

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

**2022**

Open to Public Inspection

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

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization MONMOUTH UNIVERSITY INC Doing business as MONMOUTH UNIVERSITY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 CEDAR AVENUE City or town, state or province, country, and ZIP or foreign postal code WEST LONG BRANCH, NJ 07764-1898 <b>F</b> Name and address of principal officer: PATRICK F. LEAHY SAME AS C ABOVE	<b>D</b> Employer identification number 21-0634584 <b>E</b> Telephone number (732) 571-3407 <b>G</b> Gross receipts \$ 373,608,372. <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: WWW.MONMOUTH.EDU		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: 1948 <b>M</b> State of legal domicile: NJ

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: MONMOUTH UNIVERSITY IS A COMPREHENSIVE INSTITUTION OF HIGHER EDUCATION (CONTINUED ON SCH. O)			
Activities & Governance	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>		30
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>		27
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>		2902
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>		920
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>		454,692.
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>		223,301.
Revenue		<b>Prior Year</b>		<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	25,783,447.		37,631,718.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	234,982,741.		229,979,635.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	6,711,118.		5,845,828.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,555,217.		1,372,823.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	269,032,523.		274,830,004.
Expenses		<b>Prior Year</b>		<b>Current Year</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	89,770,997.		82,527,972.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.		0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	117,261,337.		119,430,124.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.		0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 3,237,577.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	60,395,817.		59,753,390.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	267,428,151.		261,711,486.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	1,604,372.		13,118,518.
Net Assets or Fund Balances		<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	429,689,394.		440,888,728.
	<b>21</b> Total liabilities (Part X, line 26) .....	56,070,300.		47,500,778.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	373,619,094.		393,387,950.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer PATRICK F. LEAHY, PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DANIEL ROMANO	Preparer's signature
	Firm's name GRANT THORNTON LLP	Date
	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Check if self-employed <input type="checkbox"/> PTIN P00504182
		Firm's EIN 36-6055558
		Phone no. (212) 599-0100

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  MONMOUTH UNIVERSITY INC	Taxpayer identification number (TIN)  21-0634584
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 400 CEDAR AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST LONG BRANCH, NJ 07764-1898	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

MARY BYRNE

- The books are in the care of ▶ 400 CEDAR AVENUE - WEST LONG BRANCH, NJ 07764-1898

Telephone No. ▶ (732) 571-3407 Fax No. ▶

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

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

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 219,843,879. including grants of \$ 82,527,972. ) (Revenue \$ 229,979,635. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 219,843,879.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included on line 1a, above, who are independent (27); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARY BYRNE - (732) 571-3407
400 CEDAR AVENUE, WEST LONG BRANCH, NJ 07764-1898

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK F. LEAHY PRESIDENT	63.00 7.00	X		X				826,743.	0.	111,961.
(2) KING D. RICE HEAD MENS BASKETBALL COACH	40.00 0.00					X		545,648.	0.	67,746.
(3) PAMELA SCOTT-JOHNSON - PROVOST & SR VP ACADEMIC AFFAIRS	55.00 0.00			X				375,320.	0.	41,394.
(4) WILLIAM CRAIG VP FOR FINANCE	55.00 0.00			X				328,345.	0.	59,167.
(5) PRAKASAM R. DEVASAGAYAM DEAN OF BUSINESS SCHOOL	40.00 0.00					X		329,225.	0.	57,457.
(6) DONALD MOLIVER PROFESSOR	40.00 0.00					X		286,765.	0.	52,264.
(7) ROBERT MCCAIG - VP ENROLLMENT MANAGEMENT & MARKETING	55.00 0.00			X				265,106.	0.	57,592.
(8) MARY ANNE NAGY VP FOR STUDENT SERVICES	55.00 0.00			X				272,755.	0.	23,228.
(9) DATTA NAIK PROFESSOR	40.00 0.00					X		256,446.	0.	37,842.
(10) PATRICK MURRAY DIRECTOR / POLLING INSTITUTE	40.00 0.00					X		238,068.	0.	51,311.
(11) EDWARD CHRISTENSEN VP / INFORMATION MANAGEMENT	55.00 0.00			X				233,410.	0.	51,688.
(12) AMANDA M. KLAUS VP UNIVERSITY ADVANCEMENT	55.00 0.00			X				247,656.	0.	32,573.
(13) JOHN J. CHRISTOPHER VP & GENERAL COUNSEL (THRU 09/2022)	50.00 5.00			X				234,084.	0.	44,307.
(14) LAURA MORIARTY PROFESSOR	40.00 0.00						X	235,089.	0.	33,012.
(15) SUSAN GUPTA ASSOCIATE PROVOST	40.00 0.00				X			195,126.	0.	63,313.
(16) REKHA DATTA PROFESSOR	40.00 0.00						X	223,439.	0.	20,267.
(17) RICHARD F. VEIT, JR. ASSOCIATE DEAN	40.00 0.00						X	184,077.	0.	59,200.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLENE K. DIANA - ACTING VP & GENERAL COUNSEL (AS OF 09/2022)	50.00 5.00			X				207,018.	0.	30,028.
(19) JEANA M. PISCATELLI TRUSTEE AND CHAIRMAN	7.00 1.00	X		X				0.	0.	0.
(20) JOHN A. BROCKRIEDE, JR. TRUSTEE AND VICE CHAIRMAN	5.00 0.00	X		X				0.	0.	0.
(21) LESLIE N. HITCHNER TRUSTEE AND VICE CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(22) CHRISTOPHER D. MAHER TRUSTEE AND TREASURER	5.00 0.00	X		X				0.	0.	0.
(23) TASHA ANN YOUNGBLOOD BROWN TRUSTEE AND SECRETARY	3.00 0.00	X		X				0.	0.	0.
(24) MILES AUSTIN III TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) MICHAEL V. BENEDETTO TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) THOMAS D. BYER TRUSTEE (AS OF 07/2022)	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,484,320.	0.	894,350.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,484,320.	0.	894,350.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 242

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPASS GROUP USA, INC D/B/A GOURMET DINING P.O. BOX 417632, BOSTON, MA 02241-7632	FOOD SERVICE	6,468,588.
CORPORATE INCENTIVES, INC, D/B/A/ CI-GROUP 291 US 22 EAST, BLDG 9, LEBANON, NJ 08833	ADVERTISING	956,001.
ENCON MECHANICAL INC 3433 SUNSET AVENUE, OCEAN, NJ 07712	HVAC REPAIRS	770,835.
ELLUCIAN COMPANY, L.P. 2003 EDMUND HALLEY DRIVE, RESTON, VA 20191	ENTERPRISE SYSTEMS	507,155.
BRAUN RESEARCH 271 WALL STREET, PRINCETON, NJ 08540	POLLING STATS	429,355.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	37	

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOHN C. CONOVER, III TRUSTEE (AS OF 07/2022)	1.00 0.00	X						0.	0.	0.
(28) KARYN F. CUSANELLI TRUSTEE	2.00 0.00	X						0.	0.	0.
(29) MARY VADEN EISENSTADT TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) STEPHEN E. GERARD TRUSTEE	2.00 0.00	X						0.	0.	0.
(31) JEREMY GRUNIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) RAYMOND G. KLOSE TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) GEORGE KOLBER TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) MARI C. KOVACH TRUSTEE (AS OF 07/2022)	1.00 0.00	X						0.	0.	0.
(35) NANCY A. LEIDERSDORFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) DEAN Q. LIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) ALAINA L. LOVE TRUSTEE (AS OF 07/2022)	1.00 0.00	X						0.	0.	0.
(38) LISA MCKEAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(39) THOMAS J. MICHELLI TRUSTEE	2.00 0.00	X						0.	0.	0.
(40) VALERIE MONTECALVO TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) TAVIT O. NAJARIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) CHRISTOPHER W. SHAW TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) MARK SKESAVAGE TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) CAROL STILLWELL TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) MARIANNE HESSE LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) HAROLD L. HODES LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) WILLIAM B. ROBERTS LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	33,700.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	445,115.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	10,145,036.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	27,007,867.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 311,522.				
	<b>h Total.</b> Add lines 1a-1f .....			37,631,718.			
Program Service Revenue	<b>2 a</b> TUITION AND FEES	Business Code					
		611310	195,563,123.	195,563,123.			
	<b>b</b> AUXILIARY ENTERPRISES	721310	29,495,661.	29,495,661.			
	<b>c</b> OTHER	900099	4,426,875.	4,196,144.		230,731.	
	<b>d</b> GOVERNMENT CONTRACTS	541700	493,976.	493,976.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			229,979,635.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,044,832.		14,026.	3,030,806.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		58,783.			58,783.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	989,868.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	989,868.				
	<b>d</b> Net rental income or (loss) .....			989,868.		184,401.	805,467.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	100,989,890.	(ii) Other	295,774.	
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	97,863,741.	620,927.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	3,126,149.	-325,153.			
<b>d</b> Net gain or (loss) .....			2,800,996.			2,800,996.	
<b>8 a</b> Gross income from fundraising events (not including \$ 445,115. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		361,607.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	293,700.					
<b>c</b> Net income or (loss) from fundraising events .....			67,907.			67,907.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> CONF. & EVENT SERVICES	Business Code					
		722320	187,638.		187,638.		
	<b>b</b> FITNESS CENTER	713940	27,466.		27,466.		
	<b>c</b> SPONSOR ADVERTISING	541800	22,563.		22,563.		
	<b>d</b> All other revenue .....	900099	18,598.		18,598.		
<b>e Total.</b> Add lines 11a-11d .....			256,265.				
<b>12 Total revenue.</b> See instructions .....			274,830,004.	229,748,904.	454,692.	6,994,690.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	667,383.	667,383.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	81,447,450.	81,447,450.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	413,139.	413,139.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,651,010.	1,059,587.	2,022,728.	568,695.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	135,188.	70,187.	65,001.	
<b>7</b> Other salaries and wages .....	84,882,808.	67,674,388.	15,516,144.	1,692,276.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	5,010,434.	4,051,801.	906,508.	52,125.
<b>9</b> Other employee benefits .....	19,173,519.	15,207,411.	3,676,546.	289,562.
<b>10</b> Payroll taxes .....	6,577,165.	5,176,687.	1,290,393.	110,085.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	215,506.		215,506.	
<b>c</b> Accounting .....	238,725.		238,725.	
<b>d</b> Lobbying .....	10,495.		10,495.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,383,213.		1,383,213.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	13,198,631.	10,608,315.	2,590,316.	
<b>12</b> Advertising and promotion .....	2,335,832.	515,473.	1,820,359.	
<b>13</b> Office expenses .....	4,385,429.	3,473,322.	855,375.	56,732.
<b>14</b> Information technology .....	1,603,868.	281,497.	1,322,371.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	12,435,546.	8,407,849.	3,840,426.	187,271.
<b>17</b> Travel .....	3,314,365.	2,978,612.	335,753.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	816,422.	781,633.	34,789.	
<b>20</b> Interest .....	182,659.	182,659.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	12,001,305.	11,172,155.	620,416.	208,734.
<b>23</b> Insurance .....	3,384,201.	2,524,144.	799,229.	60,828.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> BOOKSTORE MATERIALS	1,187,749.	1,187,749.		
<b>b</b> DUES AND MEMBERSHIPS	940,172.	303,778.	630,169.	6,225.
<b>c</b> LIBRARY MATERIALS	892,147.	892,147.		
<b>d</b> RES. ASST. ROOM & BOARD	766,513.	766,513.		
<b>e</b> All other expenses	460,612.		455,568.	5,044.
<b>25</b> Total functional expenses. Add lines 1 through 24e	261,711,486.	219,843,879.	38,630,030.	3,237,577.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,779.	<b>1</b>	32,164.
	<b>2</b> Savings and temporary cash investments .....	13,262,640.	<b>2</b>	12,002,255.
	<b>3</b> Pledges and grants receivable, net .....	10,095,187.	<b>3</b>	26,095,336.
	<b>4</b> Accounts receivable, net .....	1,255,317.	<b>4</b>	890,914.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	447,324.	<b>8</b>	471,633.
	<b>9</b> Prepaid expenses and deferred charges .....	2,599,461.	<b>9</b>	2,197,045.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 424,055,475.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 236,742,011.	193,670,097.	<b>10c</b> 187,313,464.
	<b>11</b> Investments - publicly traded securities .....	70,327,586.	<b>11</b>	66,430,296.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	122,589,715.	<b>12</b>	131,043,420.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	3,121,329.	<b>13</b>	2,949,799.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	12,308,959.	<b>15</b>	11,462,402.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	429,689,394.	<b>16</b>	440,888,728.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	21,175,087.	<b>17</b>	17,774,664.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	7,177,756.	<b>19</b>	7,124,578.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,931,496.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,772,232.	<b>24</b>	1,271,541.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	23,013,729.	<b>25</b>	21,329,995.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	56,070,300.	<b>26</b>	47,500,778.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	281,527,854.	<b>27</b>	270,702,548.
	<b>28</b> Net assets with donor restrictions .....	92,091,240.	<b>28</b>	122,685,402.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	373,619,094.	<b>32</b>	393,387,950.
<b>33</b> Total liabilities and net assets/fund balances .....	429,689,394.	<b>33</b>	440,888,728.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	274,830,004.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	261,711,486.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	13,118,518.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	373,619,094.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,650,338.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	393,387,950.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

<b>Name of the organization</b> MONMOUTH UNIVERSITY INC	<b>Employer identification number</b> 21-0634584
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,826,236.	13,531,426.	18,755,076.	25,783,447.	37,631,718.	105,527,903.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9,826,236.	13,531,426.	18,755,076.	25,783,447.	37,631,718.	105,527,903.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,596,546.
<b>6 Public support.</b> Subtract line 5 from line 4.						103,931,357.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	9,826,236.	13,531,426.	18,755,076.	25,783,447.	37,631,718.	105,527,903.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,122,316.	3,539,824.	2,491,288.	2,835,178.	3,895,056.	16,883,662.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	597,481.	440,235.	182,281.	1,006,649.	454,692.	2,681,338.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	396,165.	252,004.	95,625.	224,408.	361,607.	1,329,809.
<b>11 Total support.</b> Add lines 7 through 10						126,422,712.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,182,851,363.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.21	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	78.34	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM SPECIAL EVENTS

2018 AMOUNT: \$ 396,165.

2019 AMOUNT: \$ 252,004.

2020 AMOUNT: \$ 95,625.

2021 AMOUNT: \$ 224,408.

2022 AMOUNT: \$ 361,607.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>MONMOUTH UNIVERSITY INC</b>	Employer identification number  <b>21-0634584</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>21,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,162,668.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,002,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  MONMOUTH UNIVERSITY INC	Employer identification number  21-0634584
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  MONMOUTH UNIVERSITY INC	Employer identification number  21-0634584
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>MONMOUTH UNIVERSITY INC</b>	Employer identification number <b>21-0634584</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....		0.												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	115,592.	0.												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	115,592.	0.												
<b>d</b>	Other exempt purpose expenditures .....	257,090,696.	0.												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	257,206,288.	0.												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.	0.												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	114,689.	109,203.	102,278.	115,592.	441,762.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **MONMOUTH UNIVERSITY INC** Employer identification number **21-0634584**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....	\$	41,101.
(ii) Assets included in Form 990, Part X .....	\$	2,935,641.

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

a Revenue included on Form 990, Part VIII, line 1 .....	\$	
b Assets included in Form 990, Part X .....	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	129,424,000.	137,970,000.	108,463,000.	109,097,000.	100,970,000.
b Contributions	19,958,000.	4,090,000.	2,762,000.	3,134,000.	4,766,000.
c Net investment earnings, gains, and losses	9,414,000.	-7,731,000.	31,389,000.	344,000.	7,234,000.
d Grants or scholarships	1,765,000.	1,598,000.	1,496,000.	1,273,000.	1,264,000.
e Other expenditures for facilities and programs	3,839,000.	3,307,000.	3,148,000.	2,839,000.	2,609,000.
f Administrative expenses					
g End of year balance	153,192,000.	129,424,000.	137,970,000.	108,463,000.	109,097,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 33.0000 %
  - b Permanent endowment 43.0000 %
  - c Term endowment 24.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,922,579.		17,922,579.
b Buildings		241,473,121.	111,423,403.	130,049,718.
c Leasehold improvements		4,224,584.	2,054,657.	2,169,927.
d Equipment		36,484,639.	27,524,143.	8,960,496.
e Other		123,950,552.	95,739,808.	28,210,744.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				187,313,464.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) EQUITY FUNDS	55,984,116.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME FUNDS	23,779,035.	END-OF-YEAR MARKET VALUE
(C) HEDGE EQUITY FUNDS	14,060,841.	END-OF-YEAR MARKET VALUE
(D) NON MARKETABLE FUNDS	37,157,869.	END-OF-YEAR MARKET VALUE
(E) OTHER	61,559.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	131,043,420.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	176,440.
(3) STUDENT LOAN GRANTS REFUNDABLE	2,449,877.
(4) ASSET RETIREMENT OBLIGATION	7,642,730.
(5) OPERATING LEASE LIABILITIES	11,060,948.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,329,995.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

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

**Part XIII Supplemental Information.**

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

PART III, LINE 4:

THE MONMOUTH UNIVERSITY PERMANENT ART COLLECTION SERVES AS A VITAL  
 TEACHING TOOL AND IS AN INTEGRAL ASSET TO THE DEPARTMENT OF ART AND  
 DESIGN, THE UNIVERSITY CAMPUS AS A WHOLE, AND THE VISITING PUBLIC. THROUGH  
 COMPLIMENTING UNIVERSITY GALLERY EXHIBITIONS AND LECTURES AND WORKSHOPS BY  
 VISITING ARTISTS AND HISTORIANS, THE UNIVERSITY COLLECTION PROVIDES  
 STUDENTS, FACULTY AND THE GENERAL PUBLIC AT LARGE WITH ACCESS TO IMPORTANT  
 PIECES OF ART. THE PERMANENT COLLECTION IS FREQUENTLY ON DISPLAY,  
 SHOWCASING WORKS OF ART. THE UNIVERSITY COLLECTION IS ALSO MADE AVAILABLE  
 TEMPORARILY, PER REQUEST, TO OTHER EDUCATIONAL INSTITUTIONS FOR EXHIBITION  
 AND SCHOLARLY RESEARCH. FOR EXAMPLE, THE COLLECTION CONTAINS SUBSTANTIAL  
 WORKS BY LEWIS MUMFORD AND JACOB LANDAU. WITH PROPER APPROVALS, THESE

**Part XIII** Supplemental Information (continued)

WORKS ARE MADE AVAILABLE ON LOAN TO REQUESTING INSTITUTIONS.

PART V, LINE 4:

THE UNIVERSITY'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING SCHOLARSHIPS, FACULTY CHAIRS, INSTRUCTION, ACADEMIC SUPPORT, AND OPERATION AND MAINTENANCE OF THE PHYSICAL PLANT.

PART X, LINE 2:

FIN 48

THE UNIVERSITY IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND, THEREFORE, IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE ON INCOME GENERATED BY ACTIVITIES THAT ARE SUBSTANTIALLY RELATED TO ITS TAX-EXEMPT PURPOSE.

THERE ARE CERTAIN TRANSACTIONS THAT COULD BE DEEMED UNRELATED BUSINESS INCOME AND COULD RESULT IN A TAX LIABILITY. MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USING A MORE LIKELY THAN NOT THRESHOLD. IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MATERIAL TAX LIABILITIES THAT NEED TO BE RECORDED.

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

**Schools**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

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

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

**Part I**

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

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

Schedule E (Form 990) 2022

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVES GRANTS FROM FEDERAL AND STATE GOVERNMENTAL AGENCIES FOR VARIOUS PURPOSES INCLUDING STUDENT FINANCIAL AID, RESEARCH AND TRAINING. GRANTING AGENCIES INCLUDE THE U.S. DEPARTMENT OF EDUCATION (INCLUDING FEDERAL DIRECT LOAN, PELL AND OTHER STUDENT FINANCIAL ASSISTANCE PROGRAMS), THE NJ HIGHER EDUCATION ASSISTANCE AUTHORITY AND THE NJ COMMISSION ON HIGHER EDUCATION (INCLUDING TUITION AID GRANT, EQUAL OPPORTUNITY FUND AND OTHER STUDENT FINANCIAL ASSISTANCE PROGRAMS), U.S. DEPARTMENT OF THE TREASURY (COVID-19 COMMUNITY GRANT RECOVERY PROGRAM), THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, U.S. ENVIRONMENTAL PROTECTION AGENCY, U.S. DEPARTMENT OF NAVY, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL SCIENCE FOUNDATION, NJ DEPARTMENT OF TREASURY, NJ DEPARTMENT OF TRANSPORTATION, AND OTHER FEDERAL AND STATE AGENCIES.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>MONMOUTH UNIVERSITY INC</b>	Employer identification number <b>21-0634584</b>
--	---

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		11,912,918.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	PROFESSIONAL SERVICES	58,687.
EAST ASIA AND THE PACIFIC	0	1	GRANTMAKING		133,051.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	STUDY ABROAD PROGRAM	129,272.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	STUDY ABROAD PROGRAM	513,185.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	GRANTMAKING		267,455.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	ACADEMIC SUPPORT	2,048.
NORTH AMERICA	0	1	PROGRAM SERVICES	PROFESSIONAL SERVICES	15,039.
<b>3 a</b> Subtotal .....	0	9			13,031,655.
<b>b</b> Total from continuation sheets to Part I .....	0	3			41,583.
<b>c Totals</b> (add lines 3a and 3b) .....	0	12			13,073,238.

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

Schedule F (Form 990) 2022





**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD STUDENTS	EUROPE (INCLUDING ICELAND & GREENLAND)	24	267,455.	ELECTRONIC	0.		
STUDY ABROAD STUDENTS	EAST ASIA AND THE PACIFIC	10	133,051.	ELECTRONIC	0.		
STUDY ABROAD STUDENTS	SOUTH AMERICA	1	12,633.	ELECTRONIC	0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE F, PART I, LINE 2:

MONMOUTH UNIVERSITY GRANTS, INCLUDING THOSE GRANTS RELATED TO STUDENTS

PARTICIPATING IN OUR STUDY ABROAD PROGRAM, TAKE THE FORM OF

SCHOLARSHIPS AWARDED BY OUR FINANCIAL AID OFFICE FOR TUITION, ROOM,

BOARD AND BOOKS. THE SCHOLARSHIPS ARE AWARDED IN ACCORDANCE WITH THE

GUIDELINES ESTABLISHED FOR EACH SCHOLARSHIP AND ARE ADMINISTERED BY THE

FINANCIAL AID OFFICE. CREDITING OF SCHOLARSHIPS TO STUDENT ACCOUNTS IS

ADMINISTERED BY THE BURSAR'S OFFICE. THE SCHOLARSHIPS REPORTED HERE

WERE GRANTED TO MONMOUTH UNIVERSITY STUDENTS WHILE THEY WERE STUDYING

ABROAD AND REPORTED IN ACCORDANCE WITH THE SCHEDULE F INSTRUCTIONS AND

THE IRS'S FILING TIPS.

SCHEDULE F, PART IV:

MONMOUTH UNIVERSITY INVESTS IN DOMESTIC AND FOREIGN LIMITED

PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE

FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE

UNIVERSITY'S ACTIVITIES MAY NOT REACH THRESHOLDS REQUIRED FOR FILING

FORMS 926, 5471, 8621, OR 8865. TO THE EXTENT SUCH A FORM WAS

COMPLETED, IT HAS BEEN FILED WITH THE ORGANIZATION'S FORM 990-T.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Table with 2 columns: Name of the organization (MONMOUTH UNIVERSITY INC) and Employer identification number (21-0634584)

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.
2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	GOLF OUTING (event type)	6 (total number)		
Revenue	1	Gross receipts	365,450.	354,395.	86,877.	806,722.
	2	Less: Contributions	238,050.	185,235.	21,830.	445,115.
	3	Gross income (line 1 minus line 2)	127,400.	169,160.	65,047.	361,607.
Direct Expenses	4	Cash prizes			2,719.	2,719.
	5	Noncash prizes		30,876.		30,876.
	6	Rent/facility costs		93,561.	44,516.	138,077.
	7	Food and beverages	80,467.	292.	22,876.	103,635.
	8	Entertainment	2,150.		300.	2,450.
	9	Other direct expenses	15,943.			15,943.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				293,700.
11	Net income summary. Subtract line 10 from line 3, column (d)				67,907.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUDSON RIVER FOUNDATION FOR SCIENCE AND ENVIRONMENT RESEARCH - 17 BATTERY PLACE, SUITE 915 - NEW YORK, NY 10004	13-3089956	501(C)(3)	427,488.	0.			CARF II (NY/NJ HARBOR CONTAMINANT GRANT SUBRECIPIENT 1)
THE CITY OF LONG BRANCH 344 BROADWAY LONG BRANCH, NJ 07740	21-6000806	GOVERNMENT	78,188.	0.			GENERAL SUPPORT
SAINTE ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 03102	02-0222182	501(C)(3)	14,524.	0.			ORSTED (OCEAN WIND GRANT SUBRECIPIENT 1)
BOROUGH OF WEST LONG BRANCH 967 BROADWAY WEST LONG BRANCH, NJ 07764	21-6001351	GOVERNMENT	12,268.	0.			GENERAL SUPPORT
TRINITY HALL 101 CORREGIDOR ROAD TINTON FALLS, NJ 07724	45-4641636	501(C)(3)	6,300.	0.			GRUNIN FOUNDATION SOCIAL JUSTICE ACA GRANT SUBRECIPIENT
PASSAIC BOARD OF EDUCATION 663 MAIN AVENUE, 11TH FL PASSAIC, NJ 07055	22-6002193	GOVERNMENT	6,000.	0.			GRUNIN FOUNDATION SOCIAL JUSTICE ACA GRANT SUBRECIPIENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 6.
- 3** Enter total number of other organizations listed in the line 1 table ..... 1.

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD BRIDGE TOWNSHIP EDUCATION FOUNDATION - 4207 ROUTE 516 - MATAWAN, NJ 07747	22-3321703		5,300.	0.			GRUNIN FOUNDATION SOCIAL JUSTICE ACA GRANT SUBRECIPIENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION DISCOUNT	5093	76,037,611.	0.		
AUXILIARY ENTERPRISE DISCOUNT	398	5,405,487.	0.		
PRESIDENT'S RELIEF FUND GRANT	6	4,352.	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:

MONMOUTH UNIVERSITY GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS ARE MODEST

AND ARE APPROVED BY OUR OFFICE OF PUBLIC AFFAIRS AND MONITORED BY THE

PRESIDENT'S CABINET. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS TAKE THE

FORM OF SCHOLARSHIPS TO OUR STUDENTS. THE SOURCE OF FUNDING OF THESE

SCHOLARSHIPS MAY BE UNIVERSITY INSTITUTIONAL FUNDS, GOVERNMENT FUNDS OR

DONOR FUNDS. UNIVERSITY FUNDED SCHOLARSHIPS ARE ADMINISTERED BY THE

UNIVERSITY'S ADMISSIONS OFFICE, BOTH GRADUATE AND UNDERGRADUATE, AND

AWARDED USING A CALCULATION DRIVEN BY PRIOR ACADEMIC PERFORMANCE

**Part IV Supplemental Information**

STATISTICS. GOVERNMENT FUNDED SCHOLARSHIPS ARE AWARDED BY THE UNIVERSITY'S

FINANCIAL AID OFFICE WITH STRICT ADHERENCE TO GOVERNMENT REGULATIONS AND

AWARD CRITERIA. DONOR FUNDED SCHOLARSHIPS, WHETHER SPONSORED OR ENDOWED,

ARE AWARDED BY THE UNIVERSITY'S FINANCIAL AID OFFICE WITH STRICT ADHERENCE

TO THE DONOR'S WRITTEN AWARD CRITERIA. THE UNIVERSITY'S DEVELOPMENT OFFICE

WORKS WITH THE DONOR AT THE TIME OF THE GIFT TO ESTABLISH THE WRITTEN AWARD

CRITERIA AND THESE CRITERIA ARE MAINTAINED FOR REFERENCE IN BOTH THE

UNIVERSITY'S DEVELOPMENT AND FINANCIAL AID OFFICES.

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK F. LEAHY PRESIDENT	(i) 543,052. (ii) 0.	200,000. 0.	83,691. 0.	24,400. 0.	87,561. 0.	938,704. 0.	0. 0.
(2) KING D. RICE HEAD MENS BASKETBALL COACH	(i) 482,785. (ii) 0.	0. 0.	62,863. 0.	24,400. 0.	43,346. 0.	613,394. 0.	0. 0.
(3) PAMELA SCOTT-JOHNSON - PROVOST & SR VP ACADEMIC AFFAIRS	(i) 321,932. (ii) 0.	0. 0.	53,388. 0.	24,400. 0.	16,994. 0.	416,714. 0.	0. 0.
(4) WILLIAM CRAIG VP FOR FINANCE	(i) 317,934. (ii) 0.	0. 0.	10,411. 0.	24,400. 0.	34,767. 0.	387,512. 0.	0. 0.
(5) PRAKASAM R. DEVASAGAYAM DEAN OF BUSINESS SCHOOL	(i) 283,592. (ii) 0.	0. 0.	45,633. 0.	23,118. 0.	34,339. 0.	386,682. 0.	0. 0.
(6) DONALD MOLIVER PROFESSOR	(i) 275,355. (ii) 0.	0. 0.	11,410. 0.	22,493. 0.	29,771. 0.	339,029. 0.	0. 0.
(7) ROBERT MCCAIG - VP ENROLLMENT MANAGEMENT & MARKETING	(i) 263,766. (ii) 0.	0. 0.	1,340. 0.	21,730. 0.	35,862. 0.	322,698. 0.	0. 0.
(8) MARY ANNE NAGY VP FOR STUDENT SERVICES	(i) 270,587. (ii) 0.	0. 0.	2,168. 0.	21,647. 0.	1,581. 0.	295,983. 0.	0. 0.
(9) DATTA NAIK PROFESSOR	(i) 246,731. (ii) 0.	0. 0.	9,715. 0.	20,024. 0.	17,818. 0.	294,288. 0.	0. 0.
(10) PATRICK MURRAY DIRECTOR / POLLING INSTITUTE	(i) 235,622. (ii) 0.	0. 0.	2,446. 0.	19,139. 0.	32,172. 0.	289,379. 0.	0. 0.
(11) EDWARD CHRISTENSEN VP / INFORMATION MANAGEMENT	(i) 233,410. (ii) 0.	0. 0.	0. 0.	19,074. 0.	32,614. 0.	285,098. 0.	0. 0.
(12) AMANDA M. KLAUS VP UNIVERSITY ADVANCEMENT	(i) 247,540. (ii) 0.	0. 0.	116. 0.	19,930. 0.	12,643. 0.	280,229. 0.	0. 0.
(13) JOHN J. CHRISTOPHER VP & GENERAL COUNSEL (THRU 09/2022)	(i) 197,548. (ii) 0.	0. 0.	36,536. 0.	18,921. 0.	25,386. 0.	278,391. 0.	0. 0.
(14) LAURA MORIARTY PROFESSOR	(i) 233,344. (ii) 0.	0. 0.	1,745. 0.	18,789. 0.	14,223. 0.	268,101. 0.	0. 0.
(15) SUSAN GUPTA ASSOCIATE PROVOST	(i) 193,018. (ii) 0.	0. 0.	2,108. 0.	16,347. 0.	46,966. 0.	258,439. 0.	0. 0.
(16) REKHA DATTA PROFESSOR	(i) 221,607. (ii) 0.	0. 0.	1,832. 0.	17,811. 0.	2,456. 0.	243,706. 0.	0. 0.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) RICHARD F. VEIT, JR. ASSOCIATE DEAN	(i)	183,575.	0.	502.	15,506.	43,694.	243,277.
	(ii)	0.	0.	0.	0.	0.	0.
(18) CHARLENE K. DIANA - ACTING VP & GENERAL COUNSEL (AS OF 09/2022)	(i)	206,470.	0.	548.	16,704.	13,324.	237,046.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(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:

HOUSING ALLOWANCE OR RESIDENCE

FOR THE BENEFIT AND CONVENIENCE OF THE UNIVERSITY IN HAVING THE FUNCTIONS OF THE OFFICE OF THE PRESIDENT EFFICIENTLY DISCHARGED AND AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED BY THE BOARD OF TRUSTEES TO RESIDE IN A HOME LOCATED ON CAMPUS AND PROVIDED BY THE UNIVERSITY AT ITS EXPENSE.

THE VALUE OF THE PRESIDENT'S RESIDENCE FOR PERSONAL USE OF \$42,284 IS REPORTED AS NON-TAXABLE COMPENSATION ON FORM 990.

HEALTH OR SOCIAL CLUB DUES

THE BOARD OF TRUSTEES REQUIRES THE UNIVERSITY TO MAINTAIN A MEMBERSHIP WITH A LOCAL GOLF CLUB SOLELY TO BE USED FOR UNIVERSITY FUNDRAISING, FRIEND RAISING AND OTHER UNIVERSITY BUSINESS. THE PRESIDENT HELD THIS MEMBERSHIP DURING THE YEAR. THIS MEMBERSHIP IS INCLUDED AS NON-TAXABLE COMPENSATION ON FORM 990 (\$9,042 FOR THE PRESIDENT).

PART I, LINE 7:

THE PRESIDENT RECEIVED A BONUS UNDER THE TERMS OF HIS EMPLOYMENT CONTRACT WHICH IS MADE AT THE DISCRETION OF THE BOARD OF TRUSTEES.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

Open To Public Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	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	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SCOTT BELFORD	FAM MBR OF TRUSTEE	70,187.	EMPL. COMP.		X
ANGELA MICHELLI	FAM MBR OF TRUSTEE	51,829.	EMPL. COMP.		X
JAMES GAUL	FAM MBR OF OFFICER	13,172.	EMPL. COMP.		X

**Part V Supplemental Information.**

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

SCHEDULE L, PART IV:

ALL TRANSACTIONS DISCLOSED ON SCHEDULE L ARE MADE AT ARMS-LENGTH TERMS

AND NONE ARE INFLUENCED BY THE RELATIONSHIPS THAT EXIST WITH THE

INTERESTED PERSONS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

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

Name of the organization: **MONMOUTH UNIVERSITY INC**  
Employer identification number: **21-0634584**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	5,301.	EXPERT OPINION
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	200,728.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	40,398.	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	1	35,800.	EXPERT OPINION
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( MUSICAL INSTRU. )	X	1	18,000.	EXPERT OPINION
26 Other ( ART EQUIPMENT )	X	1	8,295.	SELLING PRICE
27 Other ( MEDICAL EQUIP. )	X	1	3,000.	FMV
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**Part II 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 this part for any additional information.

SCHEDULE M, LINE 32B:

THE UNIVERSITY USES A STOCKBROKER TO SELL GIFTS OF SECURITIES.

SCH M, PART I, LINE 33

THE UNIVERSITY ONLY RECORDS REVENUE FOR NON-CASH CONTRIBUTIONS MEETING

THE FOLLOWING CRITERIA: 1) ITEMS ADDED TO OUR EQUIPMENT, LAND, BUILDING, LAND IMPROVEMENT AND SUPPLY INVENTORY WITH A VALUE OF \$1,000

OR MORE, A USEFUL LIFE OF ONE YEAR OR MORE, AND 2) WORKS OF ART OR

HISTORICAL TREASURES ADDED TO OUR COLLECTION, AND 3) SECURITIES.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

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

COMMITTED TO EXCELLENCE AND INTEGRITY IN TEACHING, SCHOLARSHIP AND  
SERVICE.

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

MONMOUTH UNIVERSITY IS A COMPREHENSIVE INSTITUTION OF HIGHER EDUCATION  
COMMITTED TO EXCELLENCE AND INTEGRITY IN TEACHING, SCHOLARSHIP AND  
SERVICE. THROUGH ITS OFFERINGS IN LIBERAL ARTS, SCIENCES, AND  
PROFESSIONAL PROGRAMS, MONMOUTH UNIVERSITY EDUCATES AND PREPARES  
STUDENTS TO REALIZE THEIR POTENTIAL AS LEADERS AND TO BECOME ENGAGED  
CITIZENS IN A DIVERSE AND INCREASINGLY INTERDEPENDENT WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGHER EDUCATION, RESEARCH AND PUBLIC SERVICE:  
MONMOUTH UNIVERSITY'S 170.21-ACRE CAMPUS IS LOCATED IN WEST LONG BRANCH  
ALONG NEW JERSEY'S NORTHERN COASTLINE, AND APPROXIMATELY ONE HOUR FROM  
BOTH NEW YORK CITY AND PHILADELPHIA. MONMOUTH IS A PRIVATE UNIVERSITY  
THAT OFFERS INNOVATIVE ACADEMIC PROGRAMS INCLUDING 33 BACHELOR'S  
DEGREES, 25 MASTER'S DEGREES AND FOUR DOCTORAL DEGREES THROUGH THE SIX  
ACADEMIC SCHOOLS OF LEON HESS BUSINESS SCHOOL, EDUCATION, HUMANITIES  
AND SOCIAL SCIENCES, NURSING AND HEALTH STUDIES, SCIENCE, AND SOCIAL  
WORK; AND ALSO, THE UNIVERSITY HAS AN HONORS SCHOOL.

AT MONMOUTH UNIVERSITY, THERE ARE SIX UNIQUE ORGANIZATIONS, KNOWN AS

CENTERS OF DISTINCTION, WHICH WORK TO PROMOTE AWARENESS OF SPECIFIC

ISSUES AND MEET THE NEEDS OF LOCAL AND GLOBAL COMMUNITIES. MONMOUTH'S

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

Schedule O (Form 990) 2022

Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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CENTERS OF DISTINCTION - THE INSTITUTE OF HEALTH AND WELLNESS (IHW),

THE POLLING INSTITUTE, THE URBAN COAST INSTITUTE, THE KISLAK REAL

ESTATE INSTITUTE, THE CENTER OF THE ARTS, AND THE BRUCE SPRINGSTEEN

ARCHIVES AND CENTER FOR AMERICAN MUSIC - PROVIDE IMPORTANT SERVICES IN

AREAS SUCH AS THE ENVIRONMENT, GLOBAL AFFAIRS, AND PUBLIC POLICY AS

WELL AS HANDS-ON LEARNING OPPORTUNITIES FOR THE STUDENTS.

MONMOUTH IS ACCREDITED BY THE MIDDLE STATES COMMISSION OF HIGHER

EDUCATION AND HOLDS SPECIALIZED ACCREDITATIONS WITH THE ASSOCIATION TO

ADVANCE COLLEGIATE SCHOOLS OF BUSINESS (AACSB), ENGINEERING

ACCREDITATION COMMISSION OF ABET, COMMISSION ON COLLEGIATE NURSING

EDUCATION (CCNE), COUNCIL ON SOCIAL WORK EDUCATION (CSWE), COUNCIL FOR

ACCREDITATION FOR EDUCATOR PREPARATION (CAEP), COUNCIL FOR

ACCREDITATION OF COUNSELING AND RELATED EDUCATION PROGRAMS (CACREP)

(MSED AND MS CLINICAL MENTAL HEALTH COUNSELING), COUNCIL ON ACADEMIC

ACCREDITATION IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY OF THE

AMERICAN SPEECH AND-LANGUAGE HEARING ASSOCIATION (ASHA) (MSED

SPEECH-LANGUAGE PATHOLOGY), ARC-PA (ACCREDITATION PROBATION STATUS), ON

THE APPROVED LIST OF THE AMERICAN CHEMICAL SOCIETY (ACS) BS CHEMISTRY

WITH A CONCENTRATION IN ADVANCED CHEMISTRY AND THE CERTIFICATE IN

APPLIED BEHAVIOR ANALYSIS IS THE COURSE SEQUENCE APPROVED BY THE

BEHAVIOR ANALYST CERTIFICATION BOARD TO BE ELIGIBLE TO TAKE THE BOARD

CERTIFIED BEHAVIOR ANALYST EXAMINATION.

MONMOUTH'S FALL 2022 STUDENT ENROLLMENT WAS 3,811 UNDERGRADUATE (96%

FULL-TIME) AND 1,216 GRADUATE STUDENTS (49% FULL-TIME) WHO REPRESENTED

34 STATES AND THE DISTRICT OF COLUMBIA AND 30 COUNTRIES. MONMOUTH

EMPLOYS 278 FULL-TIME FACULTY OF WHOM 85% HAVE EARNED THEIR TERMINAL

Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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DEGREE. MONMOUTH STUDENTS RECEIVE INDIVIDUALIZED FACULTY ATTENTION WITH A 12:1 STUDENT-TO-FACULTY RATIO AND AVERAGE CLASS SIZES OF 18 FOR UG OR 13 FOR GR. MONMOUTH'S RIGOROUS EDUCATION, WHICH HAS FOUNDATION IN THE LIBERAL ARTS AND AN EMPHASIS ON TRANSFORMATIVE LEARNING IN AND OUTSIDE OF THE CLASSROOM, INCLUDES AN EXPERIENTIAL EDUCATION DEGREE REQUIREMENT FOR ALL UNDERGRADUATE STUDENTS. THE MONMOUTH EXPERIENCE EMPHASIZES CULTURAL AND GLOBAL LITERACY IN THE CURRICULA AND THROUGH OUR STUDY ABROAD AND SERVICE LEARNING OPPORTUNITIES. MONMOUTH'S FIRST-YEAR RETENTION IS 79.2% AND OUR SIX-YEAR GRADUATION RATE IS 68.2%.

MONMOUTH'S BEAUTIFUL COASTAL RESIDENTIAL CAMPUS HOUSES AS MANY AS 2,050 STUDENTS ON CAMPUS OR IN UNIVERSITY-OWNED OR SPONSORED OFF-CAMPUS BUILDINGS AND SITS AT THE HEART OF A VIBRANT CULTURE RICH IN HISTORY, THE ARTS, TECHNOLOGY AND ENTREPRENEURSHIP. OUR RENOWNED FACULTY ARE ACTIVELY INVOLVED IN ADVANCING ACADEMIC RESEARCH NATIONWIDE WHILE ENCOURAGING MEANINGFUL COMMUNITY INVOLVEMENT AND CRITICAL THINKING FOR SELF-FULFILLMENT. MONMOUTH HAS 24 DIVISION I NCAA ATHLETIC TEAMS, 16 CLUB SPORTS, AND 13 INTRAMURAL SPORTS. IN ADDITION TO ATHLETICS THERE ARE OVER 130 CLUBS, 31 ACADEMIC/LEADERSHIP HONOR SOCIETIES, GREEK LIFE, A RADIO STATION, A TELEVISION STATION, AND AN AWARD WINNING STUDENT NEWSPAPER. THE ACADEMIC NEEDS OF STUDENTS ARE SUPPORTED BY THE CENTER FOR STUDENT SUCCESS WITH SERVICES THAT INCLUDE ACADEMIC ADVISING, ACADEMIC TRANSITIONS, TUTORIAL AND WRITING SERVICES AND PEER-ASSISTED LEARNING.

OUR PROGRESS HAS BEEN WIDELY RECOGNIZED IN ANNUAL RANKINGS OF HIGHER EDUCATION, INCLUDING THE PRINCETON REVIEW'S LIST OF "BEST COLLEGES," MONEY MAGAZINE'S "BEST COLLEGES," FORBES' "AMERICA'S TOP COLLEGES" AND

Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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IS A CLIMBING UNIVERSITY IN THE U.S. NEWS & WORLD REPORT FOR THE LAST

NINETEEN YEARS. MONMOUTH UNIVERSITY IS ALSO RECOGNIZED IN WASHINGTON

MONTHLY'S ANNUAL COLLEGE RANKINGS THAT ARE BASED ON OVERALL

CONTRIBUTION TO THE PUBLIC GOOD IN THREE BROAD CATEGORIES: SOCIAL

MOBILITY, RESEARCH AND PROVIDING OPPORTUNITIES FOR PUBLIC SERVICE.

FOR ADDITIONAL INFORMATION, PLEASE VISIT OUR WEBSITE AT

WWW.MONMOUTH.EDU.

FORM 990, PART VI, SECTION A, LINE 1A:

THERE ARE THREE CLASSES OF TRUSTEES WHO SERVE ON THE BOARD OF TRUSTEES:

ELECTED TRUSTEES, LIFE TRUSTEES AND TRUSTEES EMERITI. ANY CURRENT ELECTED

TRUSTEE WHO HAS SERVED WITH GREAT DISTINCTION FOR AT LEAST TWO CONSECUTIVE

TERMS WITHOUT INTERRUPTION MAY BE ELECTED A LIFE TRUSTEE UPON TWO-THIRDS

VOTE OF THE COMMITTEE ON TRUSTEES, A TWO-THIRDS VOTE OF THE FULL MEMBERSHIP

OF THE EXECUTIVE COMMITTEE AND A TWO-THIRDS VOTE OF THE FULL BOARD OF

TRUSTEES. LIFE TRUSTEES SHALL SERVE IN ALL RESPECTS AS FULL MEMBERS OF THE

BOARD OF TRUSTEES DURING THEIR FIVE YEAR TERM OF SERVICE EXCEPT THEY SHALL

NOT SERVE AS AN OFFICER OF THE BOARD. ANY CURRENT OF FORMER MEMBER OF THE

BOARD OF TRUSTEES WHO HAS SERVED WITH DISTINCTION FOR AT LEAST TWO

CONSECUTIVE TERMS WITHOUT INTERRUPTION MAY BE ELECTED A TRUSTEE

EMERITUS/EMERITA UPON RECOMMENDATION BY THE COMMITTEE ON TRUSTEES, A

MAJORITY VOTE OF THE FULL MEMBERSHIP OF THE EXECUTIVE COMMITTEE AND

TWO-THIRDS VOTE OF THE FULL BOARD OF TRUSTEES. TRUSTEES EMERITI SHALL BE

ELIGIBLE TO VOTE AT COMMITTEE MEETINGS OTHER THAN THOSE MATTERS WHERE THE

COMMITTEE ACTION CONSTITUTES FINAL ACTION ON BEHALF OF THE BOARD.

THE BOARD OF TRUSTEES HAS AN EXECUTIVE COMMITTEE THAT IS AUTHORIZED TO ACT

Name of the organization

MONMOUTH UNIVERSITY INC

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ON BEHALF OF THE FULL BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE IS  
 COMPOSED OF THE FOUR OFFICERS OF THE BOARD (CHAIR, VICE CHAIR, TREASURER  
 AND SECRETARY), THE CHAIRS OF ALL STANDING COMMITTEES, TWO AT-LARGE MEMBERS  
 OF THE BOARD APPOINTED BY THE CHAIR OF THE BOARD, THE IMMEDIATE PAST CHAIR  
 OF THE BOARD AND THE PRESIDENT OF THE UNIVERSITY. ALL MEMBERS OF THE  
 EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF TRUSTEES.

THE EXECUTIVE COMMITTEE MAY NOT TAKE ANY ACTION INCONSISTENT WITH A PRIOR  
 ACT OF THE BOARD OF TRUSTEES, AWARD DEGREES (OTHER THAN HONORARY DEGREES),  
 SELECT OR APPOINT TRUSTEES OR OFFICERS, CHANGE THE UNIVERSITY'S MISSION OR  
 PURPOSE, SELL UNIVERSITY'S ASSETS OR PROPERTY, ADOPT THE ANNUAL BUDGET,  
 ALTER BYLAWS, LOCATE PERMANENT BUILDINGS ON PROPERTY HELD FOR UNIVERSITY  
 PURPOSES, REMOVE OR APPOINT THE PRESIDENT OF THE UNIVERSITY, OR TAKE ANY  
 ACTION WHICH HAS BEEN RESERVED FOR THE FULL BOARD OF TRUSTEES. THE  
 EXECUTIVE COMMITTEE ALSO HAS AUTHORITY TO PURCHASE, MANAGE AND SELL LAND,  
 BUILDINGS AND CAPITAL EQUIPMENT, THE CONSTRUCTION OF NEW BUILDINGS AND THE  
 RENOVATIONS OF EXISTING BUILDINGS COSTING BETWEEN \$500,000 AND \$1,000,000.  
 THE EXECUTIVE COMMITTEE MAY ALSO TAKE ANY ACTION DELEGATED TO IT BY THE  
 FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS CHRISTOPHER MAHER AND JEANA PISCATELLI HAVE A BUSINESS  
 RELATIONSHIP.

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

THE BOARD OF TRUSTEES HAS DESIGNATED THE AUDIT COMMITTEE TO BE RESPONSIBLE  
 FOR THE REVIEW OF FORM 990 PRIOR TO SUBMISSION TO THE INTERNAL REVENUE  
 SERVICE. THIS RESPONSIBILITY IS INCLUDED IN THE AUDIT COMMITTEE'S CHARTER.

Name of the organization

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A FINAL DRAFT OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE AT A  
 REGULAR MEETING FOR THEIR REVIEW AND COMMENT EXCEPT THAT DONOR NAMES ARE  
 REDACTED FROM SCHEDULE B TO PROTECT THE CONFIDENTIALITY OF A SPECIFIC DONOR  
 IN ACCORDANCE WITH THE DONOR'S GRANT AGREEMENT. MODIFICATIONS RESULTING  
 FROM THE REVIEW, IF ANY, ARE MADE BEFORE FILING THE FORM. IN ADDITION, AN  
 EMAIL IS SENT OUT TO EACH MEMBER OF THE BOARD LETTING THEM KNOW THE DRAFT  
 IS AVAILABLE FOR REVIEW AND TO ALLOW THEM AN OPPORTUNITY TO COMMENT ON IT.  
 ALL BOARD MEMBERS RECEIVE A COPY OF THE FINAL VERSION (WITH DONOR NAMES  
 REDACTED FROM SCHEDULE B) OF THE FORM 990 PRIOR TO FILING.

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

THE BOARD OF TRUSTEES HAS A CODE OF ETHICS, AS WELL AS A PROVISION IN ITS  
 BYLAWS, WHICH DEALS WITH CONFLICTS OF INTEREST. ALSO, MEMBERS OF THE BOARD,  
 PRESIDENT'S CABINET OFFICERS AND KEY EMPLOYEES COMPLETE AN ANNUAL  
 DISCLOSURE STATEMENT SETTING FORTH THEIR BUSINESS AND OTHER INTERESTS.  
 REVIEW OF SITUATIONS TO DETERMINE A CONFLICT ARE CARRIED OUT BY THE  
 UNIVERSITY'S VICE PRESIDENT AND GENERAL COUNSEL AND IF NECESSARY THE  
 BOARD'S EXECUTIVE COMMITTEE. BOARD MEMBERS FOUND TO HAVE A CONFLICT ON A  
 PARTICULAR ITEM RECUSE THEMSELVES FROM PARTICIPATING AND VOTING IN  
 CONNECTION WITH THAT ITEM. SUCH RECUSALS ARE PLACED ON THE RECORD.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT OF THE  
 UNIVERSITY IS SET FORTH IN THE UNIVERSITY'S EXECUTIVE COMPENSATION POLICY  
 AND THE MONMOUTH UNIVERSITY COMPENSATION COMMITTEE CHARTER ENTITLED  
 "RESPONSIBILITIES OF THE COMMITTEE AND MEMBERS OF THE COMMITTEE." PURSUANT  
 TO THAT POLICY, THE BOARD'S COMPENSATION COMMITTEE (ALL OF WHOM ARE  
 INDEPENDENT) AND THE VICE PRESIDENT AND GENERAL COUNSEL REVIEW COMPARABLE

Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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COMPENSATION DATA PROVIDED BY AN INDEPENDENT OUTSIDE CONSULTANT AND MAKE  
 COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES AS TO THE  
 COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY. THE COMPENSATION  
 COMMITTEE, THE EXECUTIVE COMMITTEE AND THE FULL BOARD OF TRUSTEES TAKE  
 MINUTES CONCERNING SUCH ACTIONS. EACH COMMITTEE REVIEWS AND APPROVES THE  
 MINUTES FOR ITS RESPECTIVE COMMITTEE, AND THE FULL BOARD OF TRUSTEES  
 REVIEWS AND APPROVES THE MINUTES FROM THE FULL BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19:  
 THE UNIVERSITY DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL  
 STATEMENTS AVAILABLE TO THE GENERAL PUBLIC. THE UNIVERSITY'S CONFLICT OF  
 INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

Name of the organization

MONMOUTH UNIVERSITY INC

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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BRUCE SPRINGSTEEN ARCHIVES & CENTER - 82-5325604, 400 CEDAR AVENUE, WEST LONG BRANCH, NJ 07764	EDUCATION	NEW JERSEY	501(C)(3)	LINE 12A, I	MONMOUTH UNIVERSITY INC		X



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		
<b>s</b> Other transfer of cash or property from related organization(s)		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRUCE SPRINGSTEEN ARCHIVES & CENTER	0	388,711. COST	
(2) BRUCE SPRINGSTEEN ARCHIVES & CENTER	0	928,517. SELLING PRICE	
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information.