gross-up payments I Health or social club dues or initiation fees							
🗌 D	Discretionary spending account							
<b>b</b> If any o	the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
reimbu	sement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х				
	organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
trustee	, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х				
3 Indicat	which, if any, of the following the organization used to establish the compensation of the organization's							
CEO/E	ecutive Director. Check all that apply. Do not check any boxes for methods used by a related organizatior	n to						
establi	n compensation of the CEO/Executive Director, but explain in Part III.							
XC	mpensation committee							
🗌 In	ependent compensation consultant							
XF	m 990 of other organizations III Approval by the board or compensation cor	nmittee						
4 During	ne year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organiz	organization or a related organization:							
a Receiv	Receive a severance payment or change-of-control payment?							
<b>b</b> Partici	Participate in or receive payment from a supplemental nonqualified retirement plan?							
<b>c</b> Partici	c Participate in or receive payment from an equity-based compensation arrangement?							
If "Yes	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For pe	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	ent on the revenues of:							
a The or	anization?	·····	5a		X			
b Any re	ted organization?	·····	5b		X			
	on line 5a or 5b, describe in Part III.							
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	ent on the net earnings of:				x			
	The organization?							
	ted organization?	·····	6b		X			
	on line 6a or 6b, describe in Part III.							
	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							
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	nitial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
	, 5							
	Regulations section 53.4958-6(c)?							
LHA For P	perwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J	(Forn	n 990)	2021			

### 64-0329300

#### 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.

	(B) Breakdown of W	akdown of W-2 and/or 1099-MISC and/or 1099-NEC ( compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ITALO SUBBARAO (i)	428,125.	10,500.	27.	15,000.	7,791.	461,443.	0.
PROFESSOR OF CLINICAL SCIENCES; DEAN (ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAYMOND KING (i)	296,964.	2,500.	2,985.	15,000.	7,713.	325,162.	0.
FORMER PRESIDENT AND CHIEF EXECUTIVE (ii)		0.	0.	0.	0.	0.	0.
(3) KEITH SPEED (i)	266,133.	7,000.	228.	12,519.	7,791.	293,671.	0.
PROFESSOR OF CLINICAL SCIENCES; SENI (ii)		0.	0.	0.	0.	0.	0.
(4) MICHAEL MALLOY (i)	228,913.	2,500.	228.	6,835.	7,791.	246,267.	0.
PROFESSOR OF PHARMACY AND DEAN, SCHO (ii)		0.	0.	0.	0.	0.	0.
(5) MELISSA STEPHENS (i)	221,458.	10,000.	27.	6,644.	7,791.	245,920.	0.
PROFESSOR OF CLINICAL SCIENCES; ASSO (ii)		0.	0.	0.	0.	0.	0.
(6) TONYA CREECH (i)	220,417.	2,000.	41.	6,613.	7,791.	236,862.	0.
ASSISTANT PROFESSOR OF PRECLINICAL S (ii)		0.	0.	0.	0.	0.	0.
(7) EDWARD FRIEDLANDER (i)	212,333.	7,000.	228.	6,100.	7,791.	233,452.	0.
PROFESSOR OF PRECLINICAL SCIENCES (ii)		0.	0.	0.	0.	0.	0.
(8) TIFANY WORTHINGTON (i)	212,000.	2,000.	27.	6,270.	7,783.	228,080.	0.
ASSISTANT PROFESSOR OF CLINICAL SCIE (ii)		0.	0.	0.	0.	0.	0.
(9) TANISHA DENNING (i)	208,333.	2,000.	27.	9,375.	7,791.	227,526.	0.
FORMER ASSOCIATE PROFESSOR OF CLINIC (ii)		0.	0.	0.	0.	0.	0.
(10) ENG HUU (i)		7,000.	228.	6,100.	7,791.	224,452.	0.
ASSOCIATE PROFESSOR OF CLINICAL SCIE (ii)		0.	0.	0.	0.	0.	0.
(11) STEVEN GUSTAFSON (i)		2,000.	119.	6,100.	7,791.	219,343.	0.
FORMER ASSOCIATE PROFESSOR OF CLINIC (ii)		0.	0.	0.	0.	0.	0.
(12) DARRYLL BARKSDALE (i)		7,000.	228.	5,875.	7,780.	216,716.	0.
ASSISTANT PROFESSOR OF PRECLINICAL S (ii)		0.	0.	0.	0.	0.	0.
(13) CHARLES FILLINGANE (i)	-	7,000.	119.	5,850.	7,780.	216,582.	0.
ASSOCIATE PROFESSOR OF CLINICAL SCIE (ii)		0.	0.	0.	0.	0.	0.
(14) JIM WEIR (i)		7,000.	0.	11,570.	601.	213,084.	0.
PROFESSOR OF CLINICAL & PRECLINICAL (ii)		0.	0.	0.	0.	0.	0.
(15) JAMES MITCHELL (i)		7,000.	0.	5,815.	603.	207,251.	0.
ASSISTANT PROFESSOR OF PRE-CLINICAL (ii)		0.	0.	0.	0.	0.	0.
(16) MAKAYLA MERRITT (i)		10,000.	16.	3,927.	7,558.	202,664.	0.
ASSISTANT PROFESSOR OF CLINICAL SCIE (ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2021

#### 64-0329300

#### 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.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C compensation		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) JENNIFER ROBERTS (i)	185,833.	7,000.	27.	5,575.	3,603.	202,038.	0.
PART-TIME ASSISTANT PROFESSOR OF CLI	0.	0.	0.	0.	0.	0.	0.
(18) BRIAN ZACHARIAH (i)	180,833.	7,000.	119.	5,425.	7,741.	201,118.	0.
ASSOCIATE PROFESSOR OF CLINICAL SCIE (ii)	0.	0.	0.	0.	0.	0.	0.
(19) JANET WILLIAMS (i)	159,539.	2,500.	3,260.	15,000.	7,684.	187,983.	0.
PROFESSOR OF NURSING; VICE-PRESIDENT (ii)	0.	0.	0.	0.	0.	0.	0.
(20) ROBERT BAILEY (i)	163,125.	5,000.	0.	8,156.	524.	176,805.	0.
FORMER ASSISTANT PROFESSOR OF CLINIC (ii)	0.	0.	0.	0.	0.	0.	0.
(21) BENJAMIN BURNETT (i)	141,739.	2,500.	77.	6,497.	7,632.	158,445.	0.
PRESIDENT AND CHIEF EXECUTIVE OFFICE (ii)	0.	0.	0.	0.	0.	0.	0.
(22) JESSICA JOHNSON (i)	116,333.	2,000.	16.	3,490.	7,574.	129,413.	0.
FORMER ASSOCIATE PROFESSOR OF PHARMA (ii)	0.	0.	0.	0.	0.	0.	0.
(23) ASHLEY KREBS (i)	99,917.	7,000.	21.	4,446.	6,005.	117,389.	0.
FORMER ASSOCIATE PROFESSOR OF CLINIC (ii)	0.	0.	0.	0.	0.	0.	0.
(24) EVA SHAY (i)	99,987.	2,000.	35.	3,025.	3,896.	108,943.	0.
FORMER ASSOCIATE PROFESSOR OF CLINIC (ii)	0.	0.	0.	0.	0.	0.	0.
(25) JENNIFER WHITE (i)	99,833.	2,000.	14.	2,995.	415.	105,257.	0.
FORMER ASSISTANT PROFESSOR OF PHARMA (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.

## (Form 990)

### **Transactions With Interested Persons**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021

**Open To Public** 

Inspection

Department of the Treasury Internal Revenue Service

Name of the	organization
-------------	--------------

Employer identification number

\$

\$

	M CAREY UNIVERSITY		64-032930	0	
Part I Excess Benefit Tran	sactions (section 501(c)(3), section 50	01(c)(4), and section 501(c)(29) organ	nizations only).		
Complete if the organization	n answered "Yes" on Form 990, Part IV,	line 25a or 25b, or Form 990-EZ, Pa	rt V, line 40b.		
1 (c) Norma of diagonalitical parage	(b) Relationship between disqualified			(d) Corr	rected?
(a) Name of disqualified person	person and organization	(c) Description of trans	action	Yes	No
2 Enter the amount of tax incurred by	y the organization managers or disqualifi	ed 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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In ault?	( <b>h)</b> Ap by bo comm	proved ard or hittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Total		> \$										

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> 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) 2021

132131 11-02-21

Schedule L (Form 990) 2021

#### WILLIAM CAREY UNIVERSITY

#### 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	organiz	aring of zation's nues?
				Yes	No
MAC'S CONSTRUCTION	VENDOR	6,286,151.	CONSTRUCTIO		Х
BARNES & NOBLE	VENDOR	644,763.	PROVIDER OF		Х
COMMERCIAL STATIONERY COMP	VENDOR	489,917.	PURCHASE OF		Х
HATTIESBURG CLINIC, P.A.	VENDOR	165,935.	MEDICAL SER		Х
ALBERT AND ROBINSON	VENDOR	167,494.	ARCHITECTUR		Х
MMI DINING SERVICES	VENDOR	1,682,608.	CAFETERIA S		Х

#### 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: MAC'S CONSTRUCTION

(D) DESCRIPTION OF TRANSACTION: CONSTRUCTION SERVICES

#### (A) NAME OF PERSON: BARNES & NOBLE

(D) DESCRIPTION OF TRANSACTION: PROVIDER OF BOOKSTORE SUPPLIES

#### (A) NAME OF PERSON: COMMERCIAL STATIONERY COMPANY

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

#### FURNISHINGS

- (A) NAME OF PERSON: HATTIESBURG CLINIC, P.A.
- (D) DESCRIPTION OF TRANSACTION: MEDICAL SERVICES

#### (A) NAME OF PERSON: ALBERT AND ROBINSON

#### (D) DESCRIPTION OF TRANSACTION: ARCHITECTURAL SERVICES

#### (A) NAME OF PERSON: MMI DINING SERVICES

#### (D) DESCRIPTION OF TRANSACTION: CAFETERIA SERVICES

132132 11-02-21

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 2021

Department of the Treasury	
Internal Revenue Service	

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

**Open to Public** Inspection

Name of the org	ganization
-----------------	------------

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

e of the organization
-----------------------

WILLIAM CAREY UNIVERSITY

Employer identification number	•
64-0329300	

Pa	rt I   Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of	Noncash contribu		Method of de		•	
		applicable	contributions or	amounts reported Form 990, Part VIII, I	on ine 1a	noncash contribu	ition a	mount	S
-	Art Marka of art	X	2			FAIR MARKET	VΔ	TILE	
1	Art - Works of art			2,0			• 1 1		
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications			1.2.4	60	~~~~			
5	Clothing and household goods	X		13,1	<u> </u>	COST			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1,948	64,5	588.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	••••								
10	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								
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	1	20,5	500.	COST			
26	Other $\blacktriangleright$ (FURNITURE)	X	37			COST			
27	Other $\blacktriangleright$ ( )		•	, , _					
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation durin	l a tha tay year for a	ontributions					
23	for which the organization completed Form 828							0	
	for which the organization completed Form 820	os, Part V, L	Jonee Acknowledg		9				
<b>00</b> -				a subs of the Devict Hilling -	ماط	ah 00 that 't		Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date			•					v
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that r	equires the review	of any nonstandard of	ontribu	tions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell no	oncash				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a	) is che	cked,			
	describe in Part II.			• ·					
LHA		the Instruc	tions for Form 99	0.		Schedule M	1 (Forr	n 990)	2021

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

132142 11-17-21					edule M (Form 990) 2021
101205 796397 10710000	2021.05010	60 WILLIAM	CAREY	UNIVERSITY	10710001

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

64-0329300

WILLIAM CAREY UNIVERSITY

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 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 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 61

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2021.05010 WILLIAM CAREY UNIVERSITY 10710001

Schedule O (Form 9	chedule O (Form 990) 2021 Page <b>2</b>												
Name of the organi	zation	WILLIAM	CAREY	UNIVERS	ITY					Employer ide $64-03$			<del>.</del> ۳
TRUSTEES.	THE	TRUSTEES	THEN	DISCUSS	AND	VOTE	ON	THE	RECOM	MENDATIO	N OF	THE	
	<b>λ</b> Τ.Τ		TONG	CONCEDNT	אכ די	עדירוושי	T 17 G	СОМІ	ᡔᢑᠭᡆ᠌ᡘᡎ	TON ADE	៴ឝ៴៴	חשתס	

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

-5.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21

Form		l Tax	on Unrelate				<b>O</b> OMB No. 1545-0047
•	rtment of the Treasury	rs.gov/F	r Tax-Exemp restment Income for I Form990W for instructords. Do not send to	tions and the latest i	nformation.	Т	2022
1	Unrelated business taxable income expected in the tax	k year				1	
2	Tax on the amount on line 1. See instructions for tax	computa	ition			2	
3	Alternative minimum tax for trusts. See instructions					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
6	Subtract line 5 from line 4					6	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See instructions $\ldots$					9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the estimated tax payments. Private foundations, see inst	-					
b	Enter the tax shown on the 2021 return. See instruction zero or the tax year was for less than 12 months, skip	ons. Caut					
C	and enter the amount from line 10a on line 10c 2022 Estimated Tax. Enter the smaller of line 10a or l		If the organization is requ		<b>17,687.</b>		
	from line 10a on line 10c			ADJUST	ED TO	10c	17,720.
			(a)	(b)	(C)		(d)
11	Installment due dates. See instructions	11	10/17/22	12/15/22	03/15/2	3	06/15/23
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal						
	installment method, or is a "large organization."	12	4,430.	4,430.	4,4	30.	4,430.
13	2021 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12)	14	4,430.	4,430.	4,4	30.	4,430.
LHA	For Paperwork Reduction Act Notice, see instruct	ions.					Form <b>990-W</b> (2022)

123801 01-26-22

Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	F	OMB No. 1545-0047
Form OOI 3-IL	For calendar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN 30	20 2 2	0004
	Do not send to the IRS. Keep for your records.	,	2021
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer		EIN or SSN	
WILLIA	M CAREY UNIVERSITY	64-032	29300
Name and title of officer or pe			
Daut L. Truce of I	VP BUSINESS & CFO		
	Return and Return Information		
Form 5330 filers may enter or <b>10a</b> below, and the amo	m for which you are using this Form 8879-TE and enter the applicable amount, if any, f dollars and cents. For all other forms, enter whole dollars only. If you check the box or unt on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2</b> ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applical	n line 1a, 2a, 3a b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a Form 990 check h		1	lb
2a Form 990-EZ che	ck here <b>b Total revenue,</b> if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL of			3b
4a Form 990-PF che	ck here <b>&gt; b Tax based on investment income</b> (Form 990-PF, Part V, line 5	5) 4	łb
5a Form 8868 check		5	5b
6a Form 990-T check	there ▶ 🖾 b Total tax (Form 990-T, Part III, line 4)		b <u>17,687.</u>
7a Form 4720 check		7	
8a Form 5227 check		8	3b
9a Form 5330 check			)b
10a Form 8038-CP ch			10b
	ion and Signature Authorization of Officer or Person Subject to T		
of entity)	I declare that 🔀 I am an officer of the above entity or 🗔 I am a person subject to , (EIN) ar		
financial institution to debi later than 2 business days payment of taxes to receiv	ition account indicated in the tax preparation software for payment of the federal taxes the entry to this account. To revoke a payment, I must contact the U.S. Treasury Fina prior to the payment (settlement) date. I also authorize the financial institutions involve e confidential information necessary to answer inquiries and resolve issues related to t iber (PIN) as my signature for the electronic return and, if applicable, the consent to ele	ancial Agent at ed in the proces he payment. I h	1-888-353-4537 no ssing of the electronic nave selected a
I authorize	ſ	to enter my PIN	1
	ERO firm name	2	Enter five numbers, but
			do not enter all zeros
with a state age on the return's c X As an officer or p	on the tax year 2021 electronically filed return. If I have indicated within this return that ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the a isclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on t indicated within this return that a copy of the return is being filed with a state agency(ie	forementioned the tax year 202	ERO to enter my PIN 21 electronically filed
IRS Fed/State p	ogram, I will enter my PIN on the return's disclosure consent screen.	-	
Signature of officer or person subje		Date	▶
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 6404620303 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2021 electronically filed return indic cordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information for		
ERO's signature 🕨	Date ▶12	/05/22	
	ERO Must Retain This Form - See Instructions	. 0.	
	Do Not Submit This Form to the IRS Unless Requested To Do		Farma 0070 TE (0004)
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form <b>8879-TE</b> (2021)
102521 01-11-22	63		

10101205 796397 10710000 2021.05010 WILLIAM CAREY UNIVERSITY 10710001

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

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Flie a	Sevarate	application		CITTELUTI.

Go to 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.

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.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	ridentific	ation number (TIN)
print	WILLIAM CAREY UNIVERSITY				64-(	0329300
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 710 WILLIAM CAREY PARKWAY	see instruc	tions.			
return. See instructions		oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 7
Applicat	ion	Return	Application			Return
Is For			Is For			Code
Form 990	) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	D-T (trust other than above)	06	Form 8870			12
Form 990	D-T (corporation) GRANT GUTHRIE	07				
• If this box 1 I retting 1 the box 2 If t	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or tax year beginning JUL 1, 2021 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an check reas	emption Number (GEN) I:         ch a list with the names and TINs of         X 15, 2023, to file         s return for:         d ending	f this is fo all memb	r the who ers the e npt organ	le group, check this
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	e tentative tax, less		<b>^</b>	17,930.
	y nonrefundable credits. See instructions.	) ontor or	rofundable gradite and	<u>3a</u>	\$	11,330.
	his application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year over			3b	\$	20,400.
	lance due. Subtract line 3b from line 3a. Include your part			- 30	Ψ	20,1000
	ng EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	453 TE ar		

123841 01-12-22

			EXTENDED TO MAY 15, 2023			
Form	990-T	I E	exempt Organization Business Income Tax Return	r <b>n</b> l	OMB N	No. 1545-0047
			(and proxy tax under section 6033(e))		•	004
		For ca	endar year 2021 or other tax year beginning $f JUL1,2021$ , and ending $f JUN30,20$	22	Z	021
Deper	ment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.	— I		
Interna	al Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)	,		Public Inspection for Organizations Only
Α	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmp	loyer identi	ification number
	empt under section	Print	WILLIAM CAREY UNIVERSITY	-		329300
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 710 WILLIAM CAREY PARKWAY		p exemption	
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code HATTIESBURG, MS 39401		Chec	k box if
L		C BO	ok value of all assets at end of year	-1' `-		nended return.
G	Check organization		X     501(c) corporation     501(c) trust     401(a) trust     Other trust		anan	lended return.
-	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439			
	• •		ation filing a consolidated return with a 501(c)(2) titleholding corporation			
-			ed Schedules A (Form 990-T)	<u></u>	1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes	X No
			d identifying number of the parent corporation.			
			GRANT GUTHRIE VP BUS. AFF. CFO Telephone number	601-	318-	-6193
			d Business Taxable Income			
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		1	
•				1		85,223.
2	<b>–</b> –					
3	Add lines 1 and 2					85,223.
4	Charitable contrib		see instructions for limitation rules)		1	0.
5			taxable income before net operating losses. Subtract line 4 from line 3		<u> </u>	85,223.
6			ng loss. See instructions		<u> </u>	
7		•	ss taxable income before specific deduction and section 199A deduction.		<u> </u>	
	Subtract line 6 fro	m line §	5	7		85,223.
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)			1,000.
9			duction. See instructions			
10	Total deductions					1,000.
11	Unrelated busine	ess taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
	enter zero		-	. 11		84,223.
Pa	rt II Tax Com	putat	ion			
1	Organizations tax	xable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1		17,687.
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on		T	
	Part I, line 11 from	n: 🗌	Tax rate schedule or Schedule D (Form 1041)	2		
3	Proxy tax. See ins	structio	nsl	▶ 3		
4	Other tax amounts	s. See i	nstructions	. 4		
5	Alternative minimu	um tax (	trusts only)	. 5		
6	Tax on noncomp	liant fa	cility income. See instructions			
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	. 7		17,687.
LHA	For Paperwork	Reduct	ion Act Notice, see instructions.		Form	<b>990-T</b> (2021)

123701 07-06-22

	90-T (2021)		P;	age <b>2</b>
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	17,68	87.
3	Other amounts due. Check if from: E Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4	17,68	87.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021 6a			
b	2021 estimated tax payments. Check if section 643(g) election applies 66 20, 400.			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
	□ Form 4136 □ Other Total ▶ 6g			
7	Total payments. Add lines 6a through 6g	7	20,40	00.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		22.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	2,69	
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded	11	2,69	91.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			Х
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
4	Enter available pre-2018 NOL carryovers here <b>&gt;</b> \$ Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par	t I, line 4.	.	
5	Post-2017 NOL carryovers. Enter available Business Activity Code and 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	i.		
	Business Activity Code Available post-2017 NOL c	arryover		
	\$			
	\$			
6a	Did the organization change its method of accounting? (see instructions)			Х
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	<u></u>		
Deat	V Our plane antal lafe marchine			

Part V Supplemental Information

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

Sign Here	Signature of officer	Date	VP BUSI	NESS &	CFO	May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Da	te	Check	if PTIN
Paid Preparer	SUSAN A. RILEY, CPA	SUSAN A. RI CPA	· ·	2/05/22	self- employe	d P00144776
Use Only	Firm's name <b>TMH</b>	•		•	Firm's EIN	▶ 20-5857627
coc only	P. O. DRA Firm's address ► HATTIESBU	WER 15099 RG, MS 39404	-5099		Phone no.	601-264-3519
123711 01-31-22	2					Form <b>990-T</b> (2021

SCHE	DULE A	
(Form	990-T)	

# Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Department of the Treasury Internal Revenue Service

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

**Ζυζ Ι** 

OMB No. 1545-0047

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

#### A Name of the organization WILLIAM CAREY UNIVERSITY

C Unrelated business activity code (see instructions) ► 541800

B Employer identification number 64-0329300 D Sequence: 1 of 1

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

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net					
	Gross receipts or sales 360 ⋅ Less returns and allowances c Balance ►	1c	360.							
2	Cost of goods sold (Part III, line 8)	2	360.		360.					
3 4 a	Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Sch D (Form 1041 or Form	3			500.					
	1120)). See instructions	4a								
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b								
с 5	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)	4c 5								
6	Rent income (Part IV)	6								
7	Unrelated debt-financed income (Part V)	7								
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8								
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9								
10	Exploited exempt activity income (Part VIII)	10		10.050						
11	Advertising income (Part IX)	11	96,913.	12,050.	84,863.					
12 <u>13</u>	Other income (see instructions; attach statement) Total. Combine lines 3 through 12	12 13	97,273.	12,050.	85,223.					
Pa	Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be									

directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				
3	Repairs and maintenance	3			
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return	8b			
9	Depletion	9			
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14				0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	85,223.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16				85,223.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2021		

<u> </u>	/=				1
Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter met	hod of inventory value			Page 2
1	Inventory at beginning of year	,			1
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				l
5	Other costs (attach statement)				5
6	Total. Add lines 1 through 5				3
7	Inventory at end of year				7
8	Cost of goods sold. Subtract line 7 from line 6. Enter				3
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property an	d Personal Prop	erty Leased with	Real Property	()
1	Description of property (property street address, city,	state, ZIP code). Che	ck if a dual-use. See ins	tructions.	
	A				
	в				
	c				
	D	i	i		i
		A	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
-					0.
3	Total rents received or accrued. Add line 2c columns /	A through D. Enter he	re and on Part I, line 6,	column (A) 🕨	<u>_</u>
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	tor boro and on Dart	L line 6 column (P)	•	0.
Part					
1	Description of debt-financed property (street address,	,	Check if a dual-use. Se	e instructions	
-	A 🗌	,			
	B				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	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	9	6 %		%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on F	art I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the				0.
11	Total dividends-received deductions included in line	10			0.
123721	01-28-22	<i>с</i> 9		Sche	edule A (Form 990-T) 2021
010	05 706207 10710000 000	67 1 05010 WTT			V 10710001
. U I Z	05 796397 10710000 2023	TIODOTO MIP	LIAM CAREY U	TNT A GKOT.I.	Y 10710001

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	ule A (Form 990-T) 2021 VI Interest, Annu		ovalties and P	onte fro	m Contro		raanizatio	ne /a	oo inotru o	tions)	Page	3
Fait	VI Interest, Annu	ines, n					Exempt Contro			-		—
	1. Name of controlle organization	d	<b>2.</b> Employer identification number	3. Net unrelated 4 income (loss) (see instructions)		<b>4.</b> Tota	al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 in the aniza-	the connected with za-	
(1)									5 91000 110			—
(2)												_
(3)												_
(4)												_
			No	nexempt (	Controlled O	rganizati	ions					_
7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)	9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income			Deductions directly connected with come in column 10			
(1)												_
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)	
Totals						►			Ο.		0	).
Part	VII Investment	Income	of a Section 50	)1(c)(7),	(9), or (17	) Orga	nization (s	ee inst	tructions)			_
		cription of			2. Amou incor	nt of	3. Deduction directly conn (attach state	ected	<b>4.</b> Set (attach s	asides tatemen	5. Total deductio and set-asides (add cols 3 and 4	6
(1)												
(2)												
(3)												
(4)					Add amo	unto in					Add amounts in	_
Totals				Þ	column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part line 9, column (B	r ∶I,
Part	VIII Exploited E	xempt /	Activity Income	. Other	- Than Adv	ertisir	na Income (	(see in	structions	)		_
1	Description of exploite			,			. <b>.</b>	(000 111				_
2	Gross unrelated busin			iness. Ente	er here and o	on Part I.	, line 10, colun	nn (A)		2		
3	Expenses directly con											_
			•							3		
4	Net income (loss) from											
	lines 5 through 7									4		
5	Gross income from ac	tivity that	is not unrelated bus	iness inco	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2021

1

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	lule A (Form 990-T) 2021				Page 4
Part	Ŭ				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a c	consolidated basis		
	A ATHLETICS				
	B DINNER THEATRE				
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in the	e corresponding column.			
		A	В	С	D
2	Gross advertising income	75,458.	21,455	5.	
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			96,913.
а					
3	Direct advertising costs by periodical	9,625.	2,425	5.	
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)		<b></b>	12,050.
	6	, , , ,			
4	Advertising gain (loss). Subtract line 3 from li	ine			
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	in l			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8		19,030		
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 le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g				0
	Part II, line 13			🕨	0.
Part	X Compensation of Officers, D	rectors, and Trustees (se	e instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
				%	
(4)				70	
(4)				/0	
Total			<b>.</b>		0.
(4) Total Part			t		0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.
Total					0.

123732 01-28-22

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Form	2220
Depart	ment of the Treasury
Interna	Revenue Service

Name

# Underpayment of Estimated Tax by Corporations

FORM 990-T

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.

> Employer identification number 64-0329300

OMB No. 1545-0123

2021

### WILLIAM CAREY UNIVERSITY

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.

F	Part I Required Annual Payment						
1	Total tax (see instructions)					1	17,687.
2 :	a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2	a		
	D Look-back interest included on line 1 under section 460(b)(2)						
	contracts or section 167(g) for depreciation under the income	e fore	cast method	2	b		
(	Credit for federal tax paid on fuels (see instructions)				c		
(	d Total. Add lines 2a through 2c					2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation	n		
	does not owe the penalty						17,687.
4	Enter the tax shown on the corporation's 2020 income tax ret	urn. S	See instructions. Caution	: If the tax is ze	ro		
	or the tax year was for less than 12 months, skip this line and	enter	the amount from line 3 of	on line 5		4	20,396.
5	Required annual payment. Enter the smaller of line 3 or line	4. lf 1	the corporation is require	d to skip line 4			
_	enter the amount from line 3						17,687.
F	Part II Reasons for Filing - Check the boxes belo	ow tha	at apply. If any boxes are	checked, the c	prporation	must file Form 2220	
	even if it does not owe a penalty. See instructions.						
6	The corporation is using the adjusted seasonal install						
7	The corporation is using the annualized income instal						
8	The corporation is a "large corporation" figuring its firs	st req	uired installment based o	on the prior yea	r's tax.		
•	Part III Figuring the Underpayment		(-)	(1)		(-)	(4)
•	Installment due dates. Enter in columns (a) through (d) the	$\square$	(a)	(b)		(0)	(d)
9	Installment due dates. 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	9	10/15/21	12/15	/21	03/15/22	06/15/22
10	Required installments. If the box on line 6 and/or line 7	9	10/15/21	12/10	/ 21	05/15/22	00/15/22
10	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	10	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	11		20.	400.		
	Complete lines 12 through 18 of one column						
	before going to the next column.						
12	Enter amount, if any, from line 18 of the preceding column	12				11,556.	7,135.
	Add lines 11 and 12	13		20,	400.	11,556.	7,135.
	Add amounts on lines 16 and 17 of the preceding column	14			422.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.		978.	11,556.	7,135.

16 If the amount on line 15 is zero, subtract line 13 from line 14 Otherwise enter -0-

	14. Uliter wise, einler -0-	10		0.	0.			
17	Underpayment. 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	17	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	18		11,556.	7,135.			
Go	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.							

For Paperwork Reduction Act Notice, see separate instructions. LHA

Form 2220 (2021)

112801 01-06-22

### FORM 990-T

Form 2220 (2021)

#### Part IV Figuring the Penalty

			(a)	(b)	(C)		(d	)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations; Use 3rd month instead of 4th month.							
	Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
0	Number of days from due date of installment on line 9 to the date shown on line 19	20						
1	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21						
2	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$		\$	
3	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23						
4	Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 365	24	\$	\$	\$		\$	
5	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25						
6	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) $\dots$ 365	26	\$	\$	\$		\$	
7	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SE	E ATTACHED	WORKSHEET			
8	Underpayment on line 17 x Number of days on line 27 x 3% (0.03) $\frac{365}{365}$	28	\$	\$	\$		\$	
9	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
1	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31						
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33						
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
5	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35						
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal h	ere and on Form 1120, I	ine 34; or the comparal	ble			
	line for other income tax returns					38	\$	2

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**. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2021)

112802 01-06-22

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

Name(s)				Identifying Nur	nber
WILLIAM CAR	EY UNIVERSIT	Y		64-032	9300
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
10/15/21	4,422.	4,422.	61	.000082192	22
12/15/21	4,422.	8,844.			
12/15/21	-20,400.	-11,556.			
03/15/22	4,421.	-7,135.			
03/31/22	0.	-7,135.	76	.000109589	
06/15/22	4,422.	-2,713.			
06/30/22	0.	-2,713.	92	.000136986	
09/30/22	0.	-2,713.	46	.000164384	
enalty Due (Sum of Colun	nn F).				22

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

112511 04-01-21 **Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
		21, or fiscal year beginning JUL 1 , 2021, and ending JUN 30 , 2	
	For calendar year 202	Do not send to the IRS. Keep for your records.	∞ <u>22</u>   <b>2021</b>
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer			EIN or SSN
WILLIA	M CAREY U	NIVERSITY	64-0329300
Name and title of officer or pe	rson subject to tax	GRANT GUTHRIE	
	,	VP BUSINESS & CFO	
Part I Type of	Return and Re	eturn Information	
Form 5330 filers may ente or <b>10a</b> below, and the amo whichever is applicable, bi than one line in Part I.	r dollars and cents ount on that line fo lank (do not enter -	re using this Form 8879-TE and enter the applicable amount, if any, from S. For all other forms, enter whole dollars only. If you check the box on line r the return being filed with this form was blank, then leave line <b>1b</b> , <b>2b</b> , 0-). But, if you entered -0- on the return, then enter -0- on the applicable	ine <b>1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a</b> <b>3b, 4b, 5b, 6b, 7b, 8b, 9b,</b> or <b>10b,</b> e line below. <b>Do not</b> complete more
1a Form 990 check h		<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1690,100,914.
2a Form 990-EZ che	····.	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL		b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF che		<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	
5a Form 8868 check		b Balance due (Form 8868, line 3c)	
6a Form 990-T check		<b>b</b> Total tax (Form 990-T, Part III, line 4)	
7a         Form 4720 check           8a         Form 5227 check		<ul> <li>b Total tax (Form 4720, Part III, line 1)</li> <li>b FMV of assets at end of tax year (Form 5227, Item D)</li> </ul>	
9a Form 5330 check		<b>b</b> Tax due (Form 5330, Part II, line 19)	8b 9b
10a Form 8038-CP ch		<ul> <li>b Amount of credit payment requested (Form 8038-CP, Part III, III</li> </ul>	
		ture Authorization of Officer or Person Subject to Tax	
		I am an officer of the above entity or L I am a person subject to ta	
intermediate service provia acknowledgement of rece of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv personal identification nur <b>PIN: check one box only</b> I authorize as my signature with a state age on the return's of X As an officer or preturn. If I have in	der, transmitter, or ipt or reason for re e, I authorize the U ution account indic it the entry to this a prior to the paymy confidential info nber (PIN) as my s on the tax year 20 ncy(ies) regulating disclosure consent person subject to to indicated within thi	ERO firm name 21 electronically filed return. If I have indicated within this return that a charities as part of the IRS Fed/State program, I also authorize the afor	receive from the IRS (a) an he return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the cial Agent at 1-888-353-4537 no in the processing of the electronic payment. I have selected a tronic funds withdrawal. enter my PIN
Signature of officer or person subje	tion and Auth	ontioation	Date 🕨
ERO's EFIN/PIN. Enter you number (EFIN) followed by	-		
		PIN, which is my signature on the 2021 electronically filed return indicate e requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information for Au	
ERO's signature 🕨		Date  12/	05/22
		ERO Must Retain This Form - See Instructions	
LHA For Privacy act and		ubmit This Form to the IRS Unless Requested To Do a action Act Notice, see instructions.	<b>So</b> Form <b>8879-TE</b> (2021)
102521 01-11-22			

Form 8879-TE		IRS e-file Signat	ure Authorization cempt Entity	Ļ	OMB No. 1545-0047
			1 , 2021, and ending JUN 30		0004
	For calendar year 202		S. Keep for your records.	, 20 <b>Δ Δ</b>	2021
Department of the Treasury Internal Revenue Service			79TE for the latest information.		
Name of filer		00 to www.ii 3.gov/1 011100		EIN or SSN	
WILLIA	M CAREY UN	NIVERSITY		64-03	329300
Name and title of officer or per		GRANT GUTHRIE			
······	····,····,····	VP BUSINESS &	CFO		
Part I Type of I	Return and Re	turn Information			
Form 5330 filers may enter or <b>10a</b> below, and the amore whichever is applicable, bit than one line in Part I.	r dollars and cents. ount on that line for ank (do not enter -(	. For all other forms, enter who r the return being filed with this 0-). But, if you entered -0- on th	d enter the applicable amount, if any ble dollars only. If you check the box s form was blank, then leave line <b>1b,</b> he return, then enter -0- on the applic	on line <b>1a, 2a, 2b, 3b, 4b, 5b</b> , able line below	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, /. Do not complete more
	ere ►	<b>b</b> Total revenue, if any (Fo	rm 990, Part VIII, column (A), line 12		1b
2a Form 990-EZ che		<b>b</b> Total revenue, if any (Fo	rm 990-EZ, line 9)		2b
3a Form 1120-POL of	·	<b>b</b> Total tax (Form 1120-PC	DL, line 22)		
4a Form 990-PF che	,		nt income (Form 990-PF, Part V, line		
5a Form 8868 check		b Balance due (Form 8868	3, line 3c) art III, line 4)		$\frac{50}{01} - \frac{17}{687}$
6a Form 990-T check 7a Form 4720 check		b Total tax (Form 990-1, P			ob <u>17,007</u>
			art III, line 1) f <b>tax year</b> (Form 5227, Item D)		
8a         Form 5227 check           9a         Form 5330 check		<b>b</b> Tax due (Form 5330, Par			8b
<b>10a Form 8038-CP</b> ch			ent requested (Form 8038-CP, Part	II line 22)	9b 10b
			fficer or Person Subject to		100
			entity or I am a person subject		pect to (name
			, (EIN) ;		
payment of taxes to receiv	e confidential infor	mation necessary to answer ir	chorize the financial institutions invol- nquiries and resolve issues related to m and, if applicable, the consent to e	the payment.	I have selected a
I authorize				to enter my P	PIN
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state ager on the return's d	ncy(ies) regulating of lisclosure consent s	charities as part of the IRS Fee screen.	I have indicated within this return th d/State program, I also authorize the will enter my PIN as my signature or	aforementione	ed ERO to enter my PIN
return. If I have i	ndicated within this		Irn is being filed with a state agency(		
Signature of officer or person subject				Date	▶
Part III Certifica	tion and Authe	entication			
ERO's EFIN/PIN. Enter yo	-	-	640460000		
number (EFIN) followed by	your five-digit self-	selected PIN.	640462030 Do not enter all zer		
			ne 2021 electronically filed return ind lodernized e-File (MeF) Information fo		
ERO's signature 🕨			Date 🕨 1	2/05/22	
			Form - See Instructions		
			IRS Unless Requested To I	Do So	- 0070 77
LHA For Privacy act and	Paperwork Redu	ction Act Notice, see instruc	tions.		Form <b>8879-TE</b> (2021)
102521 01-11-22			1		

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