Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



B Checker Buildebuil	Α	For th	e 2022 calendar year, or tax year beginning JUL 1, 2022 and e	ending JU	JN 30, 2023				
Build Build Summary Su			C Name of organization		D Employer identifi	cation number			
Doing Dusiness as BOXMOUTH UNUVEXAITY 21-09-34394 Final Number and steer (or P.O. box if mail is not deliver to street address) Room/suite E Teelphone number (732) 571-3407 With Town State or province, country, and ZIP or foreign postal code west Look BRAKCH, NJ 07764-1898 H(a) Is this a group return for subordinates? Yes (X) No H(b) Ke at subordinates include? Mest Look States (X) SONE SONE(0)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Ke at subordinates include? Yes (X) No H(b) Kes (X) NO H(b) Kes (X) NO H(b) Kes		Addre	ss MONMOUTH UNIVERSITY INC						
With and the second s		Name			21-0634584				
Note Cabox Name Note Cabox Name Applies City or town, state or province, country, and ZIP or foreign postal code G cross receives 3 373,608,372. Verse T LONG BRANCH, NJ 07764-1898 Fame and address of principal officer: PATRICK F. LEARY H(a) Is this a group return for subordinates? Yes X No I Taxexempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 Yes X No I Taxexempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 Yes X No I Briefy describe the organization: X Compression Trust Association Other L year of formation: 1948 M State of legal domicile; NJ I Briefy describe the organization sinssion or most significant activities: MONNOTH UNIVERSITY IS A CoMPREHENSIVE INSTITUTION OF HIGHER EDUCATION (CONTINUED ON SCH. O) 4 27 I Data number of violang emplores of the governing body (Part VI, line 1a) 3 3 30 A Number of violang emplores of the governing body (Part VI, line 1a) 3 3 20 I Data number of nonuberes (estimate induced server) 7a 454,692. 7a 23,931.		Initial		Room/suite	E Telephone numbe	r			
amond Annual City or town, state or province, country, and 2IP or foreign postal code VEST LONS BRANCE, NJ VEST LONS BRANCE,		return/ 400 CEDAR AVENUE				07			
Number		ated City or town, state or province, country, and ZIP or foreign postal code G				373,608,372.			
Image of Provide and address of principal officer. FARACE 1: JEART To Subordinates? To See (2) NO I maxe seempt status: I		returr	WEST LONG BRANCH, ND 07704-1896						
I Tax-exempt status: X 501(c)(3 501(c)() (insert no.) 4947(a)(1) or 527 I Website: WWW, MONMOUTH, EDU If "No," attach a list. See instructions K Form of organization; X Corporation Trust Association 0ther L Year of formation; 1948 M State of legal domicile; NJ Part I Summary I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 3 30 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 29002 6 Total number of volunteers (estimate if necessary) 6 9200 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 7 6 7.03, 447. 37, 631, 718. 9 Program service revenue (Part VIII, line 3, 4, and 7d) 6, 7.11, 118. 5, 845, 828. 11 0.		tión	F Name and address of principal officer: FAIRICK F. HEATI						
J Website: WW. MOMOUTH. EDU H(c) Group exemption number K Form of organization; X Corporation Trust Association Other L Year of formation; 1 M State of legal domicile; NJ Part II Summary M State of legal domicile; NJ M State of legal domicile; NJ Part II Summary M State of legal domicile; NJ 2 Check this box if the organization is mission or most significant activities: MONMOUTH UNIVERSITY IS A 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voluneers of the governing body (Part VI, line 1a) 3 30 4 Number of volunteers (estimate if necessary) 5 2902 6 Total number of volunteers (estimate if necessary) 7a Total number of part VIII, column (C), line 12 7b 223, 301. 9 Program service revenue (Part VIII, column Form Porn 990-T, Part I, line 11 Prior Year Current Year 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 1, 555, 217. 1, 377, 2631, 718. 12 Total revenue - add lines 8 th		.		- 507					
K Form of organization; X Corporation Trust Association Other L Year of formation; 1948 M State of legal domicile; NJ Part I Summary I Briefly describe the organization's mission or most significant activities: MONMOUTH UNIVERSITY IS A Commercial Commendation I Briefly describe the organization of HIGHER EDUCATION (CONTINUED ON SCH. 0) 3 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 30 4 Number of independent voting members of the governing body (Part VI, line 2a) 5 29002 6 7200 7a 4454.692. 7 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 29002 6 7200 223.3 7a 454.692. 7b 223.3 7a 454.692. 9 Program service revenue (Part VIII, line 1h) 25,783.447. 37,631.718. 845.828. 6,711.118. 5.845.282. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1.555.217. 1.377.923.233. 274.830.004.377.837.979.97				r 527					
Part I Summary 1 Briefly describe the organization's mission or most significant activities: MONMOUTH UNIVERSITY IS A COMPREHENSIVE INSTITUTION OF HIGHER EDUCATION (CONTINUED ON SCH, O) 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2070 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 2990 6 Total numer of volunteers (estimate if necessary) 6 920 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7b 223, 301. 9 Program service revenue (Part VIII, line 1h) 25, 783, 447. 37, 631, 718. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 6, 711, 118. 5, 8452, 828. 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 1, 555, 217. 1, 372, 823. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10) 117, 261, 337. 119, 430, 124.				I Vear					
9000000000000000000000000000000000000						VI State of legal domicile. No			
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Image: Second	£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,555,217.	1,372,823.			
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 117, 261, 337. 119, 430, 124. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 3, 237, 577. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 60, 395, 817. 59, 753, 390. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 604, 372. 13, 118, 518. 19 Revenue less expenses. Subtract line 18 from line 12 1, 604, 372. 13, 118, 518. 20 Total assets (Part X, line 16) 429, 689, 394. 440, 888, 728. 21 Total liabilities (Part X, line 26) 56, 070, 300. 47, 500, 778. 22 Net assets or fund balances. Subtract line 21 from line 20 373, 619, 094. 393, 387, 950.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		269,032,523.	274,830,004.			
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 3,237,577. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 60,395,817. 59,753,390. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 267,428,151. 261,711,486. 19 Revenue less expenses. Subtract line 18 from line 12 1,604,372. 13,118,518. 20 Total assets (Part X, line 16) 429,689,394. 440,888,728. 21 Total liabilities (Part X, line 26) 56,070,300. 47,500,778. 22 Net assets or fund balances. Subtract line 21 from line 20 373,619,094. 393,387,950.		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
17 Other expenses (Part X, columit (A), lines Trainit, (A), lines Traini, (A), lines Trainit, (A), l	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		117,261,337.	119,430,124.			
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17 Other expenses (Part X, columit (A), lines Trainit, (A), lines Traini, (A), lines Trainit, (A), l	adx	. ь	Total fundraising expenses (Part IX, column (D), line 25) 3, 237, 5	577.					
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22 Net assets or fund balances. Subtract line 21 from line 20 373,619,094. 393,387,950.	sets	20				, ,			
	tAs	21	Total liabilities (Part X, line 26)		, ,	, ,			
					373,619,094.	393,387,950.			

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.

Sign	Signature of offi	cer			Date				
Here	PATRICK F.	LEAHY, PRESIDENT							
	Type or print na	me and title							
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN			
Paid	DANIEL ROMA	NO			it self-employed	P00504182			
Preparer	Firm's name	GRANT THORNTON LLP			Firm's EIN 36	-6055558			
Use Only	Firm's address 757 THIRD AVENUE, 3RD FLOOR								
	NEW YORK, NY 10017-2013			Phone no. (212) 599-0100					
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
232001 12-1	3-22 LHA Fo	or Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990	(2022)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

E 11					
File a	separate	application	TOR	each return.	

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instructions.					on number (TIN)		
print	MONMOUTH UNIVERSITY INC			21-0634584				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 400 CEDAR AVENUE	see instruct	ions.					
return. See instruction		foreign add	ress, see instructions.					
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			0 1		
Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	00 or Form 990-EZ	01	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	90-PF	04	Form 5227			10		
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	00-T (trust other than above)	06	Form 8870			12		
Form 99	00-T (corporation)	07						
 If the If this box 1 Ir th th 	behone No. ► (732) 571-3407 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ue organization named above. The extension is for the organization ramed above.	Group Exe and atta MAY 1 ganization's	mption Number (GEN) I ch a list with the names and TINs of 5, 2024 , to file return for: d endingJUN 30, 2023	f this is for all membe	r the whole of the extended of	group, check this		
3a If	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter the	tentative tax, less					
	ny nonrefundable credits. See instructions.			3a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and					
es	stimated tax payments made. Include any prior year over	payment all	owed as a credit	3b	\$	0.		
c B	alance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required, by					
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns	3c	\$	0.		
Caution instruct	a: If you are going to make an electronic funds withdrawa ons.	I (direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	9-TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form	8868 (Rev. 1-2022)		

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	rt III Statement of Program Service Ac	complishments		Page 2
	Check if Schedule O contains a response or			X
	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
	Did the organization undertake any significant prog	rram services during the year which we	ere not listed on the	
				Yes X No
	If "Yes," describe these new services on Schedule			
	Did the organization cease conducting, or make sig		ny program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
	Describe the organization's program service accon			
	Section 501(c)(3) and 501(c)(4) organizations are re-	quired to report the amount of grants a	and allocations to others, the total expens	es, and
	revenue, if any, for each program service reported.	070		070 625
	(Code:) (Expenses \$219,843, SEE SCHEDULE O	879 including grants of \$	2,527,972.) (Revenue \$2	1,979,635.
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$,
	(, (,
	Other program services (Describe on Schedule O.)			
_	(Expenses \$ including gr.	ants of \$) 219,843,879.	(Revenue \$	
	Total program service expenses	<u>2</u> 27,033,077.		
-			F.	2rm 990 (0000
	2 12-13-22 SEE	SCHEDULE O FOR CONTINUATION		orm 990 (2022

	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	A	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44	v	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	X	
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
232003	12-13-22	Form	990	(2022)

232003 12-13-22

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01659221

Yes

No

Form 990 (2022)

MONMOUTH UNIVERSITY INC Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

⁴ 2022.05080 MONMOUTH UNIVERSITY INC

Form	990	(2022)
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MONMOUTH UNIVERSITY INC

Pa	t IV Checklist of Required Schedules (continued)			
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├───
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
57		34	х	
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30		26		x
07	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
1 0				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 580			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 000	<u> </u>
232004	12-13-22	Form	990	(2022)
	5			

		(2022) MONMOUTH UNIVERSITY INC	21-06345	84	P	Page 5
Par	τv	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				_	Yes	No
2a	Ente	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed	for the calendar year ending with or within the year covered by this return	2a 2903	2		
b	If at	least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
3a	Did 1	the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	lf "Y	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other a				
		ncial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b		es," enter the name of the foreign country	,			
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a				5a		x
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
		es" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
		s the organization have annual gross receipts that are normally greater than \$100,000, and did the				<u> </u>
6a				60		x
L	-			<u>6a</u>		<u> </u>
D		es," did the organization include with every solicitation an express statement that such contribution	•	0		
_		e not tax deductible?		6b		
7	-	anizations that may receive deductible contributions under section 170(c).		_	v	-
а		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			X	──
b				7b	X	<u> </u>
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
		le Form 8282?		7c		X
d	lf "Y	es," indicate the number of Forms 8282 filed during the year	7d			
е	Did 1	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spor	nsoring organization have excess business holdings at any time during the year?		8		
9	Spo	nsoring organizations maintaining donor advised funds.				
а						
b						
10		tion 501(c)(7) organizations. Enter:				
а		ation fees and capital contributions included on Part VIII, line 12	10a			
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		tion 501(c)(12) organizations. Enter:		-		
а		ss income from members or shareholders	11a			
b		ss income from other sources. (Do not net amounts due or paid to other sources against		-		
D		ounts due or received from them.)	11b			
120		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		120		
		es," enter the amount of tax-exempt interest received or accrued during the year	1041?	12a		
			120	-		
13		tion 501(c)(29) qualified nonprofit health insurance issuers.		40-		-
а		e organization licensed to issue qualified health plans in more than one state?		13a		-
		e: See the instructions for additional information the organization must report on Schedule O.				
b		er the amount of reserves the organization is required to maintain by the states in which the				
		inization is licensed to issue qualified health plans	13b	-		
С		er the amount of reserves on hand	13c			
14a				14a	──	X
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	—	
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	exce	ess parachute payment(s) during the year?		15		X
	lf "Y	es," see the instructions and file Form 4720, Schedule N.				
16	ls th	e organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	lf "Y	es," complete Form 4720, Schedule O.				
17	Sect	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			_
	that	would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		es," complete Form 6069.				
232005	5 12-13	3-22		Forn	1 990	(2022)

closure. For each "Yes" response to lines 2 mstances, processes, or changes on Schedule 0 te to any line in this Part VI g body at the end of the tax year bers of the governing body, or if the governing r similar committee, explain on Schedule 0. 1a, above, who are independent re a family relationship or a business relationshiment duties customarily performed by or under the management company or other person? its governing documents since the prior Form 1 f a significant diversion of the organization's as	D. See instructions.	2	Yes	se X No
nstances, processes, or changes on Schedule C te to any line in this Part VI g body at the end of the tax year bers of the governing body, or if the governing r similar committee, explain on Schedule 0. 1a, above, who are independent we a family relationship or a business relationship ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	D. See instructions.	2	Yes	X
t body at the end of the tax year bers of the governing body, or if the governing r similar committee, explain on Schedule 0. 1a, above, who are independent	1b 2' p with any other ne direct supervision	2		
g body at the end of the tax year bers of the governing body, or if the governing r similar committee, explain on Schedule 0. 1a, above, who are independent ve a family relationship or a business relationshi ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	1b 2' p with any other ne direct supervision	2		No
bers of the governing body, or if the governing r similar committee, explain on Schedule 0. 1 a, above, who are independent e a family relationship or a business relationshi ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	1b 2' p with any other ne direct supervision	2		No
bers of the governing body, or if the governing r similar committee, explain on Schedule 0. 1 a, above, who are independent e a family relationship or a business relationshi ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	1b 2' p with any other ne direct supervision	2		
r similar committee, explain on Schedule 0. 1a, above, who are independent we a family relationship or a business relationship ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	p with any other	2		
1a, above, who are independent ve a family relationship or a business relationship ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	p with any other	2		
ve a family relationship or a business relationship ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	p with any other	2		
ent duties customarily performed by or under th management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	e direct supervision			
ent duties customarily performed by or under the management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a	e direct supervision			
management company or other person? its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a			X	
its governing documents since the prior Form f a significant diversion of the organization's as other persons who had the power to elect or a				
f a significant diversion of the organization's as other persons who had the power to elect or a		3		X
other persons who had the power to elect or a		4		X
other persons who had the power to elect or a	sets?	5		X
		6		Х
	ppoint one or			
		7a		Х
erved to (or subject to approval by) members, s	tockholders, or			
		7b		X
tings held or written actions undertaken during the ye				
		8a	X	
governing body?		8b	x	
e listed in Part VII, Section A, who cannot be rea				
names and addresses on Schedule O		9		Х
on about policies not required by the Internal Re	evenue Code.)		<u> </u>	<u> </u>
			Yes	No X
r affiliates?		10a		
d procedures governing the activities of such c		101		
	h . h afawa filia a tha fawa 0	10b		x
s Form 990 to all members of its governing boo	before filing the form?	11a		
the organization to review this Form 990.		10-	x	
policy? If "No," go to line 13		12a	X	
uired to disclose annually interests that could give ris		12b		
or and enforce compliance with the policy? If "	,	100	x	
		12c	X	
icy?		13	X	
	al by independent	14		
following persons include a review and approve substantiation of the deliberation and decision?				
		150	x	_
anagement official		15a 15b	x	
chedule O. See instructions.		150		
r participate in a joint venture or similar arrange	mont with a			
		16a	-	x
r procedure requiring the organization to evalua		104		
I tax law, and take steps to safeguard the orga	• •			
		16b	-	_
required to be filed CA				
	and 990-T (section 501(c)(3)	s only) :	availah	
		S Offiy) a	avanac	
	n on Schedulo ()			
	,	d financ	ial	
	ormot of interest policy, all		101	
	oks and records			
re person who possesses the organization's DU				
07764-1898		Form	990	2022
07764-1898		1 0111		
or av e ar	forms 1023 (1024 or 1024-A, if applicable), 990, a available. Check all that apply. X Upon request Other <i>(explai</i> e organization made its governing documents, c ar. the person who possesses the organization's bo	Torms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) available. Check all that apply. X Upon request Other <i>(explain on Schedule O)</i> e organization made its governing documents, conflict of interest policy, an ar. the person who possesses the organization's books and records	iorms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) a available. Check all that apply. X Upon request Other (explain on Schedule O) e organization made its governing documents, conflict of interest policy, and finance ar. the person who possesses the organization's books and records 07764-1898	Torms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available available. Check all that apply. Image: State of the state of

Form 990 (2	2022) MONMOUTH UNIVERSITY INC	21-0634584	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization'	's tax year.

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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson is	s both	an	compensation	compensation	amount of
	week		cer an I	nd a d I	irecto	r/trust	iee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	66			sated		organization	(W-2/1099-MISC/	from the
	related organizations	'ustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor yee	-	1000 NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) PATRICK F. LEAHY	63.00			-						
PRESIDENT	7.00	х		х				826,743.	0.	111,961.
(2) KING D. RICE	40.00									
HEAD MENS BASKETBALL COACH	0.00					x		545,648.	0.	67,746.
(3) PAMELA SCOTT-JOHNSON - PROVOST	55.00									
& SR VP ACADEMIC AFFAIRS	0.00			х				375,320.	0.	41,394.
(4) WILLIAM CRAIG	55.00									
VP FOR FINANCE	0.00			Х				328,345.	0.	59,167.
(5) PRAKASAM R. DEVASAGAYAM	40.00									
DEAN OF BUSINESS SCHOOL	0.00					x		329,225.	0.	57,457.
(6) DONALD MOLIVER	40.00									
PROFESSOR	0.00					х		286,765.	0.	52,264.
(7) ROBERT MCCAIG - VP ENROLLMENT	55.00									
MANAGEMENT & MARKETING	0.00			X				265,106.	0.	57,592.
(8) MARY ANNE NAGY	55.00									
VP FOR STUDENT SERVICES	0.00			X				272,755.	0.	23,228.
(9) DATTA NAIK	40.00									
PROFESSOR	0.00					X		256,446.	0.	37,842.
(10) PATRICK MURRAY	40.00									
DIRECTOR / POLLING INSTITUTE	0.00					X		238,068.	0.	51,311.
(11) EDWARD CHRISTENSEN	55.00									
VP / INFORMATION MANAGEMENT	0.00			X				233,410.	0.	51,688.
(12) AMANDA M. KLAUS	55.00								_	
VP UNIVERSITY ADVANCEMENT	0.00		<u> </u>	x				247,656.	0.	32,573.
(13) JOHN J. CHRISTOPHER	50.00									
VP & GENERAL COUNSEL (THRU 09/2022)	5.00			x				234,084.	0.	44,307.
(14) LAURA MORIARTY	40.00							0.05 0.00		22.010
PROFESSOR	0.00						X	235,089.	0.	33,012.
(15) SUSAN GUPTA	40.00							105 106		CD D1 D
ASSOCIATE PROVOST	0.00				X			195,126.	0.	63,313.
(16) REKHA DATTA	40.00							000 400		
PROFESSOR	0.00			<u> </u>			X	223,439.	0.	20,267.
(17) RICHARD F. VEIT, JR.	40.00							104 000	<u>^</u>	F0 000
ASSOCIATE DEAN	0.00						X	184,077.	0.	59,200.
232007 12-13-22										Form 990 (2022)

Form 990 (2022) MONMOUTH UNIVERSITY INC 21-0634584 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensatio	n	ar	nount	of
	week		cer ar I	nd a d I	irecto	r/trust	ee)	from	from related	I		other	
	(list any	ector						the	organizations			pensa	
	hours for	or dii	e			ated		organization	(W-2/1099-MIS	;C/		om th	
	related	Istee	trustee		a	pens		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations below	ial tru	onal		oloye	com ee		1099-NEC)				d relat	
	line)	ndividual trustee or director	Institutional t	Officer	key employee	Highest compensated employee	Former				org	anizati	ions
(18) CHARLENE K. DIANA - ACTING VP	50.00	=	<u> </u>	5	Ke	en Hi	Fc						
& GENERAL COUNSEL (AS OF 09/2022)	5.00	1		x				207,018.		٥.		30	028.
(19) JEANA M. PISCATELLI	7.00											,	
TRUSTEE AND CHAIRMAN	1.00	x		x				0.		٥.			0.
(20) JOHN A. BROCKRIEDE, JR.	5.00												
TRUSTEE AND VICE CHAIRMAN	0.00	x		x				0.		٥.			0.
(21) LESLIE N. HITCHNER	5.00												
TRUSTEE AND VICE CHAIRMAN	1.00	x		x				0.		٥.			0.
(22) CHRISTOPHER D. MAHER	5.00												
TRUSTEE AND TREASURER	0.00	x		x				0.		٥.			0.
(23) TASHA ANN YOUNGBLOOD BROWN	3.00												
TRUSTEE AND SECRETARY	0.00	x		x				0.		٥.			Ο.
(24) MILES AUSTIN III	1.00												
TRUSTEE	0.00	x						0.		٥.			Ο.
(25) MICHAEL V. BENEDETTO	2.00									-+			
TRUSTEE	0.00	x						0.		٥.			Ο.
(26) THOMAS D. BYER	1.00									-+			
TRUSTEE (AS OF 07/2022)	0.00	x						0.		٥.			Ο.
1b Subtotal	1							5,484,320.		0.		894,	350.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								5,484,320.		0.		894.	350.
2 Total number of individuals (including but no									000 of reportable				
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·					242
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	loyee on	ſ			
line 1a? If "Yes," complete Schedule J for su	uch individual								-	[3	Х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		[4	Х	
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich i	oers	on .		-			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated ind	lepe	nde	nt co	ontra	actor	's th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)				C)	
Name and business								Description of s	ervices	C	ompe	nsatio	n
COMPASS GROUP USA, INC D/B/A GOURMET													
P.O. BOX 417632, BOSTON, MA 02241-763								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												400	255
271 WALL STREET, PRINCETON, NJ 08540								POLLING STATS				429,	355.
2 Total number of independent contractors (ir		ot lin	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		mα			3'	,				_	E e ::	000	(2022)
SEE PART VII, SECTION A CONTINU	NITON SUFE	13									rorm	330 (2022)

232008 12-13-22

Part VII Section A. Officers, Directors	, Trustees. Kev Er	est (Compensated Employe	es (continued)						
(A)	(B)		,	<u>o, ui</u> (((D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per						-	from	from related	other
	week	L_				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dual t	utiona	-	Key employee	est co	er			organizationio
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) JOHN C. CONOVER, III	1.00									
TRUSTEE (AS OF 07/2022)	0.00	x						0.	0.	0
(28) KARYN F. CUSANELLI	2.00									
TRUSTEE	0.00	х						0.	0.	0
(29) MARY VADEN EISENSTADT	1.00									
TRUSTEE	0.00	x						0.	0.	0
(30) STEPHEN E. GERARD	2.00									
TRUSTEE	0.00	Х						٥.	0.	0
(31) JEREMY GRUNIN	1.00									
TRUSTEE	0.00	Х						0.	0.	C
(32) RAYMOND G. KLOSE	2.00									
TRUSTEE	0.00	х						0.	0.	C
(33) GEORGE KOLBER	1.00									
TRUSTEE	0.00	х						0.	0.	0
(34) MARI C. KOVACH	1.00									
TRUSTEE (AS OF 07/2022)	0.00	х						0.	0.	0
(35) NANCY A. LEIDERSDORFF	1.00									
TRUSTEE	0.00	х						0.	0.	C
(36) DEAN Q. LIN	1.00									
TRUSTEE	0.00	х						0.	0.	C
(37) ALAINA L. LOVE	1.00									
TRUSTEE (AS OF 07/2022)	0.00	х						0.	0.	0
(38) LISA MCKEAN	1.00									
TRUSTEE	1.00	х						0.	0.	C
(39) THOMAS J. MICHELLI	2.00									
TRUSTEE	0.00	х						0.	0.	C
(40) VALERIE MONTECALVO	1.00									
	0.00	х	<u> </u>					0.	0.	0
(41) TAVIT O. NAJARIAN	1.00									
	0.00	х						0.	0.	0
(42) CHRISTOPHER W. SHAW	2.00								_	-
IRUSTEE	0.00	х	<u> </u>					0.	0.	C
(43) MARK SKESAVAGE	1.00								_	-
	0.00	х	<u> </u>					0.	0.	0
(44) CAROL STILLWELL	1.00									_
IRUSTEE	0.00	х	<u> </u>					0.	0.	0
(45) MARIANNE HESSE	1.00									_
LIFE TRUSTEE	0.00	х	<u> </u>					0.	0.	C
(46) HAROLD L. HODES	1.00									
LIFE TRUSTEE	0.00	Х						٥.	0.	0

	IVERSITY INC								21-06345	584
Part VII Section A. Officers, Directors, T		nplo I	yee			ligh	est (· /	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) WILLIAM B. ROBERTS	1.00								0	0
LIFE TRUSTEE	0.00	x						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				

232201 04-01-22

ar	t VIII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a res	ponse	or note to any line			(2)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax un sections 512 -
'n	1 a	Federated campaigns		18	1	33,700.				
unc		Membership dues)					
	с	Fundraising events		10	;	445,115.				
a	d	Related organizations		10	1					
		Government grants (contr			,	10,145,036.				
Ð	f	All other contributions, gifts,				27 007 967				
	~	similar amounts not included				27,007,867. 311,522.				
and Other Similar Amounts	-	Noncash contributions included in Total. Add lines 1a-1f	lines 1		\$	511,522.	37,631,718.			
.0						Business Code				
	2 a	TUITION AND FEES				611310	195,563,123.	195,563,123.		
	b	AUXILIARY ENTERPRIS	ES			721310	29,495,661.			
inue	c	OTHER				900099	4,426,875.			230,7
hevenue	d	GOVERNMENT CONTRACT	S			541700	493,976.	493,976.		
٩	е									
		All other program service	reve	nue						
+		Total. Add lines 2a-2f					229,979,635.			
	3	Investment income (includ	Ũ				2 044 020		14.000	2 0 0 0
		other similar amounts) Income from investment of tax-exempt bond proceeds					3,044,832.		14,026.	3,030,
	4					ſ	58,783.			58,
	5	Royalties		(i) R		(ii) Personal	50,705.			50,
	6 9	Gross rents	6a		,868.					
		Less: rental expenses	6b		0.					
		Rental income or (loss)	6c	989	,868.					
		Net rental income or (loss)					989,868.		184,401.	805,4
	7 a	Gross amount from sales of		(i) Secu	irities	(ii) Other				
		assets other than inventory	7a	100,989	,890.	295,774.				
	b	Less: cost or other basis								
		and sales expenses		97,863		620,927.				
		Gain or (loss)		3,126	-		0.000.000			0.000
		Net gain or (loss)			·····		2,800,996.			2,800,9
	8 a	Gross income from fundraisin	-							
		including \$ contributions reported on								
		Part IV, line 18		,	8a	361,607.				
	h	Less: direct expenses				293,700.				
		Net income or (loss) from					67,907.			67,9
		Gross income from gamin								
		Part IV, line 19								
	b	Less: direct expenses								
		Net income or (loss) from								
•	10 a	Gross sales of inventory, I								
		and allowances								
		Less: cost of goods sold								
╉	С	Net income or (loss) from	sales	s of inven	tory	Puoir ese Ocati				
.	44 -	CONF. & EVENT SERVI	ሪድሪ			Business Code 722320	187,638.		187,638.	
ine	11а ь	FITNESS CENTER	200			722320	27,466.		27,466.	
ver	a	SPONSOR ADVERTISING				541800	27,400.		22,563.	
Hevenue	с Ч	All other revenue				900099	18,598.		18,598.	
1	u		• • • • • • •						,0,0.	
	0	Total. Add lines 11a-11d				I	256,265.			

12550415 153424 0165922-00006

MONMOUTH UNIVERSITY INC

21-0634584 Page **10**

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 667,383 667,383. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 81,447,450. 81,447,450 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 413,139 413,139. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,022,728 trustees, and key employees 3,651,010. 1,059,587. 568,695. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 135,188 70,187. 65,001 persons described in section 4958(c)(3)(B) 84,882,808 67,674,388. 15,516,144. 1,692,276. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5,010,434 4,051,801 906,508 52,125. 19,173,519 15,207,411. 3,676,546 289,562. 9 Other employee benefits 6,577,165, 5,176,687 1,290,393 110,085. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 215,506 215,506 b Legal 238,725, 238,725 Accounting С 10,495 10,495 Lobbying d Professional fundraising services. See Part IV, line 17 е 1,383,213, 1,383,213. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 13,198,631 10,608,315. 2,590,316 column (A), amount, list line 11g expenses on Sch 0.) 2,335,832 515,473 1,820,359 Advertising and promotion 12 855,375 4,385,429. 3,473,322 56,732. 13 Office expenses 1,603,868, 281,497 1,322,371 14 Information technology 15 Royalties 12,435,546 8,407,849 3,840,426 187,271. 16 Occupancy 3,314,365 2,978,612 335,753 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 34,789 Conferences, conventions, and meetings 816,422. 781,633. 19 182,659, 182,659, 20 Interest Payments to affiliates 21 12,001,305 11,172,155, 620,416 208,734. 22 Depreciation, depletion, and amortization 3,384,201 2,524,144 799,229 60,828. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) BOOKSTORE MATERIALS 1,187,749. 1,187,749. а DUES AND MEMBERSHIPS 303,778 940,172 630,169 6,225. b LIBRARY MATERIALS 892,147. 892,147, С RES. ASST. ROOM & BOARD 766,513. 766,513. d 460,612 455,568 5,044. All other expenses е 219,843,879 261,711,486 38,630,030 3,237,577.

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

13 2022.05080 MONMOUTH UNIVERSITY INC 0165

Form 990 (2022)

232011 12-13-22

12550415 153424 0165922-00006

31

32

33

373,619,094.

429,689,394.

31

32

33

393,387,950.

440,888,728.

Form 990 (2022)

2 Savings and temporary cash investments 10,095,187. 26,095,336. 3 Pledges and grants receivable, net 3 1,255,317. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 447,324. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 2,599,461. a 9 424,055,475, basis. Complete Part VI of Schedule D _____ 10a 236,742,011. 193,670,097. b Less: accumulated depreciation 10b 10c 70,327,586. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 122,589,715. 12 Investments - program-related. See Part IV, line 11 3,121,329. 13 Intangible assets 14 12,308,959. 15 Other assets. See Part IV, line 11 429,689,394. Total assets. Add lines 1 through 15 (must equal line 33) 16 21,175,087. Accounts payable and accrued expenses 17 18 Grants payable 7,177,756. 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22

Assets 471,633. 2,197,045. **10a** Land, buildings, and equipment: cost or other 187,313,464. 66,430,296. 11 131,043,420. 12 2,949,799. 13 14 11,462,402. 15 440,888,728. 16 17,774,664. 17 18 7,124,578. 19 20 21 22 Liabilities Secured mortgages and notes payable to unrelated third parties 2,931,496. Ο. 23 23 1,772,232. 1,271,541. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 21,329,995. 23,013,729. 25 of Schedule D 56,070,300. 47,500,778. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 281,527,854. 270,702,548. 27 Net assets without donor restrictions 27 122,685,402. Net assets with donor restrictions 92,091,240. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

MONMOUTH UNIVERSITY INC

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

Cash - non-interest-bearing

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

21-0634584 Page 11

> (B) End of year

(A)

Beginning of year

11,779.

13,262,640.

1

32,164.

890,914.

12,002,255.

Form 990 (2022) Part X | Balance Sheet

1

2

Form	990 (2022) MONMOUTH UNIVERSITY INC	21-063458	4	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	274,	830,	004.
2	Total expenses (must equal Part IX, column (A), line 25)	2	261,	711,	486.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,	118,	518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			094.
5	Net unrealized gains (losses) on investments	5	6,	650,	338.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	393,	387,	950.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> т		
		1		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,		x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Δ	
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	aule O.			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		2	x	
Ŀ	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	ad audit	3a	Δ	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require arguing a substance taken to undergo such audits.	eu audit	26	x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	١
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Name	of t	he organization						Employer	identification number					
			TH UNIVERSITY I						21-0634584					
Par	:1	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.						
		ization is not a private found												
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).							
2	X	A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)									
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).							
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,					
		city, and state:												
5 [An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in					
6 [A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).							
7		An organization that norma	-					e general r	oublic described in					
• -		section 170(b)(1)(A)(vi). (C	•		onn a gore			io gonorar i						
8		A community trust describe		1)(A)(vi) (Complete Par	+ 11)									
9	=	An agricultural research org				ad in coniu	inction with a	land-arant	college					
5 L						-		-	-					
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10 [university:												
	=													
12			-	•	-			•						
		more publicly supported or	-						check the box on					
	_	lines 12a through 12d that	• •					-						
а		Type I. A supporting orga		-	• • •	-								
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	Ipporting					
		organization. You must c	omplete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.										
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,					
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.							
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .							
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III						
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.								
f	Ente	er the number of supported o												
g	Pro	vide the following information	about the supporte	d organization(s).					-					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed na document?	(v) Amount of	monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)					
Total														

Part II

MONMOUTH UNIVERSITY INC

21-0634584 Page 2

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 (d) 2021 (b) 2019 (c) 2020 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 18,755,076 37,631,718. 105,527,903. 9,826,236. 13,531,426 25,783,447. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9,826,236, 13,531,426, 18,755,076 25 783 447. 37 631 718. 105,527,903. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1,596,546. 103,931,357. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 20</u>22 (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (f) Total 13,531,426. 9,826,236. 18,755,076. 25,783,447. 37,631,718. 105,527,903. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 3,539,824 2,835,178. 3,895,056. 2,491,288 16,883,662. 4,122,316. and income from similar sources 9 Net income from unrelated business activities, whether or not the 597,481 440,235, 182,281, 1,006,649. 454,692, 2,681,338. business is regularly carried on **10** 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. 126,422,712. **11 Total support.** Add lines 7 through 10 1,182,851,363. **12** Gross receipts from related activities, etc. (see instructions) 12 13 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 14 82.21 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 78 34 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. 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 stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

7

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				•		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c 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. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
check this box and stop here	<u></u>					
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, che						.tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
232023 12-09-22					Scheo	lule A (Form 990) 2022
		18				

Yes No

Part IV Supporting Organizations

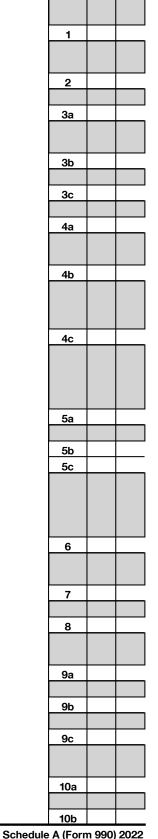
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instantion)	struction	i <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		

MONMOUTH UNIVERSITY INC

Schedule A (Form 990) 2022

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

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3b | Schedule A (Form 990) 2022

3a

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Page 5

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Sche	edule A (Form 990) 2022 MONMOUTH UNIVERSITY INC			21 - 0634584	Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must of				
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
_4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2022

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5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 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 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 1 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 Total 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 Excess distributions carryover to 2023. 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

22

MONMOUTH UNIVERSITY INC

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

21-0634584

Current Year

Schedule A (Form 990) 2022

10 Section E - Distribution Allocations (see instructions)

Schedule A (Form 990) 2022 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

2

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3

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Schedule A (Form 990) 2022	MONMOUTH UNIVERSITY INC	21-0634584	Page 8
Part VI Supplemental Info Part IV, Section A, lines line 1; Part IV, Section	ormation. Provide the explanations required by Part II, line 10; Part s 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, nd 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for	tion B, lines 1 and 2; Part IV, Section , line 1; Part V, Section B, line 1e; Par	C,
SCHEDULE A, PART II, LINE 1	10, EXPLANATION FOR OTHER INCOME:		
GROSS INCOME FROM SPECIAL E	events		
2018 AMOUNT: \$ 396,165.			
2019 AMOUNT: \$ 252,004.			
2020 AMOUNT: \$ 95,625.			
2021 AMOUNT: \$ 224,408.			
2022 AMOUNT: \$ 361,607.			
232028 12-09-22		Schedule A (Form 9	90) 2022
	23		

12550415 153424 0165922-00006

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

21-0634584

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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 for an *exclusively* set in the set of t

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).

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

Schedule B (Form 990) (2022)

Name of or	rganization	Em	oloyer identification number
MONMOUTH	UNIVERSITY INC		21-0634584
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		\$21,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$,162,668	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,002,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Occupient Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

25

Schedule B (Form 990) (2022)

MONODUMU UNIVERSITY INC 21-054384 PartII Noncesh Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c) (c) (d) Date received (a) Description of noncesh property given S		B (Form 990) (2022)		Page 3
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c) FMV (or estimate) (See instructions.) (d) Part I Description of noncash property given \$	Name of or	rganization		Employer identification number
(a) No. Part I (b) Description of noncesh property given (c) FWV (or estimate) (See instructors.) (d) Date received (a) No. Form Part I (c) FWV (or estimate) (See instructors.) (d) Date received (a) No. Form Part I (b) Description of noncesh property given (c) FWV (or estimate) (See instructors.) (d) Date received (a) No. Form Part I (b) Description of noncesh property given (c) FWV (or estimate) (See instructors.) (d) Date received (a) No. Form Part I (b) Description of noncesh property given (c) FWV (or estimate) (See instructors.) (d) Date received (a) No. Form Part I (b) Description of noncesh property given (c) FWV (or estimate) (See instructors.) (d) Date received (a) No. Form Part I (b) Description of noncesh property given (c) FWV (or estimate) (See instructors.) (d) Date received (a) No. Form Part I (b) Description of noncesh property given (c) FWV (or estimate) (See instructors.) (d) Date received (b) Full (c) FWV (or estimate) (See instructors.) (d) Date received (a) Date received (c) FWV (or estimate) (See instructors.) (d) Date received (b) Full (c) FWV (or estimate) (See instructors.) (d) Date received (b) Full (c) FWV (or estimate) (See instructors.) (d) Date received	MONMOUTH	UNIVERSITY INC		21-0634584
No. from Part I (b) Description of noncash property given FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (b) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (b) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received	Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed	J.
(a) (b) (c) FMV (or estimate) (d) Part I	No. from		FMV (or estimate	
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No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$	
(a) (b) (c) (d) from Description of noncash property given (See instructions.) (d) Part I	No. from		FMV (or estimate	Dete received
No. (b) (c) (d) from Description of noncash property given (See instructions.) Date received			 \$	
	No. from		FMV (or estimate	Data received

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page
Name of o	organization		Employer identification number
MONMOUTH	H UNIVERSITY INC		21-0634584
Part III		a) through (e) and the following line en	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additiona	I space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	jift
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22		Schedule B (Form 990) (2022

SCHEDULE C Political Campaign a		and Lobbyir	Ind Lobbying Activities		
(Form 990)				2022	
	For Organizations Exempt From Income Tax Under section 501(c) and section 527				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				· Open to Public Inspection	
-		Form 990, Part IV, line 3, or I Iplete Parts I-A and B. Do not c		ine 40 (Political Campaigi	r Activities), then
		1(c)(3)) organizations: Complet	•	v. Do not complete Part I-B.	
 Section 527 organiza 					
If the organization answ	vered "Yes," on	r Form 990, Part IV, line 4, or I	Form 990-EZ, Part VI,	line 47 (Lobbying Activitie	es), then
 Section 501(c)(3) orga 	anizations that h	have filed Form 5768 (election u	under section 501(h)): C	Complete Part II-A. Do not c	omplete Part II-B.
 Section 501(c)(3) orga 	anizations that h	nave NOT filed Form 5768 (elec	tion under section 501	(h)): Complete Part II-B. Do	not complete Part II-A.
-		i Form 990, Part IV, line 5 (Pro	oxy Tax) (See separate	instructions) or Form 990)-EZ, Part V, line 35c (Proxy
Tax) (See separate instr					
 Section 501(c)(4), (5), Name of organization 	, or (6) organizat	ions: Complete Part III.		Em	ployer identification number
Name of organization		NIVERSITY INC		E	21-0634584
Part I-A Comple		anization is exempt une	der section 501(c)	or is a section 527 o	
	<u> </u>				<u> </u>
1 Provide a descriptio	n of the organiz	ation's direct and indirect politi	ical campaign activities	in Part IV.	
2 Political campaign a					\$
3 Volunteer hours for	, ,				
		-			
Part I-B Comple	ete if the org	anization is exempt une	der section 501(c)	(3).	
1 Enter the amount of	any excise tax	incurred by the organization ur	nder section 4955		\$
		incurred by organization managed			
		n 4955 tax, did it file Form 472	0 for this year?		
4a Was a correction ma					Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt und	der section 501(c)	except section 501	(c)(3)
-		•			\$
		I by the filing organization for s ization's funds contributed to c			Φ
exempt function act			0		\$
		. Add lines 1 and 2. Enter here			Ψ
-	-				\$
					Yes No
		nployer identification number (E			
		tion listed, enter the amount pa			
		omptly and directly delivered to			ate segregated fund or a
		additional space is needed, pro			
(a) Name	i.	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	
					delivered to a separate
					political organization. If none, enter -0
				1	1

For Pape ct Notice, see th dule C (Form 990)

232041 11-08-22

	MONMOUTH UNIVE				634584 Page 2				
Part II-A Complete if the org	anization is ex	cempt under section	1 501(c)(3) and file	d Form 5768 (ele	ction under				
section 501(h)).	section 501(h)).								
A Check if the filing organiza	tion belongs to an	affiliated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,				
expenses, and shar	re of excess lobbyi	ng expenditures).							
B Check if the filing organiza	tion checked box	A and "limited control" pro	visions apply.						
	ta an Labbuinn Fr			(a) Filing	(b) Affiliated group				
	ts on Lobbying Ex ditures" means ar	penditures nounts paid or incurred.)		organization's	totals				
(inclosing expense				totals					
1a Total lobbying expenditures to influ	uence public opinio	on (grassroots lobbying)			٥.				
b Total lobbying expenditures to influ	uence a legislative	body (direct lobbying)		115,592.	٥.				
c Total lobbying expenditures (add li	nes 1a and 1b)			115,592.	0.				
d Other exempt purpose expenditure				257,090,696.	0.				
e Total exempt purpose expenditure	s (add lines 1c and	1d)		257,206,288.	0.				
f Lobbying nontaxable amount. Ente	er the amount from	the following table in both	n columns.	1,000,000.	0.				
If the amount on line 1e, column (a) o	or (b) is: The	lobbying nontaxable amo	ount is:						
Not over \$500,000	20%	of the amount on line 1e.							
Over \$500,000 but not over \$1,000	0,000 \$10	0,000 plus 15% of the exce	ess over \$500,000.						
Over \$1,000,000 but not over \$1,5	00,000 \$17	5,000 plus 10% of the exce	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17,	000,000 \$22	5,000 plus 5% of the exces	ss over \$1,500,000.						
Over \$17,000,000	\$1,0	00,000.							
g Grassroots nontaxable amount (en	,			250,000.	0.				
h Subtract line 1g from line 1a. If zero	,			0.					
i Subtract line 1f from line 1c. If zero				0.					
j If there is an amount other than zer		or line 1i, did the organiza	ation file Form 4720	г					
reporting section 4911 tax for this		A	0	L	Yes No				
(Some organizations th		Averaging Period Under n 501(h) election do not l		f the five columns be	low				
		parate instructions for lin	•		10W.				
		penditures During 4-Yea	<u> </u>						
Calendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
(or fiscal year beginning in)									
2a Lobbying nontaxable amount	1,000,0	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b Lobbying ceiling amount	, ,		, ,	, ,	, ,				
(150% of line 2a, column(e))					6,000,000.				
c Total lobbying expenditures	114,6	109,203.	102,278.	115,592.	441,762.				
d Grassroots nontaxable amount	250,0	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount									
(150% of line 2d, column (e))					1,500,000.				

Schedule C (Form 990) 2022

232042 11-08-22

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
 1 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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d 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	n 501(c)(5)	, or sec	tion		
501(c)(6).			Ma a	N	
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th Part III-B Complete if the organization is exempt under section 501(c)(4), sectio		3	tion		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is	
1 Dues, assessments and similar amounts from members		. 1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
expenditures next year?		. 4			
5 Taxable amount of lobbying and political expenditures. See instructions		5			
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.

Schedule C (Form 990) 2022

232043 11-08-22

	IEDULE D		al Financial Statements		OMB No. 1	545-0047
(Form	990)		nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZU 2	22
	nent of the Treasury	A	Attach to Form 990.	-	Open to Inspect	o Public
	Revenue Service		0 for instructions and the latest information		r identificatio	
ame	of the organization	MONMOUTH UNIVERSITY INC		Employe	21-0634584	
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.	Complete if t	he
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds ar	nd other accou	unts
1	Total number at er	ld of year				
		contributions to (during year)				
		f grants from (during year)				
4	Aggregate value at	end of year				
5	Did the organizatio	n inform all donors and donor advisors in	writing that the assets held in donor advised t	funds		
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		. 🗌 Yes	No.
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only		
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring		
	impermissible priva				Yes	
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	t IV, line 7.		
2			fied conservation contribution in the form of a		easement on the second se	
а						
b						
	•		ucture included in (a)			
		vation easements included in (c) acquired a				
				2d		
		•	leased, extinguished, or terminated by the or		a the tax	
•	year			Jan Zation dann	gino tax	
4	-	where property subject to conservation easily as a subject to c	sement is located			
		ion have a written policy regarding the per				
	•	prcement of the conservation easements it			Yes	No.
6			handling of violations, and enforcing conserv			
		с, т с,			0,	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easements du	rina the vear	
		5, 1 5,	5		5 ,	
8	Does each conser	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)				Yes	No.
9	In Part XIII, describ		on easements in its revenue and expense sta			
		o	note to the organization's financial statements		the	
	organization's acc	ounting for conservation easements.				
Par	t III Organiza	tions Maintaining Collections of	f Art, Historical Treasures, or Othe	r Similar As	sets.	
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet v	works	
			olic exhibition, education, or research in furthe			

or art, nistorical treasures, or other similar assets held for public exhibition, education, or research in furth 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 (ii) Service

	(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, provid	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	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
232051	09-01-22	

Sche		NIVERSITY INC				21-063		Pa	age 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her Sin	nilar Assets	(continu		
3	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):								
а	X Public exhibition	d	X Loan or exc	hange program					
b	X Scholarly research	е	Other						
с	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt p	urpose in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?		X	Yes		No
Pa	t IV Escrow and Custodial Arran				" on Form	n 990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	-						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets	not incluc	led			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	U		Г		Amount		
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	XIII]
Pa									
		(a) Current year	(b) Prior year	(c) Two years ba		nree years back	(e) Four	years l	back
1a	Beginning of year balance	129,424,000.	137,970,000.	108,463,00	0. 10	9,097,000.	100,9	970,0	000.
b	Contributions	19,958,000.	4,090,000.	2,762,00	0.	3,134,000. 4,766,000			000.
с	Net investment earnings, gains, and losses	9,414,000.	-7,731,000.	31,389,00	0.	344,000. 7,23		234,0	000.
d	Grants or scholarships	1,765,000.	1,598,000.	1,496,00	0.	. 1,273,000.		1,264,000.	
	Other expenditures for facilities								
	and programs	3,839,000.	3,307,000.	3,148,00	0.	2,839,000.	2,6	509,0	.000
f	Administrative expenses								
g	End of year balance	153,192,000.	129,424,000.	137,970,00	0. 10	8,463,000.	109,0	097,0	000.
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	33.0000	%						
b	Permanent endowment 43.0000	%	_						
с	Term endowment 24.0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	or the				
	organization by:						<u>٦</u>	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
_4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	t X, line 1	0.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) Accum	ulated	(d) Book	value	3
	-	basis (investr	nent) basis	(other)	deprecia	ation			
1a	Land		17	,922,579.			17,9	922,5	579.
	Buildings			111,4	23,403.	. 130,049,7		718.	
	Leasehold improvements			,224,584.	2,0	54,657.		169,9	
	Equipment		36	,484,639.	27,5	24,143.	8,9	960,4	196 .
	Other		123	,950,552.	95,7	39,808.	28,2	210,7	744.
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part)	K. column (B). line 1	0c.)			187,3	313,4	464.
						Schedule	D (Form	990)	2022

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Schedule D (Form 990) 2022 MONMOUTH UNIVERSIT Part VII Investments - Other Securities.			-0634584 Page 3
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1b. 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	131,043,420.		
Part VIII Investments - Program Related.	131,043,420.		
Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) BOOK value	(c) Method of Valdation. Cost of end	oryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e 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)			1 1 -
(7)			
(8)			
(0)			
(3)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

21,329,995.

232053 09-01-22

Sche	dule D (Form 990) 2022 MONMOUTH UNIVERSITY INC		21-0634584	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.) Add lines 2a through 2d			
е 3	•			
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a		4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line. t XIII Supplemental Information.	<u>18.)</u>		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1.4: Part IV, lines 1b and 2b:	Dart V, line 4: Dart V, line 2: Dart	<u></u>
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		art v, inte 4, 1 art A, inte 2, 1 art	Λι,
PART	III, LINE 4:			
THE	MONMOUTH UNIVERSITY PERMANENT ART COLLECTION SERVES AS A	A VITAL		
TEAC	HING TOOL AND IS AN INTEGRAL ASSET TO THE DEPARTMENT OF	ART AND		
DEGT				
DESI	GN, THE UNIVERSITY CAMPUS AS A WHOLE, AND THE VISITING I	PUBLIC, THROUGH		
COMP	LIMENTING UNIVERSITY GALLERY EXHIBITIONS AND LECTURES AN	ND WORKSHOPS BY		
VISI	TING ARTISTS AND HISTORIANS, THE UNIVERSITY COLLECTION H	PROVIDES		
	,			
STUD	ENTS, FACULTY AND THE GENERAL PUBLIC AT LARGE WITH ACCES	SS TO IMPORTANT		
PIEC	ES OF ART. THE PERMANENT COLLECTION IS FREQUENTLY ON DIS	SPLAY,		
SHOW	CASING WORKS OF ART. THE UNIVERSITY COLLECTION IS ALSO N	MADE AVAILABLE		
TEMP	ORARILY, PER REQUEST, TO OTHER EDUCATIONAL INSTITUTIONS	FOR EXHIBITION		
ፈ እፓጉ	SCHULY BESEVEL BUD EAVEDLE MRE CULLECUTOR COMMANN	S SIIBSTANTAL		
	SCHOLARLY RESEARCH. FOR EXAMPLE, THE COLLECTION CONTAINS	D DODDIANITAL		
WORK	S BY LEWIS MUMFORD AND JACOB LANDAU. WITH PROPER APPROVA	ALS, THESE		
	V 09-01-22	, –	Schedule D (Form	990) 2022
_32005	34			,

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 D (Form 990) 2022

232055 09-01-22

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

Schools

OMB No. 1545-0047

Open to Public

Inspection

. Z

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or

Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

MONMOUTH UNIVERSITY II	NC
------------------------	----

21-0634584	
21 0034304	

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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?	1	х	
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?	2	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	3	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?	-		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		х	
	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:			
а	Students' rights or privileges?	5a		х
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?			Х
	Educational policies?	5e		Х
	Use of facilities?	5f		X
	Athletic programs?	5g		Х
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
		_		
		_		
		_		
		_		
	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?	6b		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	7	Х	
I HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	lule E (Fo	rm 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. DEPARTMENT OF THE ASSIST, U.S. DEPARTMENT OF NAVY, U.S. DEPARTMENT OF TREASURY (COVID-19 COMMUNITY GRANT RECOVERY PROGRAM, THE NATIONAL SCENIC AND ATMOSPHERIC ADMINISTRATION, NJ DEPARTMENT OF TREASURY, NJ DEPARTMENT OF TRANSFORTATION, AND OTHER FEDERAL AND STATE AGENCIES.	Page
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 DF NAVY, U.S. DEPARTMENT OF THEAJURY, NJ DEPARTMENT OF TRANSPORTATION,	
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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,	
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,	
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,	
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,	
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,	
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,	
OF NAVY, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL SCIENCE FOUNDATION, NJ DEPARTMENT OF TREASURY, NJ DEPARTMENT OF TRANSPORTATION,	
FOUNDATION, NJ DEPARTMENT OF TREASURY, NJ DEPARTMENT OF TRANSPORTATION,	
FOUNDATION, NJ DEPARTMENT OF TREASURY, NJ DEPARTMENT OF TRANSPORTATION,	
AND OTHER FEDERAL AND STATE AGENCIES.	
AND OTHER FEDERAL AND STATE AGENCIES.	

Department of the Treasury			Attach to Form 990.			Open	to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspe	
Name of the organization					Employer	identifi	cation number
MONMOUTH UNIVERSITY :					21-063		
		ctivities Out	side the United States. Comple	ete if the organ	ization answ	vered "Y	es" on
Form 990, Par 1 For grantmakers. Do		maintain record	ds to substantiate the amount of its gra	nts and other :	assistance		
-	-		he selection criteria used to award the			X	Yes 🗌 No
2 For grantmakers. De United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistan	ce outsid	de the
3 Activities per Region.	(The following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)			
(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If acti is a pro describe	vity listed in gram service specific typ (s) in the reg	e, De	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND							
THE CARIBBEAN	0	0	INVESTMENTS				11,912,918.
CENTRAL AMERICA AND		1				79	
THE CARIBBEAN	0	1	PROGRAM SERVICES	PROFESSION	AL SERVICE	55	58,687.
EAST ASIA AND THE PACIFIC	0	1	GRANTMAKING				133,051.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	STUDY ABROA	D PROGRAM	vī	129,272.
	0	1	I ROGRAM BERVICES	DIODI ADROP	ID I ROGRAF		125,272.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	STUDY ABROZ	AD PROGRAM	М	513,185.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	GRANTMAKING				267,455.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	ACADEMIC SU	JPPORT		2,048.
NORTH AMERICA	0	1	PROGRAM SERVICES	PROFESSION	AL SERVICE	ES	15,039.
3 a Subtotal		9		LIGI BOBION		-0-	13,031,655.
b Total from continuation sheets to Part I	on	3					41,583.
c Totals (add lines 3a							

Statement of Activities Outside the United States

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

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

0

12

Schedule F (Form 990) 2022

13,073,238.

OMB No. 1545-0047

192

232071 10-17-22

and 3b)

SCHEDULE F (Form 990)

Schedule F (Form 990) Part I Continua	MONMOUTH UNI		• (Schedule F (Form 990), Part I, line 3	21-0634584	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	 (Schedule F (Form 990), Part I, line 3 (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) 	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
OUTH AMERICA	0	1	PROGRAM SERVICES	STUDY ABROAD PROGRAM	27,700
SOUTH AMERICA	0	1	GRANTMAKING		12,633
SOUTH ASIA	0	1	PROGRAM SERVICES	RECRUITMENT	1,250
otals		3			41,583

232181 04-01-22

1 0 1 0 1 0	Part II Grants and Other Ass recipient who received	sistance to Organizations or Entitie d more than \$5,000. Part II can be du	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	the United States. additional space is ne	Complete if the or eded.	ganization answerec	"Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any eeded.	: any
Image: control of the line of t		IRS code section EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Image: Section of the sectio									
Image: Section of the section of th									
Image: Normal System Image: No									
Image: Section 2014 (S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS, or tor which the grantee or counsel has provided a section 501(S) organization by the IRS.									
Image: Sector									
I(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
I(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter >									
number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 1(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
	number of recipi (c)(3) organizati	ient organization: on by the IRS, or	s listed above that are re r for which the grantee o	ecognized as charities by the i	foreign country, r tion 501(c)(3) equ	ecognized as a tax ivalency letter			

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21-0634584 Page 3	es" on Form 990, Part IV, line 16.	(f) Amount of (g) Description of (h) Method of noncash noncash assistance (book, FMV, assistance aspraisal, other)	• o		0.	0.00	· · · · · · · · · · · · · · · · · · ·				o o	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement	ELECTRONIC		ELECTRONIC	33, 051. ELECTRONIC 12, 633. ELECTRONIC	ELECTRONIC	ELECTRONIC	ELECTRONIC	ELECTRONIC ELECTRONIC	ELECTRONIC ELECTRONIC	ELECTRONIC
		(d) Amount of cash grant	267,455 . E	L	133,USL. H. 133, USL.	.633.	• FE9		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	140 e 233 e	· · · · · · · · · · · · · · · · · · ·
the United State		(c) Number of recipients	24	10		1						
Grants and Other Assistance to Individuals Outside the United States.	Iditional space is needed	(b) Region	EUROPE (INCLUDING ICELAND & GREENLAND)	EAST ASIA AND THE	LALLF IC	FACTFIC SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA	SOUTH AMERICA SOUTH AMERICA	SOUTH AMERICA SOUTH AMERICA
	Part III can be duplicated if additional space is needed	(a) Type of grant or assistance	STUDY ABROAD STUDENTS									

232073 10-17-22

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)	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	X 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)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Schedule F (Form 990) 2022 MONMOUTH UNIVERSITY INC 21-0634584 Part V Supplemental Information 21-0634584	Page 5
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, colum	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instruction	IS.
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.	

232075 10-17-22

12550415 153424 0165922-00006

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivities	s [_	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				⁻ 19, or if	the	2022
Department of the Treasury		Attach to Form 990 o						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	he latest information			
Name of the organization		NIVERSITY INC					1-06345	entification number
Part I Fundrais		Complete if the organization answe	rod "V	'oe" or	Eorm 990 Part IV li			
	complete this part		reu r	85 01	r Form 990, Part IV, II		IIII 990-E2	lifers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	·	Ser is to b	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or ret fund	unt paid ained by) raiser n col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total				1				
		n is registered or licensed to solicit o		utions	or has been notified	it is exem	pt from re	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

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
			GALA	GOLF OUTING	6	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	COI. (C))
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.
	4	Cash prizes			2,719.	2,719.
	5	Noncash prizes		30,876.		30,876.
penses	6	Rent/facility costs		93,561.	44,516.	138,077.
Direct Expenses	7	Food and beverages	80,467.	292.	22,876.	103,635.
ē	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 li	ne 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.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	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	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
		· · ·				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	MONMOUTH UNIVERSITY INC	21-063458	4 Page 3
	Is the organization a grantor, be	aming activities with nonmembers? neficiary or trustee of a trust, or a member of a partner	rship or other entity formed	Yes No
	Indicate the percentage of game	ng activity conducted in:		res No %
				%
		he person who prepares the organization's gaming/sp	·····	///
	Name			
15a		ntract with a third party from whom the organization r	eceives gaming revenue?	Yes 🗌 No
			and the amount	
	of gaming revenue retained by t			
с	If "Yes," enter name and addres			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensatior	\$		
	Description of services provideo			
	Director/officer	Employee Independent cont	ractor	
а	retain the state gaming license? Enter the amount of distribution	er state law to make charitable distributions from the g		Yes 🗌 No
Pa		ities during the tax year \$ rmation. Provide the explanations required by Part s applicable. Also provide any additional information.		es 9, 9b, 10b,
	130, 130, 10, and 170,			
23208	33 10-27-22	16	Schedule G (I	Form 990) 2022

	MONMOUTH UNIVERSITY INC	21-0634584 Pa
art IV Supplem	nental Information (continued)	
		Schedule G (Form

12550415 153424 0165922-00006

SCHEDULE I (Form 990)			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.	 I Other Assistance to Organizations, :s, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2 	te to Organi s in the Unit on Form 990, Pari	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection
Name of the organization	MONMOUTH UNIVERSITY INC	Y INC						Employer identification number 21-0634584
Part I General Infor	General Information on Grants and Assistance	sistance						
1 Does the organizatic	Does the organization maintain records to substantiate the amount of the	stantiate the		or assistance, the g	rantees' eligibility .	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to awa	criteria used to award the grants or assistance?	ن						X Yes No
2 Describe in Part IV t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	es for monito	pring the use of grant fu	unds in the United	States.			
Part II Grants and O recipient that	Grants and Other Assistance to Domestic Organizations and Domestic Governments. recipient that received more than \$5,000. Part II can be duplicated if additional space is nee	stic Organiz). Part II can t	ations and Domestic (omplete if the orga d.	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, for any
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 DAMMMERY DIACU CHITME 015 _ NEW	TION FOR MENT RESEARCH - HITTE 015 - NEW							CARPII (NY/NJ HARBOR
YORK, NY 10004	MANI - CTC	13-3089956	501(C)(3)	427,488.	0.			SUBRECIPIENT 1)
THE CITY OF LONG BRANCH 344 BROADWAY LONG BRANCH MJ 07740		- 6000806	21 - 60.00.80.6 2007ER NIMENUT	88 7 88	c			стироории Стироории
RA C				~				
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 03102	я	02-0222182	501(C)(3)	14,524.				ORSTED (OCEAN WIND GRANT SUBRECIPIENT 1)
BOROUGH OF WEST LONG BRANCH 967 BROADWAY WEST LONG BRANCH, NJ 07764		-6001351	21-6001351 GOVERNMENT	12,268.	0.			GENERAL SUPPORT
TRINITY HALL 101 CORREGIDOR ROAD TINTON FALLS, NJ 07724	724	45-4641636 501(C)(3)	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		-6002193	22-6002193 GOVERNMENT	و (000 .				GRUNIN FOUNDATION SOCIAL JUSTICE ACA GRANT SUBRECIPIENT
2 Enter total number o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment org	anizations listed in the	line 1 table				
3 Enter total number of	Enter total number of other organizations listed in the line 1 table	d in the line 1	table					1.
LHA For Paperwork Re	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	he Instructio	ins for Form 990.					Schedule I (Form 990) 2022

232101 10-31-22

Page 1		f grant Ice	NN SOCIAL VT					Schedule I (Form 990)
21-0634584	-	(h) Purpose of grant or assistance	GRUNIN FOUNDATION SOCIAL JUSTICE ACA GRANT SUBRECIPIENT					Schedule
	t II.)	(g) Description of non-cash assistance						
	dule I (Form 990), Par	 (f) Method of valuation (book, FMV, appraisal, other) 						
	vernments (Sche	(e) Amount of noncash assistance	.0					
	and Domestic Gc	(d) Amount of cash grant	5,300.					
	nestic Organizations	(c) IRC section if applicable						
ERSITY INC	Assistance to Don	(b) EIN	22-3321703					
Schedule I (Form 990) MONMOUTH UNIVERSITY INC	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	OLD BRIDGE TOWNSHIP EDUCATION FOUNDATION - 4207 ROUTE 516 - MATAWAN, NJ 07747					

Schedule I (Form 990) 2022 MONMOUTH UNIVERSITY INC	IJ				21-0634584 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	. Complete if the	organization answe	sred "Yes" on Form 99	00, Part IV, line 22.	
(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
	о С Ч	659 E60 95	c		
באססטנים אטוויסי האווסיסול פסוסספוואפ עסגדודעווג					
PRESIDENT'S RELIEF FUND GRANT	م م				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	litional information.	
PART I, LINE 2:					
MONMOUTH UNIVERSITY GRANTS AND OTHER ASSISTANCE TO	ORGANIZATIONS	IS ARE MODEST			
AND ARE APPROVED BY OUR OFFICE OF PUBLIC AFFAIRS AN	AND MONITORED BY	ВҮ ТНЕ			
PRESIDENT'S CABINET. GRANTS AND OTHER ASSISTANCE TO	O INDIVIDUALS	TAKE THE			
FORM OF SCHOLARSHIPS TO OUR STUDENTS. THE SOURCE OF	OF FUNDING OF	OF THESE			
SCHOLARSHIPS MAY BE UNIVERSITY INSTITUTIONAL FUNDS,	, GOVERNMENT FUNDS	FUNDS OR			
DONOR FUNDS. UNIVERSITY FUNDED SCHOLARSHIPS ARE ADM	ADMINISTERED BY	THE			
UNIVERSITY'S ADMISSIONS OFFICE, BOTH GRADUATE AND UNDERGRADUATE	UNDERGRADUATE	, AND			
AWARDED USING A CALCULATION DRIVEN BY FRIOR ACADEMIC FERFORMANCE	IC PERFORMANC	ы			
232102 10-31-22		С Ц			Schedule I (Form 990) 2022

MONMOUTH UNIVERSITY INC

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.

Schedule I (Form 990)

232291 04-01-22

(Form 990) For certain Officers, Drestors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 900. Department of the Theory Transmostation Department of the Theory Transmostation Department of the Theory Transmostation Department of the Theory Transmostation Employer identification number 21:-0534584 9 Check the appropriate box(es) if the organization provided any of the following to of or a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 9 Check the appropriate box(es) if the organization provided any of the following to of or a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No 9 First class or charter travel Payments for buildings account Personal seddence Payments for buildings account Yes No 2 Diff any of the boxes on line 1a are checked, did the organization tollow a written policy regarding payment or reimbursement or provision of all of the expenses described abox? If 'No,' complete Part III to explain 1b X 2 Indicate which, if any, of the following the organization tollow a written policy regarding payment or reimbursement or provision committee 1b X 4 During the year, (di any person listed on Form 990, Part VII,	sc	HEDULE J	Compensation Information	1	OMB No.	1545-004	47
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a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X 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: 6a X a The organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 7 X g Were any amounts reported 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 7 X	4						
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c Participate in or receive payment from an equity-based compensation arrangement? 4c X if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 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: 6a X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 sect	a						┝───
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: total contract the person of the pe							<u> </u>
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? contingent on the net earnings of: The organization? a The organization? b Any related organization? contingent on the net earnings of: End organization? a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 6a X 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 7 X 8 X	С				. <u>4c</u>		X
 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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X 		If "Yes" to any of lin	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
 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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X 		Only costion 501/s					
contingent on the revenues of: Image: State of the image: St	F						
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X	5			511			
b Any related organization? 5b X 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: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X	-	÷			50	_	x
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 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	d h		ation?		5a 5h		<u> </u>
 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 	D				55		
contingent on the net earnings of: Image: Contingent on the net earnings of: a The organization? 6a b Any related organization? 6b 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	6			n			
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 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 7 X 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 8 X	0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
 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 8 X 	-				62		x
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	h	Any related organiz	ation?		6b		<u> </u>
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 					50		
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 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 8 X	7			5			
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 8 X	•				7	х	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8						
	5				8		x
9 IT "Yes" on line 8, did the ordanization also follow the reputtable presumption procedure described in	9		id the organization also follow the rebuttable presumption procedure described in				
Regulations section 53.4958-6(c)?	-				9		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2022	LHA					n 990)	2022

232111 10-18-22

INC	
UNIVERSITY	
MONMOUTH	
orm 990) 2022	
Schedule J (F	

21-0634584

Page 2

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

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

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

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

232112 10-18-22

Schedule J (Form 990) 2022 MONMOUTH	Ю	MONMOUTH UNIVERSITY INC			21-0634584			Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	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.	e rep orm 9	oorted on Schedule J 190, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	s, described in the instr	uctions, on row (ii).
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.	d ind	lividual must equal th	e total amount of Fo	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	ridual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) RICHARD F. VEIT, JR.	(i)	183,575.	.0	502.	15,506.	43,694.	243,277.	.0
		•0	.0	•0	•0	•0	•0	.0
(18) CHARLENE K. DIANA - ACTING VP	Ξ	206,470.	.0	548.	16,704.	13,324.	237,046.	.0
& GENERAL COUNSEL (AS OF 09/2022)	(ii)	0.	0.	0.	.0	.0	0.	.0
	(i)							
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							Schedu	Schedule J (Form 990) 2022

232112 10-18-22

Schedule J (Form 990) 2022 MONMOUTH UNIVERSITY INC	21-0634584 Page 3	e 3
ormation		
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.	s part for any additional information.	
PART I, LINE 1A:		
HOUSING ALLOWANCE OR RESIDENCE		
BENEFIT AND C		
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 J (Form 990) 2022	022

OMB No. 1545-0047	
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2022	
Open To Public	

SCHEDULE L		Tra	Insactior	ıs V	Vith	Interested	Persons			ON	/IB No. ⁻	1545-004	47
(Form 990)	Complete if t	he org				on Form 990, Part •EZ, Part V, line 38a		6, 27, 2	8a,		2	02	2
Department of the Treasury Internal Revenue Service	Go	to ww	Attac	h to F	orm 9	90 or Form 990-EZ. ructions and the lat				-	pen T spect	o Pub ion	lic
Name of the organization										r identi	ificati	on nu	mber
Part I Excess I			ERSITY INC			ion 501(c)(4), and se	ation 501(2)(20) are			34584			
						art IV, line 25a or 25t							
1 (a) Name of disqual			Relationship betv	ween o	disqual	ified	c) Description of tra				(d)	Corre	cted?
			person and or	rganiza	ation			ansactic			Y	es	No
											-	_	
2 Enter the amount o section 4958			0	•			0,		¢				
3 Enter the amount o						ganization							
	and/or Fror												
	f the organization					, Part V, line 38a or F	Form 990, Part IV, I	ine 26; (or if th	e orga	nizatio	n	
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	oan to or	(e) Original	(f) Balance due	(g) In	(h) Ap		(i) W	/ritten
interested person	with organ	ization	of loan		n the ization?	principal amount		defa	ault?	cómm		agree	ment?
				To	From			Yes	No	Yes	No	Yes	No
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								_					<u> </u>
								_					<u> </u>
Total						<u> </u> \$							<u> </u>
	or Assistance	Ben	efiting Inter	este	d Per								
Complete i	f the organizatio	n ansv	vered "Yes" on I	Form 9	990, Pa	rt IV, line 27.							
(a) Name of intere	sted person		(b) Relationship interested pers the organiza	son an		(c) Amount of assistance	(d) Typ assista) Purp assista	ose of ance	f
			-										
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		_											
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

232131 11-01-22

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	organiz	aring of zation's nues?
				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 L (Form 990) 2022

232132 11-01-22

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number

21-0634584

22

Department of the Treasury Internal Revenue Service

I

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 for instructions and the latest information.

Open to Public Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

_		1 1110					-	
Pa	rt I Types of Property				ſ			
		(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 de noncash contribu	termini	•	5
1	Art - Works of art	X	2		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	Х	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	Х	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			10.000				
25	Other (<u>MUSICAL INSTRU.</u>)	X	1	, ,	EXPERT OPINION			
26	Other (ART EQUIPMENT)	X	1	,	SELLING PRICE			
27	Other (<u>MEDICAL EQUIP</u> ,)	X	1	3,000.	F.WA			
28	Other ()							
29	Number of Forms 8283 received by the organiz						0	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement				N
	Duving the upper did the superingtion provides by			autod in Daut I. Jinan 1 thursun			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					20-2	_	х
h	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that re	ouires the review (of any nonstandard contribut	ions?	21	x	
31 32a						31		
	Does the organization hire or use third parties of contributions?					32a	x	
	If "Yes," describe in Part II.							
22	If the organization didn't report an amount in co	alumn (c) foi	r a type of property	(for which column (a) is choo	skod			

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

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Schedule M (Form 990) 2022 MONMOUTH UNIVERSITY INC

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 M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 21-0634584

MONMOUTH UNIVERSITY INC

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. 232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	
Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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	
	Sahadula () (Farm 000) 00

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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	0.1.1.1.0 (7
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2022.05080 MONMOUTH UNIVERSITY INC 01659221

Schedule O (Form 990) 2022	
Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
	•
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

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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.	
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Name of the organization	Employer identification number
MONMOUTH UNIVERSITY INC	21-0634584
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	

lame of the organization	Employer identification number
MONMOUTH UNIVERSITY INC	21-0634584
OMPENSATION 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	
INUTES CONCERNING SUCH ACTIONS. EACH COMMITTEE REVIEWS AND APPROVES THE	
IINUTES FOR ITS RESPECTIVE COMMITTEE, AND THE FULL BOARD OF TRUSTEES	
EVIEWS AND APPROVES THE MINUTES FROM THE FULL BOARD MEETING.	
ORM 990, PART VI, SECTION C, LINE 19:	
HE UNIVERSITY DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL	
TATEMENTS AVAILABLE TO THE GENERAL PUBLIC. THE UNIVERSITY'S CONFLICT OF	
INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.	
INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.	
INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.	
INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.	
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INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.	
INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.	
INTEREST POLICY AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.	

SCHEDULE R (Form 990) Col Department of the Treasury Internal Revenue Service	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 for instructions and the latest information.	Inizations and Unrelated Partnerships answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 3 Attach to Form 990. W/Form990 for instructions and the latest information.	rtnerships ne 33, 34, 35b, 36, information.	, or 37.		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the organization MONMOUTH UNIVERSITY	INC				Employer identification number 21-0634584	ication number L
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	mplete if the organization answered "Yes"	on Form 990, Part IV, line 3	S.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	anizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exe	ampt
(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?
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	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ctions for Form 990.		_		Schedule R	Schedule R (Form 990) 2022

232161 09-14-22 LHA

Page 2		(j) (k) General or Percentage managing partner? Yes No			e related	(i) Section 512(b)(13) controlled entity? Yes No			990) 2022
4584	nore related	(j) General or F managing le partner? 5) Yes No			d one or mor	(h) Percentage ownership			Schedule R (Form 990) 2022
21-0634584	on Form 990, Part IV, line 34, because it had one or more related	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of F end-of-year assets			Sched
	34, because	(h) Disproportionate allocations? Yes No			art IV, line 34				-
	Part IV, line	(g) Share of end-of-year assets			orm 990, Pa	(f) Share of total income			
	on Form 990,				red "Yes" on F	(e) Type of entity (C corp, S corp, or trust)			
	"Yes"	(f) Share of total income			ion answer				-
	ation answe	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			e organizat	(d) Direct controlling entity			
	the organiz	(Predomina (related, excluded fro sections			mplete if th	(c) Legal domicile (state or foreign country)			α Υ
	rship. Complete if the organization answered	(d) Direct controlling entity			or Trust.	(b) Primary activity			
c	is a Partne X year.	(c) Legal domicile (state or foreign country)			is a Corpo ig the tax y	Prima			
MONMOUTH UNIVERSITY INC	anizations Taxable a tnership during the ta	(b) Primary activity			anizations Taxable a	Ze			
Schedule R (Form 990) 2022 MONMOUT	Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			232162 09-14-22
Sch	Pa				Pa				23216

Schedule R (Form 990) 2022 MONMOUTH UNIVERSITY INC

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Page 3

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

M. + + + : : : : : : : : : : : : : : : :						
			9 = = - -		Tes	ŝ
1 During the tax year, did the organization engage in any of the following transactions	is with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a	~	×
b Gift, grant, or capital contribution to related organization(s)				1b	-	×
(s)				4		X
				7	ĥ	×
				2		⊳
e Loans or loan guarantees by related organization(s)				le		₄ [
],
f Dividends from related organization(s)				ŧ	-	×
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				ł	~	X
i Exchange of assets with related organization(s)				1i	-	×
i Lease of facilities equipment or other assets to related organization(s)				÷		×
				-		
k Lease of facilities, equipment, or other assets from related organization(s)				1k	<u> </u>	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			II	х	
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			1 T	~	X
n Sharing of facilities. equipment. mailing lists, or other assets with related organization(s)	ion(s)			1	X	ĺ
					X	l
				2		
 Beimbursement paid to related organization(s) for expenses 				ŧ		×
					×	
				?		
r Other transfer of cash or property to related organization(s)				÷		 ×
				- st		×
	vho must complete thi	s line, including covered r	elationships and transaction thresholds.	2	-	
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
 BRUCE SPRINGSTEEN ARCHIVES & CENTER 	0	388,711.	COST			
(2) BRUCE SPRINGSTEEN ARCHIVES & CENTER	ð	928,517.	SELLING PRICE			
(4)						

Schedule R (Form 990) 2022

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(6) 232163 09-14-22

Page 4		(ənu	(j) (k) General or Percentage managing ownership <u>partner?</u> ownership				
		ss reve	(j) General or F managing partner? Yes NO				
4584		ır gros	Gen Gen 1 Pat				
21-0634584		total assets c	(i) Code V-UBI amount in box 20 n (Form 1065)				Cohodi
		sured by	Dispropor- tionate allocations?				
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(g) Share of end-of-year assets				
	ie organization answered "Yes" on Form 990, Part IV, line 37.	than five percent	(f) Share of total income				
	on Form	ted more	(e) Are all 501(c)(3) orgs.?				
	"Yes"	onduct ips.	<u> </u>				
	zation answered	le organization co stment partnershi	(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
		ip through which th ion for certain inves	(c) Legal domicile (state or foreign country)				
MONMOUTH UNIVERSITY INC	le as a Partnership. Co	ntity taxed as a partnersh ructions regarding exclus	(b) Primary activity				
Schedule R (Form 990) 2022 MONMOUTH	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22