Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 201	9 calendar year, or tax year begin	nning 07/	01 ,2019	, and	ending			06	/30 ,20	20		
B c	heck if ap	oplicable:	C Name of organization MONMOUTH UNIVERSITY IN	NC				D	Employer id	entific	cation num	ber		
	Addre		Doing Business As MONMOUTH UN					1	21-0634	1584	4			
	chang	ge e change	Number and street (or P.O. box if mail is		s)	Room/	/suite	E	Telephone n					
	+	return	400 CEDAR AVENUE					(732) 57	1 – 3	3407			
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code				<u> </u>						
	Amen	nded	WEST LONG BRANCH, NJ (G	Gross receip	ts \$	345.	997	836.	
		cation	F Name and address of principal officer:	PATRICK F. LE	AHY			_	a) Is this a gro			Yes	X No	
	pendi	ing	400 CEDAR AVENUE, WEST			4-18	98	HA	subordinates b) Are all subord		ncluded?	Yes	No	
$\overline{}$	Tax-ex	empt st	<u> </u>) ◀ (insert no.)	4947(a)(1)		527	٠٠,٠			t. (see instruc	,		
		_ '	WWW.MONMOUTH.EDU) (mocreno.)	4347 (d)(1)	OI	327	Н(c) Group exem			,		
				Association Other	,	- II	Year of form:	,	1948 M			micile.	NJ	
	art I		mmary	7 to occidation			Tour or rolling	<u> </u>		Otato	or rogar do	mono.		
			y describe the organization's mission or	r most significant activities	· MONMO	UTH I	UNIVERS	ITY	ISAC	OMP	REHENS	IVE		
ø	'		TITUTION OF HIGHER EDUCA											
anc			INTEGRITY IN TEACHING,											
ern	2		k this box if the organization di						its net asset					
Governance	1		per of voting members of the governing	-	•					₃			33.	
	4	Numb	per of independent voting members of t	he governing body (Part \	/L line 1h)			• •		4			31.	
ties			number of individuals employed in cale							5		3,	560.	
Activities &			number of volunteers (estimate if necess							6			778.	
Ac	7a	Total	unrelated business revenue from Part V	III. column (C). line 12						7a		440	,235.	
			nrelated business taxable income from I							7b		115	,375.	
				, -					rior Year		Curr	ent Ye	ar	
•	8	Contr	ibutions and grants (Part VIII, line 1h)				\neg	9	9,826,23	36.	13	,531	,426.	
Revenue			am service revenue (Part VIII, line 2g)		COP	Y FOR		248	3,238,36	52.	241	, 339	,413.	
eve	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC II	NSPEC	TION	8	3,933,82	21.	6	,383	,865.	
œ			revenue (Part VIII, column (A), lines 5,						865,04	19.		562	,313.	
			revenue - add lines 8 through 11 (must					267	7,863,46	8.	261	,817	,017.	
			s and similar amounts paid (Part IX, colu					74	1,145,14	10.	78	,631	,751.	
			fits paid to or for members (Part IX, colu				0.			0 .				
Ś	4.5		ies, other compensation, employee bene					121	L,994,84	17.	124	,020	,733.	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				0.					0 .	
×	b	Total	fundraising expenses (Part IX, column (I	O), line 25) ▶ 3,	178,707	7.								
Ш	17		expenses (Part IX, column (A), lines 11						3,479,07		57,422,446			
			expenses. Add lines 13-17 (must equal						,619,06		260	,074	,930.	
			nue less expenses. Subtract line 18 from					8	3,244,40	7.	1	,742	,087.	
Net Assets or Fund Balances							Begi	innin	g of Current \	Year	End	of Yea	r	
sets	20	Total	assets (Part X, line 16)					412	2,411,08	32.	405	,562	,336.	
t As	21	Total	liabilities (Part X, line 26)					49	706,25	52.		•	,622.	
P. P.	22	Net as	ssets or fund balances. Subtract line 21	from line 20				362	2,704,83	30.	362	,482	,714.	
Pa	ırt II	Si	gnature Block											
			of perjury, I declare that I have examined thi complete. Declaration of preparer (other than							f my l	knowledge	and be	lief, it is	
Tiuc	5, 00110	T and	complete. Declaration of preparer (other than	onicer) is based on an imon	nation of win	icii piep	Darei flas ariy	KIIOW	leage.					
C:~														
Sig He			Signature of officer						Date					
пе	E													
			Type or print name and title											
Paic	1		Type preparer's name	Preparer's signature		Da			Check	J "	PTIN			
	a parer	DAN	IEL ROMANO		•	5	5/7/2023	1	self-employ		P00504			
	Only	Firm's	s name GRANT THORNTON L		Fir	···· • -··· •		605555						
	y		s address > 757 THIRD AVENUE, 3RD F1	LOOR NEW YORK, NY 1001	7-2013			Ph	ione no.	212	-599-0	100		
May	the I	RS dis	scuss this return with the preparer show	n above? (see instructions)						. X Ye	_	No	
For	Pape	rwork	Reduction Act Notice, see the separat	e instructions.							Forn	n 990	(2019)	

Pa		nt of Program Servic Schedule O contains	e Accomplishments a response or note to any line in th	is Part III	X							
1	Briefly describe the organization's mission: ATTACHMENT 1											
2			nificant program services during t									
3	If "Yes," describe to Did the organiza	hese new services on tion cease conductii	Schedule O. ng, or make significant changes	s in how it conducts, any pro	ogram							
4	services?											
			for each program service reported		and anotations to others,							
4a	(Code:ATTACHMENT		8,934,501. including grants of \$	78,631,751.) (Revenue \$	241,339,413.							
4b	(Code:) (Expenses \$	o. including grants of \$	0) (Revenue \$	0)							
4c	(Code:) (Expenses \$	o. including grants of \$	o) (Revenue \$	0)							
4d	Other program se (Expenses \$	rvices (Describe on So		evenue \$								
4e	Total program ser		218,934,501.	,								

JSA 9E1020 2.000 4843DK 700J Form **990** (2019) V 19-8.3F 0165922-00006 PAGE 3 Form 990 (2019)
Part IV Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	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
	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	
	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	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		Σ
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	tid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
	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		Х
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	/II, VIII, IX, or X as applicable.			
I	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
	id the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
0	f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
I	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
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
r	eported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		2
С	oid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
Γ	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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Σ
	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	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Σ
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Σ
	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	X	
	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		Σ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		2
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	demonstration and an extension of the contract	21	X	
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			

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Part	Checklist of Required Schedules (continued)		Vaa	Na.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
_	9 , 0	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	00-	Х	
h	"Yes," complete Schedule L, Part IV	28a 28b	X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c	Х	
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,"	22		Х
33	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26	Х	
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	21	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	 ,		<u>. [</u>
	Estable sumbar asserted in Day 2 of Farm 1000 Fater 0 Wastered in Day 3		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Ü	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030		_		(2019)
	4843DK 700J V 19-8.3F 0165922-00006		PI	AGE !

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter 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 3,560			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			i
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		- 21
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	v	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			i
а	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
				i
	Gross income from members or shareholders			i
	Gross income from other sources (Do not net amounts due or paid to other sources			i
	against amounts due or received from them.)			i
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			i
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			i
b	the organization is licensed to issue qualified health plans			i
^	Enter the amount of reserves on hand			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		v	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		X
	one or more members of the governing body?	7a		^
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			X
_	stockholders, or persons other than the governing body?	7b		^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	X	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	on		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		X
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	_	.)	21
Jecu	on b. I oncies (This Section B requests information about policies not required by the internal Nevenue	Code	·/ Yes	No
40-	Did the consciention have lead about the bounded on office to 2	10a		X
	Did the organization have local chapters, branches, or affiliates?	104		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	ıια		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?			
C		12c	Х	
12	describe in Schedule O how this was done	13	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			. ,
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MARY BYRNE 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764-1898 732-571-3407	s 🕨		

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither	the organization nor	anv related	dorganization	compensated	l anv current off	icer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)GREY J. DIMENNA	70.00									
PRESIDENT (THROUGH 7/31/19)	0.	Х		Х				527,471.	0.	52,334.
(2)KING D. RICE	40.00									
HEAD BASKETBALL COACH	0.					Х		512,909.	0.	61,899.
(3)WILLIAM CRAIG	55.00									
VP FOR FINANCE	0.			Х				314,901.	0.	53,493.
(4)DONALD MOLIVER	40.00									
DEAN - SCHOOL OF BUSINESS	0.					Х		291,134.	0.	50,189.
(5) PATRICK F. LEAHY	70.00									
PRESIDENT (AS OF 8/1/19)	0.	Х		Х				290,498.	0.	47,218.
(6) PATRICIA SWANNACK	55.00									
VP FOR ADMINISTRATIVE SERVICES	0.			Х				286,262.	0.	47,853.
(7) JONATHAN MEER	55.00									
VP FOR UNIVERSITY ADVANCEMENT	0.			Х				257,220.	0.	74,968.
(8) LAURA MORIARTY (THRU 7/31/19)	55.00									
PROVOST & VP ACA.AFF.	0.			Х				286,255.	0.	33,932.
(9) ROBERT MCCAIG	55.00									
VP ENROLLMENT MGMT	0.			Х				263,114.	0.	52,766.
(10) EDWARD CHRISTENSEN	55.00									
VP/INFORMATION MANAGEMENT	0.			Х				226,533.	0.	87,171.
(11) JOHN CHRISTOPHER	55.00									
VP & GENERAL COUNSEL	0.			Х				259,250.	0.	51,557.
(12) MARILYN MCNEIL	55.00									
VP/DIRECTOR ATHLETICS	0.	1		Х				254,277.	0.	51,394.
(13) THOMAS S. PEARSON	40.00									
PROFESSOR	0.					Х		236,500.	0.	48,028.
(14) KENNETH WOMACK	40.00									
DEAN-SCHOOL OF HUMANITIES	0.					Х		239,611.	0.	42,084.

Form **990** (2019)

9E1041 2.000

JSA

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ploy	yee	es, a	and F	ligl	hest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not che unless er and	s per a di	tion more son i	than o s both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) PATRICK MURRAY	40.00									
DIRECTOR/POLLING INSTITUTE	0.					Х		227,780	0.	47,569
16) MARY ANNE NAGY	55.00									
VP FOR STUDENT SERVICES	0.			Х				250,497	0.	21,358
17) REKHA DATTA (AS OF 8/1/19)	55.00									
INTERIM PROVOST/FACULTY	0.			Х				201,506	0.	37,235
18) WILLIAM O. GEORGE, III	2.00									
TRUSTEE/ADJ. PROF(THRU 5/20)	0.	Х						10,750	0.	290
19) MICHAEL A. PLODWICK	7.00									
TRUSTEE AND CHAIRMAN	0.	Х		Х				0	0.	0
20) JEANA M. PISCATELLI	5.00									
TRUSTEE AND VICE CHAIRMAN	0.	Х		Х				0	0.	0
21) JOHN A. BROCKRIEDE, JR.	5.00									
TRUSTEE AND VICE CHAIRMAN	0.	Х		Х				0	0.	0
22) CHRISTOPHER D. MAHER	5.00									
TRUSTEE AND TREASURER	0.	Х		Х				0	0.	0
23) CAROL A. STILLWELL	5.00									
TRUSTEE AND SECRETARY	0.	Х		Х				0	0.	0
24) MICHAEL V. BENEDETTO	1.00									
TRUSTEE (AS OF 7/1/2019)	0.	Х						0	0.	0
25) FRANCIS V. BONELLO	2.00									
TRUSTEE	0.	Х						0	0.	0
1b Sub-total							▶	4,936,468.	0.	861,338.
c Total from continuation sheets to Part VII, S	ection A					• •	•	0.	0.	0.
d Total (add lines 1b and 1c)	_			• •		• •	•	4,936,468.	0.	861,338.
2 Total number of individuals (including but not							o re	ceived more than	\$100.000 of	
reportable compensation from the organization						,			,	
										Yes No
3 Did the organization list any former office	er directo	r. or	trus	stee	e. k	ev e	emp	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the sorganization and related organizations groups										
individual								•		4 X
5 Did any person listed on line 1a receive or										

Section B. Independent Contractors

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

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 44

Form **990** (2019)

JSA 9E1055 1.000 Χ

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	nplo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	continu	ıed)	
(A) Name and title	(B)				C)			(D) Reportable	(E) Reportable		(F)	-d
Name and title	Average hours per	(do ı	not ch		ition more	e than o	ne	compensation	compensation from		Estimated Imount o	
	week (list any					is both		from	related		other	
	hours for related	-				tor/truste		the	organizations	1	mpensati from the	
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest cc employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio	
	below dotted	dual	utior	4	mpl	st c	Ф	(***-2/1033-141100)			nd relate	
	line)	trus	al tr		уее	compensated ee				org	ganizatio	ns
		tee	uste		-	ensa						
			Ф			ated						
26) THOMAS D. BYER	1.00											
TRUSTEE	0.	Х						0	0.			0
27) JOHN C. CONOVER, III	2.00											
TRUSTEE	0.	Х						0	0.	<u> </u>		0
28) KARYN F. CUSANELLI	2.00								_			_
TRUSTEE	0.	X						0	0.			0
29) MARY VADEN EISENSTADT	1.00											0
TRUSTEE	0.	X						0	0.			0
30) DENIS J. GALLAGHER	1.00							0				0
TRUSTEE (AS OF 7/1/2019) 31) STEPHEN E. GERARD	1.00	X						0	0.	<u> </u>		0
TRUSTEE	1.00	X						0	0.			0
32) MARIANNE HESSE	2.00	Λ						0	. 0.			
TRUSTEE	12:00	X						0	0.			0
33) LESLIE HITCHNER	2.00	21						0				
TRUSTEE	10.	X						0] 0.			0
34) FREDERICK J. KAELI, JR.	1.00											
TRUSTEE	† ₀ .	Х						0] 0.			0
35) RAYMOND KLOSE	1.00											
TRUSTEE	0.	Х						0	0.			0
36) NANCY A. LEIDERSDORFF	1.00											
TRUSTEE	0.	Х						0	0.			0
1b Sub-total							>	0.	0.			0.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not				d al	bov	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶	238	3									1
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	sation	n ar	nd other compens	sation from the			
organization and related organizations gr	eater than	\$15	0,0	00?) If	"Yes	,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ıle J	I for	such	per	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	nat received more	e than \$100,000 c)[

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2019)

JSA 9E1055 1.000

Part VII Section A. Officers, Directors, 7	Trustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than or is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated mount o other npensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	from the organization and related organizations	
37) DEAN Q. LIN	1.00											
TRUSTEE	0.	Х						0	0.			(
38) ERIK W. MATSON	1.00								_			_
TRUSTEE (THRU 10/3/19)	0.	X						0	0.			(
39) LISA MCKEAN	1.00											,
TRUSTEE	0.	X						0	0.			(
40) HENRY D. MERCER, III TRUSTEE	1.00							0	0.			
41) THOMAS J. MICHELLI	2.00	X						0	. 0.			
TRUSTEE	$\frac{2.00}{0.}$	x						0	0.			
42) VALERIE MONTECALVO	1.00							0	. 0.			
TRUSTEE		X						0	0.			
43) ANTOINETTE M. MUSORRAFITI	1.00							0	·			
TRUSTEE		X						0	0.			
44) TAVIT O. NAJARIAN	2.00											
TRUSTEE		Х						0	0.			
45) ROBERT B. RUMSBY	1.00											
TRUSTEE	0.	Х						0	0.			
46) CHRISTOPHER SHAW	1.00											
TRUSTEE	0.	Х						0	0.			
47) WEBSTER B. TRAMMELL, JR.	2.00											
TRUSTEE	0.	Х						0	0.			
1b Sub-total								0.	0.			0
c Total from continuation sheets to Part VII,							\blacktriangleright					
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but no				d a	bove	e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organizat	tion >	238	3								T.,	
						_					Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	00?) If	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive										•		
for services rendered to the organization? If Section B. Independent Contractors										5		Х
	mnoncotod :	ndon	2040	nt	005	tracto	rc +	hat received man	than \$100 000 a			
1 Complete this table for your five highest co	ımpensated I	паере	enae	JIIt	con	และเอเ	เรโ	nat received more	; แเลก จาบบ,บบบ C	ונ		

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2019)

JSA 9E1055 1.000

Part VII Section A. Officers, Directors, Tru	istone Ka	E.~	nolo	W04	06	and L	Ji~i	hest Component	ad Employees /		age 8
(A)		y ⊑ii	ipic		es, C)	and r	ııgı	(D)		1	
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	sition more	e than o is both or/trust	an	Reportable compensation from the	(E) Reportable compensation from related organizations	Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatio and related organization	ł
48) PAUL W. CORLISS	1.00	v						0	0		0
LIFE TRUSTEE 49) HAROLD L. HODES	1.00	X						0	0.		0
LIFE TRUSTEE	0.	Х						0	0.		0
50) ROBERT E. MCALLAN	1.00								_		_
LIFE TRUSTEE 51) WILLIAM B. ROBERTS	1.00	X						0	0.		0
LIFE TRUSTEE	0.	X						0	0.		0
1b Sub-total							>	0.	0.		0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>				
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of		
										Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5	Х
Section B. Independent Contractors											
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A)								(B)		(C)	

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form **990** (2019)

JSA 9E1055 1.000

Part VIII Statement of Revenue

		Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512-5
ts	1a	Federated campaigns 1a	47,450.				
and Other Similar Amounts	b	Membership dues 1b					
Ě	С	Fundraising events 1c	329,692.				
ä	d	Related organizations 1d	200,583.				
≣	е	Government grants (contributions) 1e	8,362,207.				
⊼	f	All other contributions, gifts, grants,					
Je.		and similar amounts not included above . 1f	4,591,494.				
5∣	g	Noncash contributions included in					
פב		lines 1a-1f <u>1g</u>					
-	h	Total. Add lines 1a-1f		13,531,426.			
		TUITION AND FEES	Business Code 900099	211,340,225.	211,340,225.		
_	2a	AUXILIARY ENTERPRISES	721310	25,638,302.	25,638,302.		
	b	GOVERNMENT CONTRACTS	541700	35,386.	35,386.		
<u>ĕ</u> ∣	C	OTHER	900099	4,325,500.	4,304,671.		20,8
Kevenue	d		1 2 2 3 3 3 3	1,323,300.	1,331,071.		20,0
	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		241,339,413.			
1	3	Investment income (including dividends					
		other similar amounts)	·	3,484,811.		66,176.	3,418,6
	4	Income from investment of tax-exempt bor		0.			
	5	Royalties		58,016.			58,0
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 135,351	. 955.				
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 135,351	. 955.				
	d	Net rental income or (loss)		136,306.		73,133.	63,1
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 86,793,404	. 101,530.				
	b	Less: cost or other basis					
		and sales expenses 7b 83,909,456					
		Gain or (loss)		2 800 054			2 900 0
	d	Net gain or (loss)		2,899,054.			2,899,0
	8a	Gross income from fundraising					
		events (not including \$329,692.					
		of contributions reported on line	252,004.				
		1c). See Part IV, line 18					
	b C	Less: direct expenses	· -	67,065.			67,0
		Gross income from gaming					
	9a	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	o.				
	b	Less: cost of goods sold					
1	С	Net income or (loss) from sales of inventory.	<u></u>	0.			
			Business Code				
ַ בַּ	11a	CONFERENCE AND PROGRAM SERVICES	722320	112,944.		112,944.	
5	b	FITNESS CENTER	713940	40,555.		40,555.	
	С	SPONSOR ADVERTISING	541890	131,648.		131,648.	
עפאפוומפ	d	All other revenue		15,779.		15,779.	
		Total. Add lines 11a-11d		300,926.	0.5		
	12	Total revenue. See instructions		261,817,017.	241,318,584.	440,235.	6,526,7

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX											
Do	not include amounts reported on lines 6b, 7b,		(B)		(D)						
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses						
	•		expenses	general expenses	expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	124,066.	124,066.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	78,158,293.	78,158,293.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	349,392.	349,392.								
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors, trustees, and key employees	3,568,896.	968,705.	2,157,301.	442,890.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	198,768.		198,768.							
7	Other salaries and wages	89,027,474.	71,436,170.	15,835,438.	1,755,866.						
	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	5,236,832.	4,251,157.	944,987.	40,688.						
9	Other employee benefits	19,439,753.	15,461,774.	3,758,152.	219,827.						
10	Payroll taxes	6,549,010.	5,166,528.	1,299,337.	83,145.						
11	,										
	Management	0.									
	Legal	57,807.		57,807.							
	Accounting	204,890.		204,890.							
	Lobbying	26,465.		26,465.							
	Professional fundraising services. See Part IV, line 17	0.									
	Investment management fees	1,052,445.		1,052,445.							
	Other. (If line 11g amount exceeds 10% of line 25, column										
·	(A) amount, list line 11g expenses on Schedule O.)	11,842,848.	9,540,439.	2,186,790.	115,619.						
12	Advertising and promotion	2,197,106.	432,349.	1,764,757.							
	Office expenses	3,792,867.	2,959,058.	768,845.	64,964.						
14	Information technology	1,787,682.	342,924.	1,444,758.							
15	Royalties	0.									
16	Occupancy	10,082,990.	7,550,351.	2,406,991.	125,648.						
17	Travel	2,792,379.	2,468,530.	283,908.	39,941.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	500,445.	493,811.	6,634.							
20	Interest	561,118.	561,118.								
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	14,011,608.	12,844,367.	936,916.	230,325.						
23	Insurance	2,532,600.	2,009,699.	477,676.	45,225.						
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	DUES AND MEMBERSHIPS	1,895,700.	250,498.	1,634,736.	10,466.						
b	BOOKSTORE MATERIALS	1,467,184.	1,467,184.								
_	LIBRARY MATERIALS	925,038.	925,038.								
d	RESIDENT ASST. ROOM & BOARD	798,803.	798,803.								
е	All other expenses	892,471.	374,247.	514,121.	4,103.						
	Total functional expenses. Add lines 1 through 24e	260,074,930.	218,934,501.	37,961,722.	3,178,707.						
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)										
_	Tonowing GOT 30-2 (AGC 300-720)	0.									

Form **990** (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	17,125.	1	13,832.
	2	Savings and temporary cash investments	14,487,548.	2	17,456,266.
	3	Pledges and grants receivable, net	10,189,651.	3	10,407,394.
	4	Accounts receivable, net	1,395,182.	4	2,094,145.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	737,220.	8	796,162.
Ą	9	Prepaid expenses and deferred charges	2,262,037.	9	2,425,674.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 411,241,281.			
	b	Less: accumulated depreciation	220,535,992.	10c	210,827,434.
	11	Investments - publicly traded securities	60,719,861.	11	59,063,948.
	12	Investments - other securities. See Part IV, line 11	97,459,574.	12	98,091,147.
	13	Investments - program-related. See Part IV, line 11	4,606,892.	13	4,091,826.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	294,508.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	412,411,082.	16	405,562,336.
	17	Accounts payable and accrued expenses	14,484,188.	17	14,416,270.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	10,021,704.	19	8,462,850.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
Ξ	23	Secured mortgages and notes payable to unrelated third parties	9,656,585.	23	6,307,319.
	24	Unsecured notes and loans payable to unrelated third parties.	3,152,315.	24	2,460,115.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	12,391,460.	25	11,433,068.
	26	Total liabilities. Add lines 17 through 25	49,706,252.	26	43,079,622.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
al ar	27	Net assets without donor restrictions	284,982,254.	27	285,360,746.
ĕ	28	Net assets with donor restrictions	77,772,576.	28	77,121,968.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Net A	32	Total net assets or fund balances	362,704,830.	32	362,482,714.
ž	33	Total liabilities and net assets/fund balances	412,411,082.	33	405,562,336.
			, , ,	- 55	Form 990 (2019)

Form **990** (2019)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		61,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	60,0	74,9	930.
3	Revenue less expenses. Subtract line 2 from line 1	3			42,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	62,7	04,8	330.
5	Net unrealized gains (losses) on investments	5		-1,9	65,2	271.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1,0	068.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	62,4	82,7	714.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," e.	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n 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 ove	_		2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20	21	
	If the organization changed either its oversight process or selection process during the tax year, ex	cpiain	on			
0 -	Schedule O.	٠.: الم	41			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set for	tn in	tne	3a	Х	
L	Single Audit Act and OMB Circular A-133?	orac	tho	- Ju		
a	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b	Х	
	required addit of addits, explain with on schedule O and describe any steps taken to undergo such at	iuitS		JU		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number 21-0634584

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions					
The	org	ganization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)					
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).					
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)					
3		A hospital or a cooperative			-							
4		A medical research organiz	-	-				(iii). Enter the				
		hospital's name, city, and st	=	, ,			() () (, , , , , , , , , , , , , , , , , , , ,				
5		An organization operated t		a college or universit	v owne	d or ope	erated by a governme	ntal unit described in				
-		section 170(b)(1)(A)(iv). (C			,							
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v)					
7		An organization that norma				-		om the general nublic				
•		_	o)(1)(A)(vi). (Complete Part II.)									
8		-	ped in section 170(b)(1)(A)(vi). (Complete Part II.)									
9		−	rganization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
,		_	d-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:	grant conege or ag	griculture (see iristruci	юна). С	illei lile i	name, city, and state of	i the college of				
10		An organization that norma	Ily rocciyos: (1) m	oro than 221/20/ of its	cupport	from co	ntributions momborsh	oin food, and groce				
10		receipts from activities rela	ted to its exempt f	functions - subject to	certain e	xception	is, and (2) no more tha	n 331/3% of its				
		support from gross investm	nent income and u	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses				
11		acquired by the organization An organization organized a										
12		_	-	-	-			earry out the nurneses				
12			organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes									
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
_	Г		=				•	_				
а	L	Type I. A supporting organization	· ·	•	-							
		the supported organization				ajority of	the directors of truste	es of the				
	Г	supporting organization.	•			!41- :4		(-) b b				
b	L	Type II. A supporting org	•									
		control or management of			the Sam	e persor	is that control of man	age the supported				
_	Г	organization(s). You must Type III functionally integ	•		tod in a	onnoctio	n with and functional	ly intograted with				
С	L	its supported organization						iy integrated with,				
d	Г	Type III non-functionally		•				ted organization(s)				
u	L	that is not functionally into			-							
		requirement (see instruct		• •	-		•	an attentiveness				
е	Γ	Check this box if the orga		-				I Type III				
·	_	functionally integrated, or						i, 1900 iii				
f	Εı	nter the number of supported	7 1	, , ,		•						
g		rovide the following information										
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10		ur governing	support (see instructions)	other support (see				
				above (see instructions))	Yes	ment?	instructions)	instructions)				
/A\												
(A)												
(B)												
												
(C)												
(D)												
(E)												
(- /												
Tota	al											

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

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	n failed to qua	
Sec	tion A. Public Support	. ,			· · · · · ·	,	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		T	T			T
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li						%
15	Public support percentage from 2018						%
16a	331/3% support test - 2019. If the or						
_	box and stop here. The organization q						
b	331/3% support test - 2018. If the org						
. –	this box and stop here. The organizati			_			
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization	meets the "fa he "facts-and-	acts-and-circums circumstances"	stances" test, ch	neck this box a ization qualifies	nd stop here. as a publicly s	Explain in supported
	15 is 10% or more, and if the organization in Part VI how the organization supported organization	on meets the	"facts-and-circu	mstances" test.	The organization	on qualifies as	a publicly
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					<u> </u>	
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					<u> </u>	
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					<u> </u>	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business	<u> </u>					
	activities not included in line 10b, whether						
	or not the business is regularly carried on					<u> </u>	
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 five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u> </u>	<u></u> .	<u> </u>	<u></u>	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15	<u> </u>	<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Perd	centage				
17	Investment income percentage for 2019 (lin	ie 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	_					
b	331/3% support tests - 2018. If the orga	-	_	•	•	•	
	line 18 is not more than 331/3 %, check				·		
20	Private foundation. If the organization d		•				

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.**
- 10 a 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 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.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2019

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's of 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization's the trustees of the supported organization's that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 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 provided organization's provided organization's provided organization's provided organization's and provided organization's provided organization's and pro	Part I	V Supporting Organizations (continued)					
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? (if 'No," describe in Part V how the supported organization's directors or trustees at all times during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization's activities. If the organization had more than one supported organization (s) that operated, supervised, or controlled the supported organization's in Part V how providing such benefit carried out the purposes of the supported organization's (if 'Yes,' oxplain in Part V how providing such benefit carried out the purposes of the supported organization's (if 'Yes,' oxplain in Part V how providing such benefit carried out the purposes of the supported organization's (if 'Yes,' oxplain in Part V how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization results on the vice organization results of the organization organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's usported organization's tax year, (if) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's results of the organization's provided organization's (iii) and the organization's provided organization's (iii) and the organization's provided organization'				Yes	No		
below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part V how the supported organization's directors or trustees, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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(s) that operated, supervised, or controlled the supporting organization of the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s). Section D. All Type III Supporting Organizations 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 supervised organization's the supported organization's supported organization's and the supported organization's the supported organization's or trustees of the supported organization's organization's organization's supported organization's organization's organization's organization's organization's supported organization's, and the organization's ore							
b A family member of a person described in (a) above? c A 33% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directoriesy operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 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. 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. Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization is a view or the supported organization provide to each of its supported organizations that organization provide to each of its supported organization. And (ii) operated organization is a power or the organization is poverning documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization was exercised t	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
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trustees of each of the supported organizations? Provide details in Part VI.	3						
	а		20				
Did the organization exercise a substantial degree of direction over the bolicies, brograms, and activities of each	L		3a				
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	D		3b				

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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	y integra	ated Type III supporting	g organization (see
instructions).			

Page 7 Schedule A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2015			
a	Excess from 2016			
b	Excess from 2017			
<u>с</u>	Excess from 2017			
d				
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

4843DK 700J V 19-8.3F 0165922-00006 PAGE 23 Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

Schedule A (Form 990 or 990-EZ) 2019

JSA

Schedule B (Form 990, 990-EZ,

or 990-PF)

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

20-

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

MONMOUTH UNIVERSITY INC 21-0634584 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** \mid X \mid 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 or 990-EZ), 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	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
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$29,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$_7,150.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$16,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$.	Person 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

			21-0034564
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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		
37		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
38		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
39		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
40		\$ 7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
41		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
42		\$11,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

			21 0034304
Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$11,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)

			21-0034504
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			21-0634564
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

\$

(b)

Name, address, and ZIP + 4

(d)

Type of contribution

Person **Payroll**

Noncash (Complete Part II for noncash contributions.)

Χ

(a)

No.

59

6,000.

(c)

Total contributions

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		
61		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
62		\$ 12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
63		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
64		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
65		\$ 11,545.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
66_		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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		
67		\$\$.	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		
68		\$\$ 7,800.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
69		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
70		\$\$	Person 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 Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
72		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
75		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
77		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
78		\$\$.	Person Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions). Use duplicate copies of	art I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
79		\$ 7,000. Pay Nor (Comp	roll ncash blete Part II for sh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
80		\$ 11,000. Pay Nor (Comp	roll ncash blete Part II for sh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
81		\$ 5,000. Pay Nor (Comp	son X roll ncash blete Part II for sh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
82		\$ 50,000. Pay Nor (Comp	son X roll ncash Delete Part II for sh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
83		\$10,000. Pay Nor (Comp	roll ncash blete Part II for sh contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions Ty	(d) pe of contribution
84		\$ 5,000. Pay Nor (Comp	son X roll ncash blete Part II for sh contributions.)

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
85		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
86		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
87		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
88		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
89		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
90_		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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		
103		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
104		\$\$	Person 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 Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person 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 Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization MONMOUTH UNIVERSITY INC

Employer identification number 21-0634584

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
65	500 SHARES OF INTERPUBLIC GROUP STOCK	_	
		\$11,545.	12/20/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
85	DORN-SEVERINI CLASSIC IMAGES COLLECTION		
		\$	11/20/2019
(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
		\$	

Name of organization MONMOUTH UNIVERSITY INC **Employer identification number** 21-0634584 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

		that have NOT filed Form 5768 (election			
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Prox
•	Section 501(c)(4), (5), or (6) organized	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
MON	MOUTH UNIVERSITY INC			21-063	4584
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	oolitical campaign ac	ctivities in Part IV. (see in	nstructions for
	definition of "political campa	ign activities")			
2	Political campaign activity e	xpenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Pai		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	3).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
	activities				
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
	527 exempt function activiti	es			
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on Fo	rm 1120-POL,	
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes _ No
5		and employer identification numb			
		s. For each organization listed, en tributions received that were prom			
		nd or a political action committee (l			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Ivaille	(b) Address	(6) [114	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					Hone, enter -o
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
			1		

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

Schedule C (Form 990 or 990-EZ) 2019

250,000.

P	art II-A	Complete if the org section 501(h)).	anizatio	on is exem	npt under section	501(c)(3) and	filed Form 5768 (ele	ction under	
Α	Check ▶				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,	
В	Check ▶	if the filing organiz	ation che	ecked box A	and "limited contro	I" provisions app	oly.		
		Limits (The term "expendit		ying Expendence			(a) Filing organization's totals	(b) Affiliated group totals	
18	a Total lob	bying expenditures to in	nfluence	public opini	on (grassroots lobb	ying)			
ŀ	Total lob	bying expenditures to in	nfluence	a legislative	body (direct lobbying	ng)	114,689.		
		bying expenditures (ad					114,689.		
	d Other exempt purpose expenditures						259,960,241.		
•	Total ex	empt purpose expenditu	ires (ado	l lines 1c an	d 1d)	[260,074,930.		
f	Lobbying	nontaxable amount.	Enter the	e amount f	rom the following	table in both			
	columns	•					1,000,000.		
	If the am	ount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amount i	s:			
	Not over	\$500,000		20% of the a	amount on line 1e.				
	Over \$50	0,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.			
	Over \$1,0	000,000 but not over \$1,5	00,000	\$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,5	500,000 but not over \$17,	000,000	\$225,000 plo	us 5% of the excess o				
	Over \$17	,000,000		\$1,000,000.					
Ç	g Grassro	ots nontaxable amount	(enter 25	6% of line 1f)			250,000.		
ł	n Subtract	line 1g from line 1a. If	zero or le	ess, enter -0-			0.	0.	
		line 1f from line 1c. If 2					0.	0.	
j		is an amount other th							
	reporting	g section 4911 tax for t						Yes No	
					aging Period Under				
	(S	ome organizations tha				-	ete all of the five colum	nns below.	
			See	the separat	e instructions for li	nes 2a through	2f.)		
			Lobb	ying Expen	ditures During 4-Ye	ar Averaging Pe	riod	I	
		ar year (or fiscal year peginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
28	Lobbying	nontaxable amount	1,0	00,000.	1,000,000.	1,000,00	1,000,000.	4,000,000.	
_ k	, ,	ceiling amount line 2a, column (e))						6,000,000.	
(Total lobb	oying expenditures	1	.16,176.	115,272.	110,61	.9. 114,689.	456,756.	

Schedule C (Form 990 or 990-EZ) 2019

1,000,000.

1,500,000.

250,000.

d Grassroots nontaxable amount

(150% of line 2d, column (e)) f Grassroots lobbying expenditures

e Grassroots ceiling amount

9E1265 1.000 4843DK 700J V 19-8.3F 0165922-00006 PAGE 47

250,000.

250,000.

Schedule C (Form 990 or 990-EZ) 2019 Page **3**

_	(election under section 501(h)).	(a	1)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
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:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e f	Publications, or published or broadcast statements?						
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						
2 a	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 d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or s	ection	,		
	501(c)(6).	(-)(-)	,		-		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3 Po	Did the organization agree to carry over lobbying and political campaign activity expenditures fro till-B Complete if the organization is exempt under section 501(c)(4), section 501				3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"					, is	
	answered "Yes."	OR (b		rt III-A,		, is	
1	answered "Yes." Dues, assessments and similar amounts from members	OR (b) Pai			, is	
1	answered "Yes." Dues, assessments and similar amounts from members	OR (b) Pai	rt III-A,		, is	
1	answered "Yes." Dues, assessments and similar amounts from members	OR (b) Pai	rt III-A,		, is	
1 2	answered "Yes." Dues, assessments and similar amounts from members	OR (b) Pai	1 2a 2b		, is	
1 2 a	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid). Current year	OR (b) Pai	1 2a 2b 2c		, is	
1 2 a b	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b) Par	1 2a 2b		, is	
1 2 a b c	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	1 2a 2b 2c		, is	
1 2 a b c	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	2a 2b 2c 3		, is	
1 2 a b c 3	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	1 2a 2b 2c		, is	
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Par	2a 2b 2c 3		, is	
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and
1 2 a b c 3 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due of the foliation of the section and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible location and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **TIV** Supplemental Information **ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated)	OR (b	o) Pai	2a 2b 2c 3 4 5	line 3		and

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization MONMOUTH UNIVERSITY INC 21-0634584

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.				
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	or advisors in writing that the assets held	d in donor advised	
	funds are the organization's property, subject to the	-		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant	funds can be used	
	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or for	any other purpose	
	conferring impermissible private benefit?		Yes No	
Pa	rt Conservation Easements.			
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).		
	Preservation of land for public use (for examp	le, recreation or education) Preservation	n of a historically important land area	
	Protection of natural habitat	Preservation	n of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution	in the form of a conservation	
	easement on the last day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	2b	
С	Number of conservation easements on a certified		2c	
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, tr		minated by the organization during the	
	tax year >			
4	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy re	egarding the periodic monitoring, inspec	ction, handling of	
	violations, and enforcement of the conservation e	asements it holds?	L Yes No	
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforcing	g conservation easements during the year	
	>			
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year	
	▶ \$			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue a	nd expense statement and	
	balance sheet, and include, if applicable, the text	<u> </u>	icial statements that describes the	
	organization's accounting for conservation easem			
Pa	rt III Organizations Maintaining Collection		er Similar Assets.	
	Complete if the organization answere			
1a	If the organization elected, as permitted under F of art, historical treasures, or other similar ass	ASB ASC 958, not to report in its reven	ue statement and balance sheet works	
	service, provide in Part XIII the text of the footnote	e 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 h	eld for public exhibition, education, or re		
	provide the following amounts relating to these ite	ems:	504 FE0	
	(i) Revenue included on Form 990, Part VIII, line(ii) Assets included in Form 990, Part X	1	\$ 004,559.	
2	If the organization received or held works of		assets for financial gain, provide the	
	following amounts required to be reported under			
а	Revenue included on Form 990, Part VIII, line 1.			
b	Assets included in Form 990, Part X		▶ \$	

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

Schedule D (Form 990) 2019

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3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): a	Pa	rt III Organizations Maintaini	ing Collections of	Art, Historical Tre	easures, or Oth	er Similar Assets (continued)
a	3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of the follo	owing that make sig	nificant us	e of its
b		collection items (check all that app	ly):					
c	а	<u> </u>		d X Loan	or exchange prog	ram		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? X Yes No Rotart W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ine 21. 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d	b			e Other				
XIII Survey Sur	С	X Preservation for future gene	rations					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? X Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X inc 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	4	Provide a description of the organ	nization's collections	and explain how	they further the	organization's exemp	t purpose	in Part
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
Part V	5							
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				ained as part of the	organization's col	lection?	X Yes	No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ 16 □ Amount □ 16 □	Pa			" -	2 (1) (1) (2)		. –	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If Yes, "explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance			ation answered "Ye	es" on Form 990, F	Part IV, line 9, o	r reported an amou	nt on Fori	n
Included on Form 990, Part X?					()			
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. f Ending balance. f Ending	1a							
to Beginning balance		included on Form 990, Part X?					Yes	No
C Beginning balance 1c 1d	b	if "Yes," explain the arrangement i	n Part XIII and comp	piete the following tai	oie:	Λ		
d Additions during the year. Distributions during the year. Distributions during the year. Ending balance. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The Beginning of year balance. Did the organization answered "Yes" on Form 990, Part IV, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 10. The Beginning of year balance. Did the organization answered "Yes" on Form 990, Part IV, line 10. Describe if the organization answered "Yes" on Form 990, Part IV, line 10. Describe in Part XIII the intended uses of the organization shake been provided on Part XIII. Describe in Part XIII the intended uses of the organization shake been provided on Part XIII. Describe in Part XIII the intended uses of the organization shake been provided on Part XIII. Describe in Part XIII the intended uses of the organization shake been provided on Part XIII. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the in	_	Paginning halange			4-	Amoun		
E Distributions during the year 1	_							
f Ending balance								
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	_							
Describe in Part XIII. Check here if the explanation has been provided on Part XIII						al account liability?	Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered (a) Prior year (b) Prior year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e)			III ait Aii. Ollock ii	ere ii tire explanation	rnas been provide	a on rait Air		
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 109,097,000. 100,970,000. 90,313,000. 78,999,000. 80,346,000. b Contributions 3,134,000. 4,766,000. 6,484,000. 3,790,000. 1,980,000. c Net investment earnings, gains, and losses 344,000. 7,234,000. 7,854,000. 10,430,000. -622,000. d Grants or scholarships 1,273,000. 1,264,000. 1,130,000. 10,430,000. -622,000. e Other expenditures for facilities and programs 2,839,000. 2,609,000. 2,551,000. 1,875,000. 1,811,000. f Administrative expenses 108,463,000. 109,097,000. 100,970,000. 90,313,000. 78,999,000. 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: 3a 108,463,000. 109,097,000. 100,970,000. 90,313,000. 78,999,000. c Term endowment	ıa		ation answered "Ye	es" on Form 990. F	Part IV. line 10.			
1a Beginning of year balance 109,097,000. 100,970,000. 90,313,000. 78,999,000. 80,346,000. b Contributions 3,134,000. 4,766,000. 6,484,000. 3,790,000. 1,980,000. c Net investment earnings, gains, and losses 344,000. 7,234,000. 7,854,000. 10,430,000. -622,000. d Grants or scholarships 1,273,000. 1,264,000. 1,130,000. 1,031,000. 894,000. e Other expenditures for facilities and programs 2,839,000. 2,609,000. 2,551,000. 1,875,000. 1,811,000. f Administrative expenses 108,463,000. 109,097,000. 100,970,000. 90,313,000. 78,999,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 30,000. 37,0000. 90,313,000. 78,999,000. c Term endowment ▶ 39.0000 37.0000. % Yes No. Yes No. Yes No. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. 3a(i) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Yes No. Part VI Land, Buildings, and Equipment. <td< th=""><th></th><th>γ</th><th></th><th></th><th></th><th>(d) Three years back</th><th>(e) Four ye</th><th>ars back</th></td<>		γ				(d) Three years back	(e) Four ye	ars back
b Contributions	12	Reginning of year balance						
c Net investment earnings, gains, and losses	_				6,484,000			
and losses								
d Grants or scholarships	C		344,000.	7,234,000.	7,854,000	10,430,000.	-62	22,000.
e Other expenditures for facilities and programs	Ь		1,273,000.	1,264,000.	1,130,000	1,031,000.	89	94,000.
and programs		•						
f Administrative expenses	·	-	2,839,000.	2,609,000.	2,551,000	1,875,000.	1,81	1,000.
g End of year balance	f	. •						
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 37.0000 % b Permanent endowment ▶ 39.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	a.	·	108,463,000.	109,097,000.	100,970,000	90,313,000.	78,99	9,000.
a Board designated or quasi-endowment ▶ 37.0000 % b Permanent endowment ▶ 39.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (other) 1a Land. Description of property (a) Cost or other basis (other) (other) 1b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements. 2,351,268. 1,185,294. 1,165,974. d Equipment. 2,351,268. 1,185,294. 1,165,974. d Equipment. 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.	_	•	of the current year	end balance (line 1g.	. column (a)) held	as:		
Term endowment ▶ 24.0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. Yes No 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations. 3a(i) X (ii) Related organizations. 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b ■ 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (cother) (c) Accumulated depreciation (d) Book value depreciation b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. 151,990,155. C Leasehold improvements 2,351,268. 1,185,294. 1,165,974. 1,165,974. 4 d Equipment. 32,727,234. 23,957,708. 8,769,526. 9,769,526. 9,769,526. 9,769,526. 9,769,526. e Other 115,468,139. 84,292,887. 31,175,252.	а	Board designated or quasi-endown	nent ▶ 37.0000	_%	(-),			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements. 2,351,268. 1,185,294. 1,165,974. d Equipment. 32,727,234. 23,957,708. 8,769,526. e Other	b	Permanent endowment ▶ 39.0	0000 %					
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (investment) 1a Land 17,726,527 b Buildings 270,000 242,698,113 90,977,958 151,990,155 c Leasehold improvements 2,351,268 1,185,294 1,165,974 d Equipment 32,727,234 23,957,708 8,769,526 e Other 115,468,139 84,292,887 31,175,252	С	Term endowment ▶ 24.0000	_%					
organization by: Yes No (i) Unrelated organizations. 3a(i) X (ii) Related organizations. 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 3b X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17,726,527. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. 151,990,155. c Leasehold improvements 2,351,268. 1,185,294. 1,165,974. 1,165,974. d Equipment 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.		The percentages on lines 2a, 2b, a	and 2c should equal 1	100%.				
(i) Unrelated organizations. 3a(i) X (ii) Related organizations. 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17,726,527. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. 151,990,155. c Leasehold improvements 2,351,268. 1,185,294. 1,165,974. d Equipment 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.	3a	Are there endowment funds not in	the possession of the	ne organization that	are held and adr	ninistered for the		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements. 2,351,268. 1,185,294. 1,165,974. d Equipment. 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.		organization by:					Ye	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation (investment) (investment) (other)		(i) Unrelated organizations					3a(i)	X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17,726,527. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements 2,351,268. 1,185,294. 1,165,974. d Equipment 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.							3a(ii)	X
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17,726,527. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements 2,351,268. 1,185,294. 1,165,974. d Equipment 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.	b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?		3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17,726,527. 17,726,527. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements 2,351,268. 1,185,294. 1,165,974. d Equipment 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.				tion's endowment fu	nds.			
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 17,726,527. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements 2,351,268. 1,185,294. 1,165,974. d Equipment 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.	Pa	rt VI Land, Buildings, and Equation Complete if the organize	u ipment. ation answered "Yo	es" on Form 990	Part IV line 11a	See Form 990 Pa	art X line	10
1a Land 17,726,527. 17,726,527. b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements. 2,351,268. 1,185,294. 1,165,974. d Equipment. 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.								
b Buildings 270,000. 242,698,113. 90,977,958. 151,990,155. c Leasehold improvements 2,351,268. 1,185,294. 1,165,974. d Equipment 32,727,234. 23,957,708. 8,769,526. e Other 115,468,139. 84,292,887. 31,175,252.			(inves	tment) (c	other) de			
c Leasehold improvements 2,351,268 1,185,294 1,165,974 d Equipment 32,727,234 23,957,708 8,769,526 e Other 115,468,139 84,292,887 31,175,252	_					077 050		
d Equipment. 32,727,234. 23,957,708. 8,769,526. e Other. 115,468,139. 84,292,887. 31,175,252.		=						
e Other	-	•						

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X

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Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	on:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITY FUNDS	50,102,533.	FMV	
(B) FIXED INCOME FUNDS	19,406,656.	FMV	
(C) HEDGE EQUITY FUNDS	10,294,987.	FMV	
(D) NON-MARKETABLE FUNDS	18,184,035.	FMV	
(E) OTHER	102,936.	FMV	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	98,091,147.		
Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	\/	Deat IV 15 - 44 - 1 Co - France 200	D = +4 V Um = 4.5
Complete if the organization answered		, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(no. 45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities. Complete if the organization answered	"Vos" on Form 990	Part IV line 11e or 11f See Forn	000 Part Y
line 25.	163 0111 01111 330	, rattiv, line rie or rin. See roin	1 990, 1 att X,
	tion of liability		(h) Pook volue
1. (a) Descrip (1) Federal income taxes	uon oi nabiilty	+	(b) Book value
			155,646
			4,069,134
(4) ASSET RETIREMENT OBLIGATION			7,202,288
(5) DUE TO AFFILIATE			6,000
			0,000
<u>(6)</u> (7)			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)		b	11,433,068

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

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Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	
I alt	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2-	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	investment expenses not included on Form 550, Fart Vin, line 75	-	
b	other (bescribe in rate Ain.)	4c	
С 5	Add lines 4a and 4b	5	
	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.	nation	
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

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

SCHEDULE D, 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.

SCHEDULE D, 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.

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

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) 2019

JSA

9E1226 1.000 4843DK 700J 0165922-00006 V 19-8.3F PAGE 55

SCHEDULE E (Form 990 or 990-EZ)

Schools

► 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

21-0634584

Name of the organization MONMOUTH UNIVERSITY INC

LG	rt i		YES	N
ı	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		120	
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
	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	
	Has the organization publicized its racially nondiscriminatory policy 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	Х	
	describe. If No, please explain. If you need more space, use Fait II			
	SEE SUPPLEMENTAL PAGE			
	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially	۸.	X	
_	nondiscriminatory basis?	4b		_
C	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		
h	Admissions policies?	5b		
~	Admissions policies.	0.5		
С	Employment of faculty or administrative staff?	5c		
d	Scholarships or other financial assistance?	5d		
е	Educational policies?	5e		
f	Use of facilities?	5f		
•	Use of facilities:	J1		
g	Athletic programs?	5g		
h	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
а	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
	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, covering racial nondiscrimination? If "No," explain on Part II	7	х	

Schedule E (Form 990 or 990-EZ) (2019) Page **2**

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).

SCHEDULE E, PART I, LINE 3

MONMOUTH UNIVERSITY MAKES ITS RACIALLY NONDISCRIMINATORY POLICY PUBLIC THROUGH BY POSTING IT ON THE UNIVERSITY'S HOMEPAGE ON ITS WEBSITE.

SCHEDULE E, PART I, LINE 6A

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), THE

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, U.S. ENVIRONMENTAL

PROTECTION AGENCY, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, NJ DEPARTMENT OF

TRANSPORTATION, NJ STATE COUNCIL OF THE ARTS, NJ DEPARTMENT OF

ENVIRONMENTAL PROTECTION AND OTHER FEDERAL AND STATE AGENCIES.

Schedule E (Form 990 or 990-EZ) (2019)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name	of the organization					Employer identifica	tion number
MONI	MOUTH UNIVERSITY INC					21-063458	34
Part	General Information o Form 990, Part IV, line 14th		Outside the	United States. Comple	ete if the	organization a	nswered "Yes" or
1	For grantmakers. Does the org	janization maii	ntain records	to substantiate the amou	int of its	grants and	
	other assistance, the grantees'	• •	•				
	award the grants or assistance?						X Yes No
	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use o	of its grants and	d other assistance
		ing Doubling	2 table as a b			- d - d \	
3	Activities per Region. (The follow		(c) Number of	· · ·		· · · · · · · · · · · · · · · · · · ·	
	(a) Region	(b) Number of offices in the region	employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a pro describ	ivity listed in (d) is ogram service, e specific type of e(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	GRANTMAKING	STUDY A	BROAD PROGRAM	302,472.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	STUDY A	BROAD PROGRAM	46,920.
(3)	SOUTH ASIA	0.	4.	PROGRAM SERVICES	STUDENT	RECRUITMENT	10,945.
(4)	CENTRAL AMERICA/CARIBBEAN	0.	4.	PROGRAM SERVICES	STUDENT	RESEARCH TRIPS	75,499.
(5)	EUROPE	0.	1.	PROGRAM SERVICES	RESEARCE	H CONSULTING	17,100.
(6)	EUROPE	0.	2.	PROGRAM SERVICES	ACADEMIC	C SUPPORT	546.
(7)	EAST ASIA AND THE PACIFIC	0.	1.	PROGRAM SERVICES	ACADEMIC	C SUPPORT	300.
(8)	SOUTH ASIA	0.	1.	PROGRAM SERVICES	STUDENT	RESEARCH TRIPS	500.
(0)							
(9)	EUROPE	0.	1.	PROGRAM SERVICES	STUDENT	RECRUITMENT	2,500.
(10)	SOUTH ASIA	0.	1.	PROGRAM SERVICES	STUDY A	BROAD PROGRAM	38,463.
(11)	EUROPE	0.	4.	PROGRAM SERVICES	STUDY A	BROAD PROGRAM	633,572.
(12)	EAST ASIA AND THE PACIFIC	0.	2.	PROGRAM SERVICES	STUDY A	BROAD PROGRAM	89,079.
(13)	CENTRAL AMERICA/CARIBBEAN	0.	1.	PROGRAM SERVICES	STUDY A	BROAD PROGRAM	6,350.
(14)							
(15)							
(16)							
(. 5)							
(17)							
3a	Subtotal		22.				1,224,246.
b	Total from continuation sheets to Part I						

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

1,224,246. Schedule F (Form 990) 2019

Totals (add lines 3a and 3b)

MONMOUTH UNIVERSITY INC 21-0634584

Schedule F (Form 990) 2019

1	(a) Name of organization	(b) IRS code section and 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, othe
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									
	er total number of recipient he IRS, or for which the gra	organizations listed above							

MONMOUTH UNIVERSITY INC 21-0634584

Schedule F (Form 990) 2019

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDY ABROAD STUDENTS	EUROPE/ICELAND/GREENLAND	15.	127,923.	ELECTRONIC			
(2) STUDY ABROAD STUDENTS	EUROPE/ICELAND/GREENLAND	15.	164,799.	ELECTRONIC			
(3) STUDY ABROAD STUDENTS	EUROPE/ICELAND/GREENLAND	2.	9,750.	ELECTRONIC			
(4) STUDY ABROAD STUDENTS	EAST ASIA/PACIFIC	7.	46,920.	ELECTRONIC			
_(5)							
(6)							
_(7)							
(8)							
_ (9)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page 5

Part V **Supplemental Information**

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

SCHEDULE F, PART I, LINE 2

MONMOUTH UNIVERSITY GRANTS, INCLUDING THOSE GRANTS RELATED TO STUDENTS PARTICIPATING IN OUR STUDY ABROAD PROGRAM, TAKE THE FORM OF SCHOLARSHIPS AWARDED BY OUR FINANCIAL AID OFFICE FOR TUITION, ROOM, BOARD AND BOOKS. THE SCHOLARSHIPS ARE AWARDED IN ACCORDANCE WITH THE GUIDELINES ESTABLISHED FOR EACH SCHOLARSHIP AND ARE ADMINISTERED BY THE FINANCIAL AID OFFICE. CREDITING OF SCHOLARSHIPS TO STUDENT ACCOUNTS IS ADMINISTERED BY THE BURSAR'S OFFICE. THE SCHOLARSHIPS REPORTED HERE WERE GRANTED TO MONMOUTH UNIVERSITY STUDENTS WHILE THEY WERE STUDYING ABROAD AND REPORTED IN ACCORDANCE WITH THE SCHEDULE F INSTRUCTIONS AND THE IRS'S FILING TIPS.

SCHEDULE F, PART I, LINE 3

MONMOUTH UNIVERSITY MADE NO DIRECT INVESTMENTS IN FOREIGN CORPORATIONS DURING THE FISCAL YEAR ENDED JUNE 30, 2020.

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 OR 8621. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE ORGANIZATION'S FORM 990-T.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public

Inspection Internal Revenue Service Name of the organization Employer identification number MONMOUTH UNIVERSITY INC 21-0634584 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10

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

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

Schedule G (Form 990 or 990-EZ) 2019

Total

Schedule G (Form 990 or 990-EZ) 2019

	()))))	- 3 -
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, o	r reported
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 at	nd 6b. List
	events with gross receipts greater than \$5,000.	

		events with gross receipts gre	eater than \$5,000.			
			(a) Event #1 HOLIDAY BALL	(b) Event #2 BUS LDRS	(c) Other events 4.	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	254,801.	245,840.	81,055.	581,696
Ř	2	Less: Contributions	94,697.	201,255.	33,740.	329,692
	3	Gross income (line 1 minus line 2)	160,104.	44,585.	47,315.	252,004
	4	Cash prizes			535.	535
	5	Noncash prizes				
enses	6	Rent/facility costs	4,601.	2,930.	9,700.	17,231
Direct Expenses	7	Food and beverages	61,130.	32,841.	36,706.	130,677
Direc	8	Entertainment	7,566.	2,195.	500.	10,261
	9	Other direct expenses	20,217.	5,643.	375.	26,235
Pa	11	Direct expense summary. Add lin Net income summary. Subtract lin Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)		184,939 67,065 reported more than
Revenue		. ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
<u> </u>	5	Other direct expenses		l v		
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a k	ì	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a k		Were any of the organization's gamino	g licenses revoked, sus			Yes No

MONMOUTH UNIVERSITY INC

Sched	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
			-
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	No
b			
-	or spent in the organization's own exempt activities during the tax year > \$		
Par			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization **Employer identification number** MONMOUTH UNIVERSITY INC 21-0634584 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) BOROUGH OF WEST LONG BRANCH 967 BROADWAY WEST LONG BRANCH, NJ 07764 21-6001351 GOVERNMENT 36,241. GENERAL SUPPORT (2) THE CITY OF LONG BRANCH 21-6000806 75,825. 344 BROADWAY LONG BRANCH, NJ 07764 COVERNMENT GENERAL SUPPORT (3) SIX FLAGS CHARITABLE FOUNDATION, INC. P.O. BOX 120 JACKSON, NJ 08527 91-2153042 501(C)3 12,000. SCHOLARSHIP FUND (4) (5) (6) (7) (8) (9) (10)(11)(12)3. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)

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MONMOUTH UNIVERSITY INC 21-0634584

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TUITION DISCOUNT	5,511.	71,551,452.			
	7,5221	,,			
2 AUXILIARY ENTERPRISE DISCOUNT	187.	4,172,736.			
3 CARES ACT EMERGENCY GRANTS	3,034.	2,430,055.			
4 PRESIDENT'S RELIEF FUND GRANTS	10.	4,050.			
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

MONMOUTH UNIVERSITY GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS ARE
MODEST AND ARE APPROVED BY OUR OFFICE OF PUBLIC AFFAIRS AND MONITORED BY
THE PRESIDENT'S CABINET. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS TAKE
THE FORM OF SCHOLARSHIPS TO OUR STUDENTS. THE SOURCE OF FUNDING OF THESE
SCHOLARSHIPS MAY BE UNIVERSITY INSTITUTIONAL FUNDS, GOVERNMENT FUNDS OR
DONOR FUNDS. UNIVERSITY FUNDED SCHOLARSHIPS ARE ADMINISTERED BY THE
UNIVERSITY'S ADMISSIONS OFFICE, BOTH GRADUATE AND UNDERGRADUATE, AND
AWARDED USING A CALCULATION DRIVEN BY PRIOR ACADEMIC PERFORMANCE
STATISTICS. GOVERNMENT FUNDED SCHOLARSHIPS ARE AWARDED BY THE

Schedule I (Form 990) (2019)

Page 2

MONMOUTH UNIVERSITY INC 21-0634584

Schedule I (Form 990) (2019) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					

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

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.

DURING FISCAL YEAR 2020, THE UNIVERSITY DISTRIBUTED EMERGENCY FINANCIAL

Schedule I (Form 990) (2019)

21-0634584

Page 2

MONMOUTH UNIVERSITY INC

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
_ 7					

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

AID GRANTS AND PRESIDENT RELIEF FUND HARDSHIP GRANTS TO STUDENTS UNDER

SECTION 18004(A)(1) OF THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT. THE DEPARTMENT OF EDUCATION (DOE) PROVIDED INSTITUTIONS WITH SIGNIFICANT DISCRETION FOR THE DISTRIBUTION OF THESE GRANTS. HOWEVER, THE DOE DID STIPULATE THAT THE GRANTS BE DIRECTED TO STUDENTS WITH THE MOST SIGNIFICANT FINANCIAL NEEDS ARISING FROM THE CORONAVIRUS PANDEMIC. EMERGENCY FINANCIAL AID GRANTS WERE AWARDED BY THE FINANCIAL AID OFFICE USING A SYSTEM AND PROCESS TAKING INTO CONSIDERATION BOTH STUDENT'S TITLE IV ELIGIBILITY AND FINANCIAL NEED. PRESIDENT RELIEF FUND HARDSHIP GRANTS WERE ADMINISTERED BY AN INTERNAL COMMITTEE WHO REVIEWED

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

MONMOUTH UNIVERSITY INC 21-0634584

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
1					
i .					
j					

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

STUDENT APPLICATIONS AND AWARDED HARDSHIP GRANTS TO SUPPORT STUDENT

HARDSHIPS ARISING FROM THE PANDEMIC, INCLUDING BUT NOT LIMITED TO,

TECHNOLOGY ACCESS, FOOD INSECURITIES, AND NECESSITIES FOR DAILY LIVING.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

Yes No No No No No No No N	Part	Questions Regarding Compensation			
990, Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charlet travel Travel for companions X Tax indemnification and gross-up payments Discretionary spending account Y Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Independent compensation consultant X Compensation survey or study Independent compensation consultant X Compensation survey or study If "Yes" on preson listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 1 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 4 Participate in, or receive payment from, an equity-based compensation arrangement? 5 Por 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 Receive a severace payment or payment provide the applicable amounts for each item in Part III. 6 Por 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? 1 Por persons list				Yes	No
Travel for companions X Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence X Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III. X Compensation committee X Indicate which, if any, of the following the organization or the CEO/Executive Director, regarding the items checked on line 1a? Unright he year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? The organization? Any related organization? The organization or peach payment from, and the payment in the net earnings of: The organization or peach payment iii. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensa	1a				
Mail		X First-class or charter travel X Housing allowance or residence for personal use			
Discretionary spending account X Personal services (such as maid, chauffeur, chef)		Travel for companions Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	L	If any of the house on line to are checked did the arranization follows a written nation regarding narrant			
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directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		explain	1b	Х	
1a? 1 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	2				
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Unique to the CEO/Executive Director, but explain in Part III. X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee X Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee X Approval by the board or compensation page or accrue any compensation contingent on the revenues of: a The organization?					
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 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. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X b Any related organization? 6a X c The organization? 6a X d The organization? 6a X d The organization? 6b X b Any related organization? 6b X c The organization on the net earnings of: 7 X d 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 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			2	X	
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X Compensation committee X Written employment contract X Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 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. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a X b Any related organization? 5a X f "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: 5a X f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
Independent compensation consultant X X Approval by the board or compensation committee					
Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Part III. Participate in, or receive payment from, a supplemental nonqualified retirement plan? Part III. P		- Trimen employment community			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d					
organization or a related organization: a Receive a severance payment or change-of-control payment?. b Participate in, or receive payment from, a supplemental nonqualified retirement plan?. c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? 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: a The organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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. 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_				
a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan?. c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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. 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. 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. 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	4				
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	а		4a		Х
c Participate in, or receive payment from, an equity-based compensation arrangement?	_				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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? ff "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: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			_		Х
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
b 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: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		compensation contingent on the revenues of:			
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	а	The organization?	5a		
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		5b		X
compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	6				
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					3.7
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
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	b		бb		Λ
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	7		7	x	
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8				
in Part III	3				
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			8		Х
	9				
	-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

MONMOUTH UNIVERSITY INC 21-0634584

Schedule J (Form 990) 2019

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-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
GREY J. DIMENNA	(i)	299,771.	175,000.	52,700.	22,400.	29,934.	579,805.	0.	
1 PRESIDENT (THROUGH 7/31/19)	(ii)	0.	0.	0.	0.	0.	0.	0.	
KING D. RICE	(i)	467,791.	0.	45,118.	22,400.	39,499.	574,808.	0.	
2 ^{HEAD} BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.	
WILLIAM CRAIG	(i)	308,770.	0.	6,131.	22,400.	31,093.	368,394.	0.	
3 VP FOR FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
DONALD MOLIVER	(i)	283,314.	0.	7,820.	22,400.	27,789.	341,323.	0.	
DEAN - SCHOOL OF BUSINESS	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATRICK F. LEAHY	(i)	267,158.	0.	23,340.	21,435.	25,783.	337,716.	0.	
5 PRESIDENT (AS OF 8/1/19)	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATRICIA SWANNACK	(i)	283,089.	0.	3,173.	22,400.	25,453.	334,115.	0.	
6 P FOR ADMINISTRATIVE SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.	
JONATHAN MEER	(i)	247,911.	0.	9,309.	20,776.	54,192.	332,188.	0.	
7 VP FOR UNIVERSITY ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
LAURA MORIARTY (THRU 7/	(i)	284,908.	0.	1,347.	22,400.	11,532.	320,187.	0.	
8PROVOST & VP ACA.AFF.	(ii)	0.	0.	0.	0.	0.	0.	0.	
ROBERT MCCAIG	(i)	261,705.	0.	1,409.	21,015.	31,751.	315,880.	0.	
9 ^{VP} ENROLLMENT MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.	
EDWARD CHRISTENSEN	(i)	226,533.	0.	0.	18,446.	68,725.	313,704.	0.	
10 VP/INFORMATION MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
JOHN CHRISTOPHER	(i)	257,841.	0.	1,409.	21,010.	30,547.	310,807.	0.	
11 VP & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
MARILYN MCNEIL	(i)	241,065.	0.	13,212.	19,779.	31,615.	305,671.	0.	
12 VP/DIRECTOR ATHLETICS	(ii)	0.	0.	0.	0.	0.	0.	0.	
THOMAS S. PEARSON	(i)	225,739.	0.	10,761.	18,484.	29,544.	284,528.	0.	
13 ^{PROFESSOR}	(ii)	0.	0.	0.	0.	0.	0.	0.	
KENNETH WOMACK	(i)	238,338.	0.	1,273.	19,283.	22,801.	281,695.	0.	
14 DEAN-SCHOOL OF HUMANITIES	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATRICK MURRAY	(i)	225,074.	0.	2,706.	18,254.	29,315.	275,349.	0.	
15 DIRECTOR/POLLING INSTITUTE	(ii)	0.	0.	0.	0.	0.	0.	0.	
MARY ANNE NAGY	(i)	247,238.	0.	3,259.	19,927.	1,431.	271,855.	0.	
16 POR STUDENT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.	

Schedule J (Form 990) 2019

MONMOUTH UNIVERSITY INC 21-0634584

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(i) Base (ii) Bonus & incentive compensation compensation reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
REKHA DATTA (AS OF 8/1/	(i) 198,054	. 0	. 3,452.	16,089.	21,146.	238,741.	0.	
1 INTERIM PROVOST/FACULTY	(ii) O	. 0	. 0.	0.	0.	0.	0.	
	(i)							
2	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

MONMOUTH UNIVERSITY INC 21-0634584

Schedule J (Form 990) 2019

Part | Supplemental Information

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

LINE 1A

FIRST-CLASS OR CHARTER TRAVEL

THE PRESIDENT'S CONTRACT PROVIDES THAT THE PRESIDENT MAY UTILIZE FIRST CLASS TRAVEL FOR FLIGHTS LONGER THAN TWO HOURS WHEN THE PRESIDENT IS TRAVELING ON UNIVERSITY BUSINESS.

LINE 1A

HOUSING ALLOWANCE OR RESIDENCE

FOR THE BENEFIT AND CONVENIENCE OF THE UNIVERSITY IN HAVING THE FUNCTIONS

OF THE OFFICE OF THE PRESIDENT EFFICIENTLY DISCHARGED AND AS A CONDITION

OF EMPLOYMENT, THE PRESIDENT IS REQUIRED BY THE BOARD OF TRUSTEES TO

RESIDE IN A HOME LOCATED ON CAMPUS AND PROVIDED BY THE UNIVERSITY AT ITS

EXPENSE. THE VALUE OF THE PRESIDENT'S RESIDENCE FOR PERSONAL USE OF

\$49,800 IS REPORTED AS NON-TAXABLE COMPENSATION ON FORM 990.

LINE 1A

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

THE BOARD OF TRUSTEES HAS INCLUDED IN THE PRESIDENT'S COMPENSATION

PACKAGE REIMBURSEMENT FOR FINANCIAL PLANNING COSTS. THIS REIMBURSEMENT IS

Schedule J (Form 990) 2019

JSA

MONMOUTH UNIVERSITY INC 21-0634584

Schedule J (Form 990) 2019

Part | Supplemental Information

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

GROSSED UP TO COVER THE APPLICABLE TAXES AND REPORTED AS COMPENSATION ON THE PRESIDENT'S W-2 AND ON FORM 990.

LINE 1A

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 HAS APPOINTED THE VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT TO HOLD THIS MEMBERSHIP. THE VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT MAY NOT USE THIS MEMBERSHIP FOR PERSONAL USE. THIS MEMBERSHIP IS INCLUDED AS NON-TAXABLE COMPENSATION ON FORM 990 (\$24,031). THE PRESIDENT HAS A SOCIAL MEMBERSHIP AT THE LOCAL GOLF CLUB FOR WHICH NO DUES ARE PAID.

LINE 1A

PERSONAL SERVICES

THE PRESIDENT'S RESIDENCE MANAGER SPENDS A MAXIMUM OF ONE DAY PER WEEK ON

PERSONAL MATTERS OF THE PRESIDENT FOR HIS APARTMENT WITHIN THE RESIDENCE.

THE VALUE OF THIS SERVICE IS INCLUDED AS COMPENSATION ON THE PRESIDENT'S

Schedule J (Form 990) 2019

JSA

MONMOUTH UNIVERSITY INC 21-0634584

Schedule J (Form 990) 2019

Part III Supplemental Information

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

W-2 AND ON FORM 990.

LINE 7

THE PRESIDENT RECEIVED A BONUS UNDER THE TERMS OF HIS EMPLOYMENT CONTRACT

WHICH IS MADE AT THE DISCRETION OF THE BOARD OF TRUSTEES.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Employer identification number Name of the organization MONMOUTH UNIVERSITY INC 21-0634584 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4) (5) (6)(7)(8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7) (8) (9)

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

Schedule L (Form 990 or 990-EZ) 2019

(10)

Schedule L (Form 990 or 990-EZ) 2019 Page 2

Business Transactions Involving Interested Persons. Part IV

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	organi	aring of ization's nues?
					Yes	No
(1)	DIANE FITZGERALD	FAMILY MEMBER OF OFFICER	54,314.	EMPLOYEE COMPENSATION		Х
(2)	JAMES GAUL	FAMILY MEMBER OF OFFICER	104,961.	EMPLOYEE COMPENSATION		Х
(3)	ANGELA MICHELLI	FAMILY MEMBER OF TRUSTEE	39,493.	EMPLOYEE COMPENSATION		Х
(4)	WILLAM E. FITZGERALD, P.E.	FAMILY MEMBER OF OFFICER	131,296.	EMPLOYEE COMPENSATION		Х
(5)	OCEANFIRST BANK	SUBSTANTIAL CONTRIBUTOR	1,551,710.	MORTGAGE PAYMENTS		Х
(6)	MPA, INC.	SUBSTANTIAL CONTRIBUTOR	1,284,463.	FACILITIES RENTAL		Х
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

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

SUPPLEMENTAL INFORMATION

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

AND NONE ARE INFLUENCED BY THE RELATIONSHIPS THAT EXIST WITH THE

INTERESTED PERSONS.

SCHEDULE M (Form 990)

Noncash Contributions

2019

Department of the Treasury Internal Revenue Service

Name of the organization

 \blacktriangleright 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

OMB No. 1545-0047

MONMOUTH UNIVERSITY INC

Employer identification number 21-0634584

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			_
1	Art - Works of art	Х	2.	604,559.	EXPERT OF	INIC	N	
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		3.	16,007.	FMV ON DA	TE C	F S	ALE
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a	Х	
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

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.

SCH M, PART I, LINE 32B

THE UNIVERSITY USES A STOCKBROKER TO SELL GIFTS OF SECURITIES.

TREASURES ADDED TO OUR COLLECTION, AND 3) 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

JSA Schedule M (Form 990) (2019)

9E1508 1.000

4843DK 700J V 19-8.3F 0165922-00006 PAGE 80

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

21-0634584

MONMOUTH UNIVERSITY INC

GENERAL STATEMENT REGARDING COVID-19 PANDEMIC

AS A RESULT OF THE CORONAVIRUS PANDEMIC, THE UNIVERSITY PROVIDED CREDITS

TO STUDENTS OF \$5,204,363 FOR ROOM AND BOARD, COMMUTER MEAL PLANS AND

COMMUTER PARKING FEES FOR SERVICES THE UNIVERSITY COULD NO LONGER PROVIDE

FOR THE REMAINDER OF THE SPRING 2020 SEMESTER.

IN ADDITION, THE UNIVERSITY RECEIVED AN ALLOCATION FROM THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) ESTABLISHED UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT) OF \$4,935,299, WHICH INCLUDED \$2,467,650 TO PROVIDE EMERGENCY AID TO ELIGIBLE STUDENTS AND \$2,467,649 TO MITIGATE THE FINANCIAL LOSSES ASSOCIATED WITH COVID-19 DISRUPTIONS TO THE UNIVERSITY. AS OF JUNE 30, 2020, \$2,430,055 WAS DISTRIBUTED TO STUDENTS. FEDERAL GRANT REVENUE WAS RECOGNIZED TOTALING \$4,860,110 FOR THE YEAR ENDING JUNE 30, 2020.

THERE CONTINUES TO BE SIGNIFICANT UNCERTAINTY AROUND THE BREADTH AND DURATION OF BUSINESS DISRUPTIONS RELATED TO COVID-19 AS WELL AS ITS IMPACT ON THE U.S. AND INTERNATIONAL ECONOMIES. AS SUCH, THE UNIVERSITY IS UNABLE TO DETERMINE IF IT WILL HAVE A MATERIAL IMPACT TO ITS FINANCIAL STATEMENTS IN THE FUTURE.

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

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

REGULAR TRUSTEES, LIFE TRUSTEES AND TRUSTEES EMERITI. THE CURRENT LIFE

MONMOUTH UNIVERSITY INC

TRUSTEES WERE ELIGIBLE TO BE ELECTED TO A FIVE YEAR TERM AFTER

DISTINCTIVE SERVICE ON THE BOARD FOR TWO FULL TERMS AS A REGULAR TRUSTEE;

NO NEW LIFE TRUSTEES MAY BE APPOINTED. AT THE END OF THE FIVE YEAR TERM,

THE LIFE TRUSTEE AUTOMATICALLY BECOMES A TRUSTEE EMERITIS. TRUSTEES

EMERITI ARE ELIGIBLE TO BE ELECTED AFTER DISTINCTIVE SERVICE FOR AT LEAST

TWO CONSECUTIVE TERMS WITHOUT INTERRUPTION AS A REGULAR TRUSTEE 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. TRUSTEE EMERITI MAY VOTE ON NON-FINAL MATTERS

AT COMMITTEE MEETINGS BUT NOT AT FULL BOARD MEETINGS. THERE ARE TWELVE

MEMBERS OF THE BOARD OF TRUSTEES WHO ARE TRUSTEE EMERITI.

THE BOARD OF TRUSTEES HAS AN EXECUTIVE COMMITTEE THAT IS AUTHORIZED TO ACT 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 TAKE ANY ACTION THAT THE FULL BOARD OF
TRUSTEES IS AUTHORIZED TO TAKE WITH CERTAIN EXCEPTIONS. THE EXECUTIVE
COMMITTEE MAY NOT: TAKE ANY ACTION INCONSISTENT WITH A PRIOR ACT OF THE
FULL BOARD OF TRUSTEES, AWARD DEGREES (OTHER THAN HONORARY DEGREES),
SELECT OR APPOINT TRUSTEES OR OFFICERS, CHANGE THE UNIVERSITY'S MISSION

MONMOUTH UNIVERSITY INC

OR PURPOSE, SELL THE UNIVERSITY'S ASSETS, ADOPT THE ANNUAL BUDGET, ALTER BYLAWS, REMOVE OR APPOINT THE PRESIDENT OR TAKE ANY ACTION SPECIFICALLY RESERVED TO 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. A FINAL DRAFT OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE AT A REGULAR MEETING FOR THEIR REVIEW AND COMMENT. 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 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 AND THE PRESIDENT'S CABINET OFFICERS 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, LINES 15A AND 15B

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 DOCUMENT 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 COMPENSATION DATA PROVIDED BY AN INDEPENDENT OUTSIDE

CONSULTANT AND MAKE COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF

TRUSTEES AS TO THE COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY.

MINUTES OF BOTH THE COMPENSATION COMMITTEE AND THE BOARD OF TRUSTEES

MEETINGS CONCERNING SUCH ACTIONS ARE REVIEWED AND APPROVED BY BOTH

BODIES.

FORM 990, PART VI, SECTION C, LINE 19

MONMOUTH UNIVERSITY DOES NOT CURRENTLY MAKE ITS GOVERNING DOCUMENTS

AVAILABLE TO THE GENERAL PUBLIC. THE UNIVERSITY'S CONFLICT OF INTEREST

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number
21-0634584

POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.

FORM 990, PART VII, LINE 1A

REPORTABLE COMPENSATION FOR WILLIAM O. GEORGE III WAS NOT RECEIVED IN HIS CAPACITY AS TRUSTEE, RATHER AS AN ADJUNCT FACULTY MEMBER.

FORM 990, PART XI, LINE 9

ADJUSTMENT OF \$(1,068) TO CONTRIBUTIONS RECEIVED DURING THE FISCAL YEAR ENDED JUNE 30, 2019 INCLUDED IN THE 2018 FORM 990, PART VIII, LINE 1F THAT WERE RECORDED IN THE AUDITED FINANCIAL STATEMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2020.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S 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.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HIGHER EDUCATION, RESEARCH AND PUBLIC SERVICE:

MONMOUTH UNIVERSITY'S 170.21-ACRE CAMPUS IS LOCATED IN WEST LONG

Name of the organization
MONMOUTH UNIVERSITY INC

Employer identification number 21-0634584

ATTACHMENT 2 (CONT'D)

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, 23 MASTER'S DEGREES AND 2

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 HAS

AN HONORS SCHOOL.

AT MONMOUTH UNIVERSITY, THERE ARE FIVE 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 CENTERS OF DISTINCTION- THE INSTITUTE OF HEALTH AND WELLNESS (IHW), THE POLLING INSTITUTE, THE URBAN COAST INSTITUTE, THE KISLAK REAL ESTATE INSTITUTE, AND THE CENTER OF THE ARTS- 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), NATIONAL COUNCIL FOR ACCREDITATION OF TEACHER

Name of the organization
MONMOUTH UNIVERSITY INC

Employer identification number 21-0634584

ATTACHMENT 2 (CONT'D)

EDUCATION (NCATE), COUNCIL FOR ACCREDITATION OF COUNSELING AND RELATED EDUCATION PROGRAMS (CACREP) (MSED AND MS CLINICAL MENTAL HEALTH COUNSELING), NATIONAL ADDICTION STUDIES ACCREDITATION COMMISSION (NASAC) (MA ADDICTION STUDIES), COUNCIL ON ACADEMIC ACCREDITATION IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY (CAA) OF THE AMERICAN SPEECH AND-LANGUAGE HEARING ASSOCIATION (MSED SPEECH-LANGUAGE PATHOLOGY), ACCREDITATION REVIEW COMMISSION ON EDUCATION FOR THE PHYSICIAN ASSISTANT, INC. (ARC-PA) (FULLY ACCREDITED MS PHYSICIAN ASSISTANT PROGRAM), ON THE APPROVED LIST OF THE AMERICAN CHEMICAL SOCIETY (ACS), AND THE CERTIFICATE IN APPLIED BEHAVIOR ANALYSIS IS APPROVED BY THE BEHAVIOR ANALYST CERTIFICATION BOARD.

MONMOUTH'S FALL 2019 STUDENT ENROLLMENT WAS 4450 UNDERGRADUATE

(97% FULL-TIME) AND 1503 GRADUATE STUDENTS (41% FULL-TIME) WHO

REPRESENTED 36 STATES AND 34 COUNTRIES. MONMOUTH EMPLOYS 320

FULL-TIME FACULTY OF WHOM 75% HAVE EARNED THEIR TERMINAL DEGREE.

MONMOUTH STUDENTS RECEIVE INDIVIDUALIZED FACULTY ATTENTION WITH A

12:1 STUDENT-TO-FACULTY RATIO AND AVERAGE CLASS SIZES OF 21 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

Name of the organization
MONMOUTH UNIVERSITY INC

Employer identification number 21-0634584

ATTACHMENT 2 (CONT'D)

OPPORTUNITIES. MONMOUTH IS THE ONLY NEW JERSEY INSTITUTION TO

OFFER THE PEACE CORPS VOLUNTARY PREPARATION PROGRAM. MONMOUTH'S

FIRST-YEAR RETENTION IS 81.1% AND OUR SIX-YEAR GRADUATION RATE IS

73.3%.

MONMOUTH'S BEAUTIFUL COASTAL RESIDENTIAL CAMPUS HOUSES AS MANY AS

1915 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 23 DIVISION I NCAA ATHLETIC TEAMS, 14 CLUB SPORTS, AND 12

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

SUPPLEMENTAL INSTRUCTION.

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," AND IS A CLIMBING
UNIVERSITY IN THE U.S. NEWS & WORLD REPORT FOR THE LAST SIXTEEN

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

ATTACHMENT 2 (CONT'D)

YEARS.

FOR ADDITIONAL INFORMATION, PLEASE VISIT OUR WEBSITE AT

WWW.MONMOUTH.EDU.

ATTACHMENT 3

990. PA	ART VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COMPASS GROUP USA, INC P.O. BOX 417632 BOSTON, MA 02241-7632	FOOD SERVICE	7,895,545.
CORPORATE INCENTIVES, INC 291 US 22 EAST, BLDG 9 LEBANON, NJ 08833	ADVERTISING	1,342,334.
BRAUN RESEARCH 271 WALL STREET PRINCETON, NJ 08540	POLLING STATS	418,035.
ELLUCIAN COMPANY, L.P. 2003 EDMUND HALLEY DRIVE RESTON, VA 20191	SOFTWARE SYSTEMS	401,859.
NJ EDGE NET INC 625 BROAD STREET, SUITE 260 NEWARK, NJ 07102-4418	INTERNET SERVICES	397,572.

SCHEDULE R (Form 990)

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.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number 21-0634584

Part I	Part I identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(controlled entity?	
						Yes	No
(1) BRUCE SPRINGSTEEN ARCHIVES & CENTER 82-5325604							
400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764	EDUCATION	NJ	501(C)(3)	12A TYPE I	N/A	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity entity (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)		(f) (g) Share of total Share of end-of- income year assets		(d) (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (f) Share of total income year assets (g) Share of end-of-year assets		ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or naging tner?	(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No		
(1)													
(2)													
(3)													
(4)													
(5)	_												
(6)	_												
(7)	_												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(control entity
<u>(1)</u>								Yes N
(2)								
(3)								
(4) (5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Page 3

Schedule R (Form 990) 2019		
	 	000 5 107 11 04 051 00

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
,	2000 of facilities, equipment, of enter access to relation organization(o), 1111111111111111111111111111111111						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10	Х	
Ū	onaring of paid employees with related organization(s)						
n	Reimbursement paid to related organization(s) for expenses				1р		Х
	Reimbursement paid by related organization(s) for expenses				1q	Х	
ч	Tellibursement paid by related organization(s) for expenses 1111111111111111111111111111111111				. 4		
	Other transfer of cash or property to related organization(s)				1r		Х
S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and trans	action thre		s.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method amo	of dete unt invo		g
/4\	DDIIGE CDDINGGEEN ADGUITTEC C GENEED	С	200,583.	VENDO) T \ T	VIOT (تات
(1)	BRUCE SPRINGSTEEN ARCHIVES & CENTER		∠00,563.	A FINDO	Z TIN	AOT(<u></u>
(2)	BRUCE SPRINGSTEEN ARCHIVES & CENTER	0	104,608.	TIME 2	AND	EFF()RT

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BRUCE SPRINGSTEEN ARCHIVES & CENTER	С	200,583.	VENDOR INVOICE
(2)	BRUCE SPRINGSTEEN ARCHIVES & CENTER	0	104,608.	TIME AND EFFORT
(3)	BRUCE SPRINGSTEEN ARCHIVES & CENTER	Q	91,519.	VENDOR INVOICE
(4)				
(5)				
(6)				

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

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Part VII Supplemental Information

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