

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization MONMOUTH UNIVERSITY INC		D Employer identification number 21-0634584
	Doing business as MONMOUTH UNIVERSITY		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (732) 571-3407
	400 CEDAR AVENUE		
City or town, state or province, country, and ZIP or foreign postal code WEST LONG BRANCH, NJ 07764-1898		G Gross receipts \$ 315,571,124.	
F Name and address of principal officer: PATRICK F. LEAHY SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: ▶ WWW.MONMOUTH.EDU		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1948	M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MONMOUTH UNIVERSITY IS A COMPREHENSIVE INSTITUTION OF HIGHER EDUCATION (CONTINUED ON SCH. O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	3002
	6 Total number of volunteers (estimate if necessary)	6	627
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	182,281.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	40,635.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,531,426.	18,755,076.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	241,339,413.	228,311,212.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,383,865.	8,060,373.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	261,817,017.	255,716,503.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	78,631,751.	83,857,466.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	124,020,733.	121,545,057.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,982,186.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,422,446.	50,707,882.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	260,074,930.	256,110,405.	
19 Revenue less expenses. Subtract line 18 from line 12	1,742,087.	-393,902.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	405,562,336.	433,315,902.
	22 Net assets or fund balances. Subtract line 21 from line 20	43,079,622.	46,044,819.
		362,482,714.	387,271,083.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	WILLIAM CRAIG, VP FOR FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature	Date 5/6/2022	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. (212) 599-0100		
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARY BYRNE

- The books are in the care of ▶ 400 CEDAR AVENUE - WEST LONG BEACH, NJ 07764-1898
Telephone No. ▶ (732) 571-3407 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 215,675,893. including grants of \$ 83,857,466.) (Revenue \$ 228,311,312.) SEE SCHEDULE O

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

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

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

4e Total program service expenses 215,675,893.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included on line 1a, above, who are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK F. LEAHY PRESIDENT	70.00 2.00	X		X			702,378.	0.	181,677.	
(2) KING D. RICE HEAD BASKETBALL COACH	40.00 0.00					X	548,501.	0.	63,859.	
(3) WILLIAM CRAIG VP FOR FINANCE	55.00 0.00			X			313,561.	0.	55,520.	
(4) DONALD MOLIVER DEAN - SCHOOL OF BUSINESS	40.00 0.00					X	287,234.	0.	51,455.	
(5) PATRICIA SWANNACK VP FOR ADMINISTRATIVE SERVICES	55.00 0.00			X			288,503.	0.	49,929.	
(6) ROBERT MCCAIG VP ENROLLMENT MANAGEMENT	55.00 0.00			X			261,194.	0.	55,198.	
(7) EDWARD CHRISTENSEN VP/INFORMATION MANAGEMENT	55.00 0.00			X			225,507.	0.	89,208.	
(8) JOHN CHRISTOPHER VP & GENERAL COUNSEL	55.00 3.00			X			256,864.	0.	54,457.	
(9) KENNETH WOMACK - DEAN-SCHOOL OF HUMANITIES (THRU 06/21)/FACULTY	40.00 0.00					X	264,139.	0.	44,787.	
(10) MARILYN MCNEIL VP/DIRECTOR ATHLETICS	55.00 0.00			X			253,137.	0.	52,350.	
(11) THOMAS S. PEARSON PROFESSOR	40.00 0.00					X	251,149.	0.	50,546.	
(12) JONATHAN MEER - VP FOR UNIV. ADV. (THRU 07/20)/SR. PHIL. ADV.	55.00 0.00			X			234,996.	0.	59,162.	
(13) ANTHONY MACDONALD DIRECTOR/URBAN COAST INSTITUTE	40.00 0.00					X	239,159.	0.	50,006.	
(14) REKHA DATTA INTERIM SR VP/PROVOST	55.00 0.00			X			260,075.	0.	23,220.	
(15) MARY ANNE NAGY VP FOR STUDENT SERVICES	55.00 0.00			X			250,761.	0.	21,320.	
(16) LAURA MORIARTY PROFESSOR	40.00 0.00					X	225,059.	0.	29,952.	
(17) AMANDA M. KLAUS - EXECUTIVE DIR. (AS OF 01/21)/INT VP. UNIV. ADV	55.00 0.00			X			151,357.	0.	23,783.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEANA M. PISCATELLI TRUSTEE AND CHAIRMAN	9.00 0.00	X		X				0.	0.	0.
(19) JOHN A. BROCKRIEDE, JR. TRUSTEE AND VICE CHAIRMAN	5.00 0.00	X		X				0.	0.	0.
(20) LESLIE N. HITCHNER TRUSTEE AND VICE CHAIRMAN	5.00 0.00	X		X				0.	0.	0.
(21) CHRISTOPHER D. MAHER TRUSTEE AND TREASURER	5.00 0.00	X		X				0.	0.	0.
(22) JOHN C. CONOVER, III TRUSTEE AND SECRETARY	5.00 0.00	X		X				0.	0.	0.
(23) MILES AUSTIN, III TRUSTEE (AS OF 07/20)	1.00 0.00	X						0.	0.	0.
(24) MICHAEL V. BENEDETTO TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) TASHA ANN YOUNGBLOOD BROWN TRUSTEE (AS OF 07/20)	1.00 0.00	X						0.	0.	0.
(26) THOMAS D. BYER TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								5,013,574.	0.	956,429.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,013,574.	0.	956,429.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 258

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPASS GROUP USA, INC D/B/A GOURMET DINING P.O. BOX 417632, BOSTON, MA 02241-7632	FOOD SERVICE	5,172,605.
GB CONTRACTING, INC, 63 W. MAIN STREET, P.O. BOX 5008, FREEHOLD, NJ 07728	CONTRACTORS	922,035.
BRAUN RESEARCH 271 WALL STREET, PRINCETON, NJ 08540	POLLING STATS	734,191.
CORPORATE INCENTIVES, INC D/B/A CI-GROUP 291 US 22 EAST, BLDG 9, LEBANON, NJ 08833	ADVERTISING	465,700.
CONVERGEONE, INC, NW 5806 P.O. BOX 1450, MINNEAPOLIS, MN 55485	PHONE SYSTEM MAINTENANCE	349,232.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 33

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KARYN F. CUSANELLI TRUSTEE	2.00 0.00	X						0.	0.	0.
(28) MARY VADEN EISENSTADT TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) DENIS J. GALLAGHER TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) STEPHEN E. GERARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) JEREMY GRUNIN TRUSTEE (AS OF 07/20)	1.00 0.00	X						0.	0.	0.
(32) RAYMOND G. KLOSE TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) NANCY A. LEIDERSDORFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) DEAN Q. LIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) LISA MCKEAN TRUSTEE	2.00 1.00	X						0.	0.	0.
(36) THOMAS J. MICHELLI TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) VALERIE MONTECALVO TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) ANTOINETTE M. MUSORRAFITI TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) TAVIT O. NAJARIAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(40) MICHAEL A. PLOWICK TRUSTEE	1.00 1.00	X						0.	0.	0.
(41) CHRISTOPHER W. SHAW TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) WEBSTER B. TRAMMELL, JR. TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) JAMES S. VACARRO TRUSTEE (AS OF 07/20)	1.00 0.00	X						0.	0.	0.
(44) MARIANNE HESSE LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) HAROLD L. HODES LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) WILLIAM B. ROBERTS LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 47,500.				
	b	Membership dues	1b				
	c	Fundraising events	1c 146,450.				
	d	Related organizations	1d 27,106.				
	e	Government grants (contributions)	1e 12,399,362.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,134,658.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 775,957.				
	h	Total. Add lines 1a-1f		18,755,076.			
	Program Service Revenue	2 a	TUITION AND FEES	Business Code 900099	206,679,364.	206,679,364.	
b		AUXILIARY ENTERPRISES	721310	17,716,613.	17,716,613.		
c		OTHER	900099	3,852,245.	3,760,922.	91,323.	
d		GOVERNMENT CONTRACTS	541700	62,990.	62,990.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		228,311,212.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,104,575.		13,245.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		16,184.		16,184.	
	6 a	Gross rents	(i) Real	384,581.			
			(ii) Personal	54,429.			
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		384,581.		54,429.	
	d	Net rental income or (loss)		439,010.		55,236.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	65,680,339.			
			(ii) Other	55,303.			
	7 b	Less: cost or other basis and sales expenses		59,723,209.		56,635.	
	7 c	Gain or (loss)		5,957,130.		-1,332.	
	d	Net gain or (loss)		5,955,798.		5,955,798.	
8 a	Gross income from fundraising events (not including \$ 146,450. of contributions reported on line 1c). See Part IV, line 18		95,625.				
8 b	Less: direct expenses		74,777.				
c	Net income or (loss) from fundraising events		20,848.			20,848.	
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SPONSOR ADVERTISING	Business Code 541890	91,265.		91,265.	
	b	MARINE VESSEL REVENUE	532411	10,470.		10,470.	
	c	FITNESS CENTER	713940	7,603.		7,603.	
	d	All other revenue	900099	4,462.		4,462.	
	e	Total. Add lines 11a-11d		113,800.			
12	Total revenue. See instructions		255,716,503.	228,219,889.	182,281.	8,559,257.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	762,327.	762,327.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	83,095,139.	83,095,139.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,602,435.	860,261.	2,165,064.	577,110.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	201,016.		201,016.	
7 Other salaries and wages	87,003,227.	69,548,248.	15,937,589.	1,517,390.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,187,612.	4,200,967.	955,915.	30,730.
9 Other employee benefits	19,108,727.	15,194,390.	3,725,492.	188,845.
10 Payroll taxes	6,442,040.	5,079,505.	1,287,277.	75,258.
11 Fees for services (nonemployees):				
a Management				
b Legal	65,990.		65,990.	
c Accounting	207,090.		207,090.	
d Lobbying	11,555.		11,555.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,186,161.		1,186,161.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	8,544,313.	6,853,207.	1,580,897.	110,209.
12 Advertising and promotion	1,714,957.	210,439.	1,504,518.	
13 Office expenses	3,320,404.	2,534,233.	716,660.	69,511.
14 Information technology	1,775,908.	359,340.	1,416,568.	
15 Royalties				
16 Occupancy	10,483,425.	7,282,069.	3,067,853.	133,503.
17 Travel	982,552.	619,316.	362,628.	608.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	398,394.	358,483.	39,911.	
20 Interest	359,965.	359,965.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,789,893.	12,766,316.	790,103.	233,474.
23 Insurance	2,363,243.	1,780,761.	546,707.	35,775.
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.)				
a DUES AND MEMBERSHIPS	1,905,249.	523,321.	1,373,920.	8,008.
b BOOKSTORE MATERIALS	1,143,173.	1,143,173.		
c LIBRARY MATERIALS	897,693.	897,693.		
d RES. ASST. ROOM & BOARD	819,481.	819,481.		
e All other expenses	738,436.	427,259.	309,412.	1,765.
25 Total functional expenses. Add lines 1 through 24e	256,110,405.	215,675,893.	37,452,326.	2,982,186.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	13,832.	1	14,184.
	2 Savings and temporary cash investments	17,456,266.	2	10,125,911.
	3 Pledges and grants receivable, net	10,407,394.	3	9,560,643.
	4 Accounts receivable, net	2,094,145.	4	1,423,341.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	796,162.	8	660,237.
	9 Prepaid expenses and deferred charges	2,425,674.	9	1,857,959.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 415,216,386.		
	b Less: accumulated depreciation	10b 213,913,157.		
	11 Investments - publicly traded securities	210,827,434.	10c	201,303,229.
	12 Investments - other securities. See Part IV, line 11	59,063,948.	11	75,590,964.
	13 Investments - program-related. See Part IV, line 11	98,091,147.	12	128,717,334.
	14 Intangible assets	4,091,826.	13	3,897,563.
	15 Other assets. See Part IV, line 11	294,508.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	405,562,336.	15	164,537.	
		16	433,315,902.	
Liabilities	17 Accounts payable and accrued expenses	14,416,270.	17	20,861,300.
	18 Grants payable		18	
	19 Deferred revenue	8,462,850.	19	7,975,479.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,307,319.	23	3,688,320.
	24 Unsecured notes and loans payable to unrelated third parties	2,460,115.	24	2,256,087.
	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	11,433,068.	25	11,263,633.
	26 Total liabilities. Add lines 17 through 25	43,079,622.	26	46,044,819.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	285,360,746.	27	292,264,257.
	28 Net assets with donor restrictions	77,121,968.	28	95,006,826.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	362,482,714.	32	387,271,083.
33 Total liabilities and net assets/fund balances	405,562,336.	33	433,315,902.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	255,716,503.
2	Total expenses (must equal Part IX, column (A), line 25)	2	256,110,405.
3	Revenue less expenses. Subtract line 2 from line 1	3	-393,902.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	362,482,714.
5	Net unrealized gains (losses) on investments	5	25,182,271.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	387,271,083.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,545,363.	11,837,677.	9,826,236.	13,531,426.	18,755,076.	62,495,778.
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	8,545,363.	11,837,677.	9,826,236.	13,531,426.	18,755,076.	62,495,778.
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)						339,355.
6 Public support. Subtract line 5 from line 4.						62,156,423.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,545,363.	11,837,677.	9,826,236.	13,531,426.	18,755,076.	62,495,778.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,852,677.	3,196,486.	4,122,316.	3,539,824.	2,491,288.	16,202,591.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	822,914.	839,954.	597,481.	440,235.	182,281.	2,882,865.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	304,648.	402,592.	396,165.	252,004.	95,625.	1,451,034.
11 Total support. Add lines 7 through 10						83,032,268.
12 Gross receipts from related activities, etc. (see instructions)					12	1,198,343,059.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	74.86 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

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

GROSS INCOME FROM GAMING

2016 AMOUNT: \$ 26,884.

2017 AMOUNT: \$ 50,791.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

GROSS INCOME FROM SPECIAL EVENTS

2016 AMOUNT: \$ 277,764.

2017 AMOUNT: \$ 351,801.

2018 AMOUNT: \$ 396,165.

2019 AMOUNT: \$ 252,004.

2020 AMOUNT: \$ 95,625.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,421,051.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 4,904,326.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,464,845.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 710,538.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 564,006.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 727,901.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 435,541.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">MONMOUTH UNIVERSITY INC</p>	Employer identification number <p style="text-align: center;">21-0634584</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

LHA
032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	109,203.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	109,203.	0.												
d	Other exempt purpose expenditures	251,942,058.	0.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	252,051,261.	0.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	115,272.	110,619.	114,689.	109,203.	449,783.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	<u>41,001.</u>
(ii) Assets included in Form 990, Part X	▶ \$	<u>2,885,290.</u>

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	108,463,000.	109,097,000.	100,970,000.	90,313,000.	78,999,000.
b Contributions	2,762,000.	3,134,000.	4,766,000.	6,484,000.	3,790,000.
c Net investment earnings, gains, and losses	31,389,000.	344,000.	7,234,000.	7,854,000.	10,430,000.
d Grants or scholarships	1,496,000.	1,273,000.	1,264,000.	1,130,000.	1,031,000.
e Other expenditures for facilities and programs	3,148,000.	2,839,000.	2,609,000.	2,551,000.	1,875,000.
f Administrative expenses					
g End of year balance	137,970,000.	108,463,000.	109,097,000.	100,970,000.	90,313,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 39.0000 %
 - b Permanent endowment 31.0000 %
 - c Term endowment 30.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,726,527.		17,726,527.
b Buildings	330,000.	242,698,113.	98,041,701.	144,986,412.
c Leasehold improvements		3,553,357.	1,416,593.	2,136,764.
d Equipment		34,000,697.	25,283,747.	8,716,950.
e Other		116,907,692.	89,171,116.	27,736,576.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				201,303,229.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITY FUNDS	64,682,069.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME FUNDS	20,602,602.	END-OF-YEAR MARKET VALUE
(C) HEDGE EQUITY FUNDS	13,339,704.	END-OF-YEAR MARKET VALUE
(D) NON-MARKETABLE FUNDS	30,014,908.	END-OF-YEAR MARKET VALUE
(E) OTHER	78,051.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	128,717,334.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	177,023.
(3) STUDENT LOAN GRANTS REFUNDABLE	3,641,573.
(4) ASSET RETIREMENT OBLIGATION	7,437,487.
(5) DUE TO AFFILIATE	7,550.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	11,263,633.

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

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

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

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	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART III, LINE 4:

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

Part XIII Supplemental Information (continued)

WORKS ARE MADE AVAILABLE ON LOAN TO REQUESTING INSTITUTIONS.

PART V, LINE 4:

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

PART X, LINE 2:

FIN 48

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

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

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

Part I

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

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

Schedule E (Form 990 or 990-EZ) 2020

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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. DEPARTMENT OF HEALTH AND HUMAN SERVICES, NATIONAL SCIENCE FOUNDATION, NJ DEPARTMENT OF TRANSPORTATION, NJ STATE COUNCIL OF THE ARTS, NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION AND OTHER FEDERAL AND STATE AGENCIES. IN ADDITION, AS A RESULT OF THE COVID-19 PANDEMIC, THE UNIVERSITY RECEIVED AN ALLOCATION FROM THE HIGHER EDUCATION EMERGENCY RELIEF FUND (HEERF) ESTABLISHED UNDER THE CARES ACT TO PROVIDE EMERGENCY AID TO ELIGIBLE STUDENTS AND TO MITIGATE FINANCIAL LOSSES ASSOCIATED WITH COVID-19. (SEE SCHEDULE O - GENERAL STATEMENT REGARDING COVID-19 PANDEMIC)

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	STUDY ABROAD PROGRAM	12,386.
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	ACADEMIC SUPPORT	1,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	STUDENT SERVICES	35,981.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	RESEARCH	8,100.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	ACADEMIC SUPPORT	2,615.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		2,275,000.
3 a Subtotal	0	7			2,335,082.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	7			2,335,082.

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

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020

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 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.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	242,075.		242,075.
	2	Less: Contributions	146,450.		146,450.
	3	Gross income (line 1 minus line 2)	95,625.		95,625.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	51,320.		51,320.
	7	Food and beverages			
	8	Entertainment	4,620.		4,620.
	9	Other direct expenses	18,837.		18,837.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			74,777.
11	Net income summary. Subtract line 10 from line 3, column (d)			20,848.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOROUGH OF WEST LONG BRANCH 967 BROADWAY WEST LONG BRANCH, NJ 07764	21-6001351	GOVERNMENT	36,477.	0.			GENERAL SUPPORT
CITY OF LONG BRANCH 344 BROADWAY LONG BRANCH, NJ 07740	21-6000806	GOVERNMENT	75,825.	0.			GENERAL SUPPORT
HUDSON RIVER FOUNDATION FOR SCIENCE AND ENVIRONMENT - 17 BATTERY PL, STE 915 - NEW YORK, NY 10004	13-3089956	501(C)(3)	638,130.	0.			GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION DISCOUNT	5190	76,219,602.	0.		
AUXILIARY ENTERPRISE DISCOUNT	369	4,372,147.	0.		
CRRSA ACT EMERGENCY GRANTS	2996	2,464,845.	0.		
CARES ACT EMERGENCY GRANTS	60	37,595.	0.		
PRESIDENT'S RELIEF FUND GRANTS	4	950.	0.		

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

PART I, LINE 2:

MONMOUTH UNIVERSITY GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS ARE MODEST

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

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

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

SCHOLARSHIPS MAY BE UNIVERSITY INSTITUTIONAL FUNDS, GOVERNMENT FUNDS OR

DONOR FUNDS. UNIVERSITY FUNDED SCHOLARSHIPS ARE ADMINISTERED BY THE

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

AWARDED USING A CALCULATION DRIVEN BY PRIOR ACADEMIC PERFORMANCE

Part IV Supplemental Information

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

FINANCIAL AID OFFICE WITH STRICT ADHERENCE TO GOVERNMENT REGULATIONS AND

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

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

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

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

CRITERIA AND THESE CRITERIA ARE MAINTAINED FOR REFERENCE IN BOTH THE

UNIVERSITY'S DEVELOPMENT AND FINANCIAL AID OFFICES.

DURING FISCAL YEAR 2021, THE UNIVERSITY DISTRIBUTED EMERGENCY GRANTS TO

STUDENTS UNDER THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL

APPROPRIATIONS ACT, 2020 (CRRSA), AUTHORIZING FUNDING FOR HIGHER EDUCATION

INSTITUTIONS AS WELL AS FUNDING TO BE DIRECTED TO QUALIFYING STUDENTS

THROUGH THE HIGHER EDUCATION EMERGENCY RELIEF FUND II (HEERF II). IN

ADDITION, FUNDS THAT WERE UNSPENT UNDER THE CORONAVIRUS AID, RELIEF AND

ECONOMIC SECURITY (CARES) ACT OF 2020 WERE AWARDED DURING FISCAL YEAR 2021

UNDER THE PROVISIONS OF HEERFII. 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 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 STUDENT APPLICATIONS AND AWARDED

HARDSHIP GRANTS TO SUPPORT STUDENT HARDSHIPS ARISING FROM THE PANDEMIC,

INCLUDING BUT NOT LIMITED TO, TECHNOLOGY ACCESS, FOOD INSECURITIES, AND

Part IV Supplemental Information

NECESSITIES FOR DAILY LIVING.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- 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 **1b** X

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? **2** X

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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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.

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

a The organization? **5a** X

b Any related organization? **5b** X

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization? **6a** X

b Any related organization? **6b** X

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK F. LEAHY PRESIDENT	(i)	601,160.	100,000.	1,218.	22,800.	158,877.	884,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KING D. RICE HEAD BASKETBALL COACH	(i)	498,107.	5,000.	45,394.	22,800.	41,059.	612,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM CRAIG VP FOR FINANCE	(i)	307,449.	0.	6,112.	22,800.	32,720.	369,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONALD MOLIVER DEAN - SCHOOL OF BUSINESS	(i)	279,573.	0.	7,661.	22,800.	28,655.	338,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA SWANNACK VP FOR ADMINISTRATIVE SERVICES	(i)	282,392.	0.	6,111.	22,800.	27,129.	338,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT MCCAIG VP ENROLLMENT MANAGEMENT	(i)	259,804.	0.	1,390.	20,973.	34,225.	316,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) EDWARD CHRISTENSEN VP/INFORMATION MANAGEMENT	(i)	225,507.	0.	0.	18,409.	70,799.	314,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN CHRISTOPHER VP & GENERAL COUNSEL	(i)	255,474.	0.	1,390.	20,968.	33,489.	311,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KENNETH WOMACK - DEAN-SCHOOL OF HUMANITIES (THRU 06/21)/FACULTY	(i)	235,154.	0.	28,985.	21,258.	23,529.	308,926.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARILYN MCNEIL VP/DIRECTOR ATHLETICS	(i)	240,342.	0.	12,795.	19,739.	32,611.	305,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS S. PEARSON PROFESSOR	(i)	240,687.	0.	10,462.	19,731.	30,815.	301,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JONATHAN MEER - VP FOR UNIV. ADV. (THRU 07/20)/SR. PHIL. ADV.	(i)	207,208.	0.	27,788.	19,067.	40,095.	294,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANTHONY MACDONALD DIRECTOR/URBAN COAST INSTITUTE	(i)	233,114.	0.	6,045.	19,161.	30,845.	289,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) REKHA DATTA INTERIM SR VP/PROVOST	(i)	256,007.	0.	4,068.	20,703.	2,517.	283,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARY ANNE NAGY VP FOR STUDENT SERVICES	(i)	246,742.	0.	4,019.	19,887.	1,433.	272,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LAURA MORIARTY PROFESSOR	(i)	223,803.	0.	1,256.	18,018.	11,934.	255,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) AMANDA M. KLAUS - EXECUTIVE DIR. (AS OF 01/21)/INT VP. UNIV. ADV	(i)	150,053.	0.	1,304.	12,121.	11,662.	175,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCE OR RESIDENCE

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

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

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

A HOME LOCATED ON CAMPUS AND PROVIDED BY THE UNIVERSITY AT ITS EXPENSE.

THE VALUE OF THE PRESIDENT'S RESIDENCE FOR PERSONAL USE OF \$105,300 IS

REPORTED AS NON-TAXABLE COMPENSATION ON FORM 990.

HEALTH OR SOCIAL CLUB DUES

THE BOARD OF TRUSTEES REQUIRES THE UNIVERSITY TO MAINTAIN A MEMBERSHIP WITH

A LOCAL GOLF CLUB SOLELY TO BE USED FOR UNIVERSITY FUNDRAISING, FRIEND

RAISING AND OTHER UNIVERSITY BUSINESS. THE PRESIDENT AND THE VICE PRESIDENT

FOR ADVANCEMENT HELD THIS MEMBERSHIP DURING THE YEAR. THIS MEMBERSHIP IS

INCLUDED AS NON-TAXABLE COMPENSATION ON FORM 990 (\$13,613 FOR THE PRESIDENT

AND \$9,326 FOR THE VICE PRESIDENT FOR ADVANCEMENT).

PERSONAL SERVICES

THE PRESIDENT'S RESIDENCE FOR PERSONAL USE IS OCCASIONALLY CLEANED BY

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.

UNIVERSITY STAFF. THE VALUE OF THIS SERVICE IS INCLUDED AS COMPENSATION ON

THE PRESIDENT'S W-2 AND ON FORM 990.

PART I, LINE 7:

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DIANE FITZGERALD	FAM MBR OF OFFICER	55,362.	EMPL. COMP.		X
JAMES GAUL	FAM MBR OF OFFICER	104,052.	EMPL. COMP.		X
ANGELA MICHELLI	FAM MBR OF TRUSTEE	41,602.	EMPL. COMP.		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV:

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

AND NONE ARE INFLUENCED BY THE RELATIONSHIPS THAT EXIST WITH THE

INTERESTED PERSONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	2	41,001.	EXPERT OPINION
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	331,500.	SELLING PRICE
9 Securities - Publicly traded	X	4	302,055.	FMV ON DATE OF SALE
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	X	1	91,000.	EXPERT OPINION
25 Other (SUPPLIES)	X	2	10,401.	SELLING PRICE
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

THE UNIVERSITY USES A STOCKBROKER TO SELL GIFTS OF SECURITIES.

SCH M, PART I, LINE 33:

THE UNIVERSITY ONLY RECORDS REVENUE FOR NON-CASH CONTRIBUTIONS MEETING

THE FOLLOWING CRITERIA: 1) ITEMS ADDED TO OUR EQUIPMENT, LAND,

BUILDING, LAND IMPROVEMENT AND SUPPLY INVENTORY WITH A VALUE OF \$1,000

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

GENERAL STATEMENT REGARDING COVID-19 PANDEMIC:

FOR THE YEAR ENDING JUNE 30, 2021, THE UNIVERSITY WAS AWARDED

CORONAVIRUS ASSISTANCE TOTALING \$21,955,911 WHICH INCLUDED \$8,980,998

TO PROVIDE EMERGENCY AID TO ELIGIBLE STUDENTS AND \$12,974,913 TO

MITIGATE THE FINANCIAL LOSSES ASSOCIATED WITH COVID-19 DISRUPTIONS TO

THE UNIVERSITY. AS OF JUNE 30, 2021, \$2,464,845 WAS DISTRIBUTED TO

STUDENTS. GRANT REVENUE OF \$8,928,381 FROM THIS FUNDING WAS RECOGNIZED

FOR THE YEAR ENDING JUNE 30, 2021. THESE AWARDS WERE RECEIVED FROM THE

FOLLOWING SOURCES LISTED BELOW.

THE UNIVERSITY RECEIVED AN ALLOCATION FROM THE HIGHER EDUCATION

EMERGENCY RELIEF FUND II (HEERF II) ESTABLISHED UNDER THE CORONAVIRUS

RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT, 2021 (CRRSAA) AND

THE HIGHER EDUCATION EMERGENCY RELIEF FUND III (HEERF III) ESTABLISHED

UNDER THE AMERICAN RESCUE PLAN ACT OF 2021. BOTH ALLOCATIONS OF THE

HEERF II AND HEERF III AWARDS INCLUDE FUNDING TO PROVIDE EMERGENCY AID

TO ELIGIBLE STUDENTS AND TO MITIGATE FINANCIAL LOSSES ASSOCIATED WITH

COVID-19 DISRUPTIONS TO THE UNIVERSITY.

IN ADDITION, THE UNIVERSITY RECEIVED ALLOCATIONS FROM THE STATE OF NEW

JERSEY THROUGH THE OFFICE OF THE SECRETARY OF HIGHER EDUCATION,

CORONAVIRUS RELIEF FUND I AND II (CRF I AND CRF II). THE CRF I

ALLOCATION WAS AWARDED TO REIMBURSE THE UNIVERSITY FOR PERSONAL

PROTECTIVE EQUIPMENT PURCHASED AS A RESULT OF THE CORONAVIRUS. THE CRF

II ALLOCATION WAS AWARDED TO THE UNIVERSITY TO MITIGATE FINANCIAL

LOSSES ASSOCIATED WITH COVID-19 DISRUPTIONS.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

FINALLY, THE UNIVERSITY ALSO RECEIVED AN ALLOCATION OF THE CARES ACT PASSED THROUGH THE MONMOUTH COUNTY PERFORMING ARTS ORGANIZATION CORONAVIRUS RELIEF FUND TO PURCHASE EQUIPMENT TO RESUME ITS THEATRE AND ARTS PERFORMANCES SAFELY.

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

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

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

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

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

HIGHER EDUCATION, RESEARCH AND PUBLIC SERVICE:

MONMOUTH UNIVERSITY'S 170.21-ACRE CAMPUS IS LOCATED IN WEST LONG BRANCH ALONG NEW JERSEY'S NORTHERN COASTLINE, AND APPROXIMATELY ONE HOUR FROM BOTH NEW YORK CITY AND PHILADELPHIA. MONMOUTH IS A PRIVATE UNIVERSITY THAT OFFERS INNOVATIVE ACADEMIC PROGRAMS INCLUDING 33 BACHELOR'S DEGREES, 23 MASTER'S DEGREES AND 3 DOCTORAL DEGREES THROUGH THE SIX ACADEMIC SCHOOLS OF LEON HESS BUSINESS SCHOOL, EDUCATION, HUMANITIES AND SOCIAL SCIENCES, NURSING AND HEALTH STUDIES, SCIENCE, AND SOCIAL

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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 FOR EDUCATOR PREPARATION (CAEP), 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) (ACCREDITATION

CONTINUED STATUS), ON THE APPROVED LIST OF THE AMERICAN CHEMICAL

SOCIETY (ACS) BS CHEMISTRY WITH A CONCENTRATION IN ADVANCED CHEMISTRY

AND THE CERTIFICATE IN APPLIED BEHAVIOR ANALYSIS IS THE COURSE SEQUENCE

APPROVED BY THE BEHAVIOR ANALYST CERTIFICATION BOARD TO BE ELIGIBLE TO

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TAKE THE BOARD CERTIFIED BEHAVIOR ANALYST EXAMINATION.

MONMOUTH'S FALL 2020 STUDENT ENROLLMENT WAS 4,264 UNDERGRADUATE (96% FULL-TIME) AND 1,411 GRADUATE STUDENTS (43% FULL-TIME) WHO REPRESENTED 34 STATES AND 33 COUNTRIES. MONMOUTH EMPLOYS 311 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 19 FOR UG OR 13 FOR GR. MONMOUTH'S RIGOROUS EDUCATION, WHICH HAS FOUNDATION IN THE LIBERAL ARTS AND AN EMPHASIS ON TRANSFORMATIVE LEARNING IN AND OUTSIDE OF THE CLASSROOM, INCLUDES AN EXPERIENTIAL EDUCATION DEGREE REQUIREMENT FOR ALL UNDERGRADUATE STUDENTS. THE MONMOUTH EXPERIENCE EMPHASIZES CULTURAL AND GLOBAL LITERACY IN THE CURRICULA AND THROUGH OUR STUDY ABROAD AND SERVICE LEARNING OPPORTUNITIES. MONMOUTH IS THE ONLY NEW JERSEY INSTITUTION TO OFFER THE PEACE CORPS VOLUNTARY PREPARATION PROGRAM. MONMOUTH'S FIRST-YEAR RETENTION IS 80.4% AND OUR SIX-YEAR GRADUATION RATE IS 74.4%.

MONMOUTH'S BEAUTIFUL COASTAL RESIDENTIAL CAMPUS HOUSES AS MANY AS 1,915 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

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NEWSPAPER. THE ACADEMIC NEEDS OF STUDENTS ARE SUPPORTED BY THE CENTER

FOR STUDENT SUCCESS WITH SERVICES THAT INCLUDE ACADEMIC ADVISING,

ACADEMIC TRANSITIONS, TUTORIAL AND WRITING SERVICES AND PEER-ASSISTED

LEARNING.

OUR PROGRESS HAS BEEN WIDELY RECOGNIZED IN ANNUAL RANKINGS OF HIGHER

EDUCATION, INCLUDING THE PRINCETON REVIEW'S LIST OF "BEST COLLEGES,"

MONEY MAGAZINE'S "BEST COLLEGES," AND IS A CLIMBING UNIVERSITY IN THE

U.S. NEWS & WORLD REPORT FOR THE LAST SEVENTEEN YEARS. MONMOUTH

UNIVERSITY IS ALSO RECOGNIZED IN WASHINGTON MONTHLY'S ANNUAL COLLEGE

RANKINGS THAT ARE BASED ON OVERALL CONTRIBUTION TO THE PUBLIC GOOD IN

THREE BROAD CATEGORIES: SOCIAL MOBILITY, RESEARCH AND PROVIDING

OPPORTUNITIES FOR PUBLIC SERVICE.

FOR ADDITIONAL INFORMATION, PLEASE VISIT OUR WEBSITE AT

WWW.MONMOUTH.EDU.

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

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

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

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

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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 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.

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FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD REVISED ITS BYLAWS BY COMBINING SIX OF ITS COMMITTEES INTO THREE,
AS FOLLOWS: THE EDUCATIONAL AND FACULTY AFFAIRS COMMITTEE AND THE STUDENT
LIFE COMMITTEE WERE COMBINED TO FORM THE ACADEMIC AND STUDENT EXPERIENCE
COMMITTEE; THE FINANCE AND BUDGETS AND INVESTMENT COMMITTEES WERE COMBINED
TO FORM THE FINANCE AND INVESTMENT COMMITTEE; AND THE LEGAL COMMITTEE AND
THE HUMAN RESOURCES AND BENEFITS COMMITTEE WERE COMBINED TO FORM THE LEGAL,
HUMAN RESOURCES AND BENEFITS COMMITTEE. IN ADDITION, THE BOARD REVISED ITS
BYLAWS BY ABOLISHING THE SOCIETY OF TRUSTEES (AN HONORARY TITLE GIVEN TO
PAST MEMBERS OF THE BOARD) AND THE EX OFFICIO BOARD SEAT FOR THE CHAIR OF
THE SOCIETY OF TRUSTEES.

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

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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, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY IS SET FORTH IN THE UNIVERSITY'S EXECUTIVE COMPENSATION POLICY AND THE MONMOUTH UNIVERSITY COMPENSATION COMMITTEE 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 POLICY, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE UNIVERSITY'S WEBSITE.

**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

2020

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRUCE SPRINGSTEEN ARCHIVES & CENTER	O	332,238.	COST
(2) BRUCE SPRINGSTEEN ARCHIVES & CENTER	Q	62,531.	SELLING PRICE
(3)			
(4)			
(5)			
(6)			

