

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONMOUTH UNIVERSITY INC		D Employer identification number 21-0634584
	Doing business as MONMOUTH UNIVERSITY		E Telephone number (732) 571-3407
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	400 CEDAR AVENUE		G Gross receipts \$ 360,860,842.
	City or town, state or province, country, and ZIP or foreign postal code WEST LONG BRANCH, NJ 07764-1898		
F Name and address of principal officer: PATRICK F. LEAHY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.MONMOUTH.EDU		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
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	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2840
	6 Total number of volunteers (estimate if necessary)	6	845
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,006,649.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	237,297.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,755,076.	25,783,447.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	228,311,212.	234,982,741.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,060,373.	6,711,118.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	589,842.	1,555,217.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	255,716,503.	269,032,523.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	83,857,466.	89,770,997.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	121,545,057.	117,261,337.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,111,911.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,707,882.	60,395,817.
19 Revenue less expenses. Subtract line 18 from line 12	256,110,405.	267,428,151.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-393,902.	1,604,372.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	433,315,902.	429,689,394.
		46,044,819.	56,070,300.
		387,271,083.	373,619,094.

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 5.1.23	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. (212) 599-0100	

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

MARY BYRNE

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

Telephone No. ▶ (732) 571-3407 Fax No. ▶ (732) 263-5270

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

1 I request an automatic 6-month extension of time until MAY 15, 2023, 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, 2021, and ending JUN 30, 2022.

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-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-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 224,642,704. including grants of \$ 89,770,997.) (Revenue \$ 234,982,741.) 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 224,642,704.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on 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 BRANCH, NJ 07764-1898

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK F. LEAHY PRESIDENT	67.00 3.00	X		X				834,926.	0.	109,532.
(2) KING D. RICE HEAD BASKETBALL COACH	40.00 0.00					X		525,715.	0.	62,628.
(3) WILLIAM CRAIG VP FOR FINANCE	55.00 0.00			X				312,332.	0.	54,357.
(4) PATRICIA SWANNACK - VP FOR ADMINISTRATIVE SERVICES (THRU 07/21)	55.00 0.00			X				323,906.	0.	38,520.
(5) DONALD MOLIVER PROFESSOR	40.00 0.00					X		295,438.	0.	50,623.
(6) JOHN CHRISTOPHER VP & GENERAL COUNSEL	52.00 3.00			X				270,760.	0.	54,150.
(7) ROBERT MCCAIG VP ENROLLMENT MANAGEMENT	55.00 0.00			X				258,516.	0.	56,925.
(8) EDWARD CHRISTENSEN VP/INFORMATION MANAGEMENT	55.00 0.00			X				224,905.	0.	88,945.
(9) MARILYN MCNEIL FORMER VP/DIRECTOR ATHLETICS	40.00 0.00						X	267,621.	0.	41,321.
(10) THOMAS S. PEARSON PROFESSOR	40.00 0.00					X		243,150.	0.	48,757.
(11) ANN MARIE MAURO DEAN - SCHOOL OF NURSING	40.00 0.00					X		246,537.	0.	39,793.
(12) REKHA DATTA PROFESSOR	40.00 0.00						X	259,460.	0.	23,244.
(13) MARY ANNE NAGY VP FOR STUDENT SERVICES	55.00 0.00			X				259,094.	0.	22,097.
(14) RICHARD F. VEIT, JR INT. DEAN - SCHOOL OF HUMANITIES	31.00 9.00				X			177,138.	0.	100,780.
(15) KENNETH WOMACK PROFESSOR	40.00 0.00					X		229,571.	0.	40,925.
(16) AMANDA M. KLAUS VP UNIVERSITY ADVANCEMENT	55.00 0.00			X				228,593.	0.	29,989.
(17) LAURA MORIARTY PROFESSOR	40.00 0.00						X	220,784.	0.	29,091.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSAN GUPTA ASSOCIATE PROVOST	40.00 0.00				X			189,935.	0.	56,618.
(19) JONATHAN MEER SENIOR PHILANTHROPIC ADVISOR	18.00 18.00						X	110,171.	40,952.	50,116.
(20) PAMELA SCOTT-JOHNSON - PROVOST & SR VP ACAD. AFFAIRS (AS OF 8/21)	55.00 0.00			X				184,566.	0.	14,009.
(21) JEANA M. PISCATELLI TRUSTEE AND CHAIRMAN	7.00 0.00	X		X				0.	0.	0.
(22) JOHN A. BROCKRIEDE, JR. TRUSTEE AND VICE CHAIRMAN	3.00 0.00	X		X				0.	0.	0.
(23) LESLIE N. HITCHNER TRUSTEE AND VICE CHAIRMAN	5.00 0.00	X		X				0.	0.	0.
(24) CHRISTOPHER D. MAHER TRUSTEE AND TREASURER	5.00 0.00	X		X				0.	0.	0.
(25) DENIS J. GALLAGHER TRUSTEE AND SECRETARY (THRU 03/2022)	3.00 0.00	X		X				0.	0.	0.
(26) MILES AUSTIN, III TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								5,663,118.	40,952.	1,012,420.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,663,118.	40,952.	1,012,420.

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 238

	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	5,130,271.
CORPORATE INCENTIVES, INC D/B/A CI-GROUP 291 US 22 EAST, BLDG 9, LEBANON, NJ 08833	ADVERTISING	1,006,819.
GB CONTRACTING, INC, 63 W. MAIN STREET, P.O. BOX 5008, FREEHOLD, NJ 07728	CONTRACTORS	620,013.
BRAUN RESEARCH 271 WALL STREET, PRINCETON, NJ 08540	POLLING STATS	450,157.
ELLUCIAN COMPANY, L.P. 2003 EDMUND HALLEY DRIVE, RESTON, VA 20191	ENTERPRISE SYSTEMS	424,932.

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 39

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) MICHAEL V. BENEDETTO TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) TASHA ANN YOUNGBLOOD BROWN TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) KARYN F. CUSANELLI TRUSTEE	2.00 0.00	X						0.	0.	0.
(30) MARY VADEN EISENSTADT TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) STEPHEN E. GERARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) JEREMY GRUNIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) RAYMOND G. KLOSE TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) GEORGE KOLBER TRUSTEE (AS OF 07/2021)	1.00 0.00	X						0.	0.	0.
(35) NANCY A. LEIDERSDORFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) DEAN Q. LIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) LISA MCKEAN TRUSTEE	2.00 1.00	X						0.	0.	0.
(38) THOMAS J. MICHELLI TRUSTEE	2.00 0.00	X						0.	0.	0.
(39) VALERIE MONTECALVO TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) TAVIT O. NAJARIAN TRUSTEE	2.00 0.00	X						0.	0.	0.
(41) MICHAEL A. PLOWICK TRUSTEE	1.00 2.00	X						0.	0.	0.
(42) CHRISTOPHER W. SHAW TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) MARK SKESAVAGE TRUSTEE (AS OF 07/2021)	1.00 0.00	X						0.	0.	0.
(44) CAROL STILLWELL TRUSTEE (AS OF 07/2021)	1.00 0.00	X						0.	0.	0.
(45) WEBSTER B. TRAMMELL, JR. TRUSTEE (THRU 06/2022)	2.00 0.00	X						0.	0.	0.
(46) JAMES S. VACARRO TRUSTEE (THRU 01/2022)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARIANNE HESSE LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) HAROLD L. HODES LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) 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	39,700.				
	1 b	Membership dues					
	1 c	Fundraising events	346,203.				
	1 d	Related organizations	30,600.				
	1 e	Government grants (contributions)	17,580,888.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	7,786,056.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 344,150.				
	1 h	Total. Add lines 1a-1f	25,783,447.				
	Program Service Revenue	2 a	TUITION AND FEES	611310	201,685,408.	201,685,408.	
2 b		AUXILIARY ENTERPRISES	721310	28,767,732.	28,767,732.		
2 c		OTHER	900099	4,264,184.	3,985,382.	278,802.	
2 d		GOVERNMENT CONTRACTS	541700	265,417.	265,417.		
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		234,982,741.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,347,197.		195,087.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		50,923.		50,923.	
	6 a	Gross rents	(i) Real	973,716.			
			(ii) Personal				
	6 b	Less: rental expenses	0.				
	6 c	Rental income or (loss)	973,716.				
	6 d	Net rental income or (loss)		973,716.		341,571.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	95,864,885.			
			(ii) Other	163,534.			
	7 b	Less: cost or other basis and sales expenses	91,504,389.	160,109.			
	7 c	Gain or (loss)	4,360,496.	3,425.			
7 d	Net gain or (loss)		4,363,921.		4,363,921.		
8 a	Gross income from fundraising events (not including \$ 346,203. of contributions reported on line 1c). See Part IV, line 18	8a	224,408.				
8 b	Less: direct expenses	8b	163,821.				
8 c	Net income or (loss) from fundraising events		60,587.			60,587.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
9 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	10b					
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	CONF. & EVENT SERVICES	722320	163,868.		163,868.	
	11 b	SPONSOR ADVERTISING	541800	163,361.		163,361.	
	11 c	MARINE VESSEL REVENUE	532411	120,889.		120,889.	
	11 d	All other revenue	900099	21,873.		21,873.	
	11 e	Total. Add lines 11a-11d		469,991.			
12	Total revenue. See instructions		269,032,523.	234,703,939.	1,006,649.	7,538,488.	

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 ...	530,281.	530,281.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	89,199,216.	89,199,216.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	41,500.	41,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,912,729.	1,173,819.	2,112,874.	626,036.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	269,836.	54,546.	215,290.	
7 Other salaries and wages	85,731,452.	69,002,693.	15,155,139.	1,573,620.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,238,207.	4,246,785.	959,199.	32,223.
9 Other employee benefits	15,560,950.	12,455,983.	2,956,074.	148,893.
10 Payroll taxes	6,548,163.	5,179,835.	1,288,981.	79,347.
11 Fees for services (nonemployees):				
a Management				
b Legal	190,050.		190,050.	
c Accounting	232,175.		232,175.	
d Lobbying	6,019.		6,019.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,405,339.		1,405,339.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,753,186.	9,314,247.	3,283,307.	155,632.
12 Advertising and promotion	2,081,974.	350,190.	1,731,784.	
13 Office expenses	4,122,220.	3,268,925.	793,052.	60,243.
14 Information technology	1,580,382.	256,073.	1,324,309.	
15 Royalties				
16 Occupancy	11,972,189.	7,877,132.	3,948,364.	146,693.
17 Travel	2,606,685.	2,270,674.	304,737.	31,274.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	618,073.	589,711.	28,362.	
20 Interest	261,022.	261,022.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,253,445.	11,436,422.	617,447.	199,576.
23 Insurance	2,983,557.	2,058,575.	882,625.	42,357.
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	1,997,699.	636,992.	1,354,019.	6,688.
b ATHL. CONF. CHANGE FEE	1,605,000.	1,605,000.		
c BOOKSTORE MATERIALS	1,294,045.	1,294,045.		
d LIBRARY MATERIALS	847,224.	847,224.		
e All other expenses	1,585,533.	691,814.	884,390.	9,329.
25 Total functional expenses. Add lines 1 through 24e	267,428,151.	224,642,704.	39,673,536.	3,111,911.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	14,184.	1	11,779.
	2 Savings and temporary cash investments	10,125,911.	2	13,262,640.
	3 Pledges and grants receivable, net	9,560,643.	3	10,095,187.
	4 Accounts receivable, net	1,423,341.	4	1,255,317.
	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	660,237.	8	447,324.
	9 Prepaid expenses and deferred charges	1,857,959.	9	2,599,461.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 419,427,694.		
	b Less: accumulated depreciation	10b 225,757,597.		
	11 Investments - publicly traded securities	201,303,229.	10c	193,670,097.
	12 Investments - other securities. See Part IV, line 11	75,590,964.	11	70,327,586.
	13 Investments - program-related. See Part IV, line 11	128,717,334.	12	122,589,715.
	14 Intangible assets	3,897,563.	13	3,121,329.
	15 Other assets. See Part IV, line 11	164,537.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	433,315,902.	15	12,308,959.	
		16	429,689,394.	
Liabilities	17 Accounts payable and accrued expenses	20,861,300.	17	21,175,087.
	18 Grants payable		18	
	19 Deferred revenue	7,975,479.	19	7,177,756.
	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	3,688,320.	23	2,931,496.
	24 Unsecured notes and loans payable to unrelated third parties	2,256,087.	24	1,772,232.
	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	11,263,633.	25	23,013,729.
	26 Total liabilities. Add lines 17 through 25	46,044,819.	26	56,070,300.
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	292,264,257.	27	281,527,854.
	28 Net assets with donor restrictions	95,006,826.	28	92,091,240.
	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	387,271,083.	32	373,619,094.
33 Total liabilities and net assets/fund balances	433,315,902.	33	429,689,394.	

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	269,032,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	267,428,151.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,604,372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	387,271,083.
5	Net unrealized gains (losses) on investments	5	-15,256,361.
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	373,619,094.

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 on 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** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,837,677.	9,826,236.	13,531,426.	18,755,076.	25,783,447.	79,733,862.
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	11,837,677.	9,826,236.	13,531,426.	18,755,076.	25,783,447.	79,733,862.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,117,873.
6 Public support. Subtract line 5 from line 4.						78,615,989.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	11,837,677.	9,826,236.	13,531,426.	18,755,076.	25,783,447.	79,733,862.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,196,486.	4,122,316.	3,539,824.	2,491,288.	2,835,178.	16,185,092.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	839,954.	597,481.	440,235.	182,281.	1,006,649.	3,066,600.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	402,592.	396,165.	252,004.	95,625.	224,408.	1,370,794.
11 Total support. Add lines 7 through 10						100,356,348.
12 Gross receipts from related activities, etc. (see instructions)					12	1,198,079,483.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	78.34 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	74.86 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

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 (<i>explain in detail in Part VI</i>):		
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

2017 AMOUNT: \$ 50,791.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

GROSS INCOME FROM SPECIAL EVENTS

2017 AMOUNT: \$ 351,801.

2018 AMOUNT: \$ 396,165.

2019 AMOUNT: \$ 252,004.

2020 AMOUNT: \$ 95,625.

2021 AMOUNT: \$ 224,408.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization 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/>	\$ <u>6,296,671.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>6,513,348.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>710,538.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>639,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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) 2021

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)	102,278.	0.												
c	Total lobbying expenditures (add lines 1a and 1b)	102,278.	0.												
d	Other exempt purpose expenditures	262,910,901.	0.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	263,013,179.	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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	110,619.	114,689.	109,203.	102,278.	436,789.
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

2021

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 ▶ \$ 9,250.

(ii) Assets included in Form 990, Part X ▶ \$ 2,894,540.

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) 2021

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	137,970,000.	108,463,000.	109,097,000.	100,970,000.	90,313,000.
b Contributions	4,090,000.	2,762,000.	3,134,000.	4,766,000.	6,484,000.
c Net investment earnings, gains, and losses	-7,731,000.	31,389,000.	344,000.	7,234,000.	7,854,000.
d Grants or scholarships	1,598,000.	1,496,000.	1,273,000.	1,264,000.	1,130,000.
e Other expenditures for facilities and programs	3,307,000.	3,148,000.	2,839,000.	2,609,000.	2,551,000.
f Administrative expenses					
g End of year balance	129,424,000.	137,970,000.	108,463,000.	109,097,000.	100,970,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 38.0000 %
 - b Permanent endowment 36.0000 %
 - c Term endowment 26.0000 %
- 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	479,000.	242,698,113.	104,993,542.	138,183,571.
c Leasehold improvements		4,167,428.	1,708,361.	2,459,067.
d Equipment		35,460,357.	26,452,281.	9,008,076.
e Other		118,896,269.	92,603,413.	26,292,856.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				193,670,097.

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	50,491,697.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME FUNDS	15,694,435.	END-OF-YEAR MARKET VALUE
(C) HEDGE EQUITY FUNDS	14,114,420.	END-OF-YEAR MARKET VALUE
(D) NON-MARKETABLE FUNDS	42,228,583.	END-OF-YEAR MARKET VALUE
(E) OTHER	60,580.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	122,589,715.	

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	170,658.
(3) STUDENT LOAN GRANTS REFUNDABLE	2,936,924.
(4) ASSET RETIREMENT OBLIGATION	7,682,959.
(5) DUE TO AFFILIATE	10,523.
(6) OPERATING LEASE LIABILITIES	12,212,665.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	23,013,729.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART III, LINE 4:

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

Part XIII Supplemental Information (continued)

WORKS ARE MADE AVAILABLE ON LOAN TO REQUESTING INSTITUTIONS.

PART V, LINE 4:

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

PART X, LINE 2:

FIN 48

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

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

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

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

Schedule E (Form 990) 2021

Part II

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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, US SMALL BUSINESS ADMINISTRATION, 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

2021

Open to Public
Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	STUDY ABROAD PROGRAM	54,228.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		41,500.
CENTRAL AMERICA AND THE CARIBBEAN	0	3	PROGRAM SERVICES	STUDENT RESEARCH TRIP	39,443.
SOUTH ASIA	0	4	PROGRAM SERVICES	RECRUITMENT	12,500.
EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	RECRUITMENT	5,250.
NORTH AMERICA	0	1	PROGRAM SERVICES	PROFESSIONAL SERVICES	1,551.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		12,726,835.
NORTH AMERICA	0	1	PROGRAM SERVICES	ACADEMIC SUPPORT	1,014.
3 a Subtotal	0	13			12,882,321.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	13			12,882,321.

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

Schedule F (Form 990) 2021

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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD STUDENTS	EUROPE (INCLUDING ICELAND & GREENLAND)	4	41,500.	ELECTRONIC	0.		

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

MONMOUTH UNIVERSITY GRANTS, INCLUDING THOSE GRANTS RELATED TO STUDENTS

PARTICIPATING IN OUR STUDY ABROAD PROGRAM, TAKE THE FORM OF

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

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

GUIDELINES ESTABLISHED FOR EACH SCHOLARSHIP AND ARE ADMINISTERED BY THE

FINANCIAL AID OFFICE. CREDITING OF SCHOLARSHIPS TO STUDENT ACCOUNTS IS

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

WERE GRANTED TO MONMOUTH UNIVERSITY STUDENTS WHILE THEY WERE STUDYING

ABROAD AND REPORTED IN ACCORDANCE WITH THE SCHEDULE F INSTRUCTIONS AND

THE IRS'S FILING TIPS.

SCHEDULE F, PART IV:

MONMOUTH UNIVERSITY INVESTS IN DOMESTIC AND FOREIGN LIMITED

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

FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE

UNIVERSITY'S ACTIVITIES MAY NOT REACH THRESHOLDS REQUIRED FOR FILING

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF OUTING (event type)	REI DINNER (event type)	2 (total number)		
Revenue	1	Gross receipts	322,186.	237,750.	10,675.	570,611.
	2	Less: Contributions	182,368.	163,485.	350.	346,203.
	3	Gross income (line 1 minus line 2)	139,818.	74,265.	10,325.	224,408.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	102,030.			102,030.
	7	Food and beverages	412.	51,138.	7,041.	58,591.
	8	Entertainment			400.	400.
	9	Other direct expenses		2,800.		2,800.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				163,821.
11	Net income summary. Subtract line 10 from line 3, column (d)				60,587.	

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: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HUDSON RIVER FOUNDATION FOR SCIENCE AND THE ENVIRONMENT - 17 BATTERY PLACE, SUITE 915 - NEW YORK, NY 10004	13-3089956	501(C)(3)	375,926.	0.			CARPII (NY/NJ HARBOR CONTAMINENT GRANT SUBRECIPIENT 1)
THE CITY OF LONG BRANCH 344 BROADWAY LONG BRANCH, NJ 07740	21-6000806	GOVERNMENT	75,825.	0.			GENERAL SUPPORT
BOROUGH OF WEST LONG BRANCH 967 BROADWAY WEST LONG BRANCH, NJ 07764	21-6001351	GOVERNMENT	36,028.	0.			GENERAL SUPPORT
RED BANK MENS CLUB FOUNDATION 133 IRONWOOD COURT MIDDLETOWN, NJ 07748	80-0359991	501(C)(3)	10,000.	0.			BBB LIFE FOUNDATION GRANT SUBRECIPIENT
THE TIBET FUND 241 E. 32ND STREET NEW YORK, NY 10016	13-3115145	501(C)(3)	10,000.	0.			INT'L LEARNING EXPERIENCES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2021

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	4990	77,595,614.	0.		
AMERICAN RESCUE PLAN (HEERF III)	3054	6,513,348.	0.		
AUXILIARY ENTERPRISE DISCOUNT	418	5,084,215.	0.		
PRESIDENT'S RELIEF FUND GRANT	5	3,234.	0.		
CRRSA ACT EMERGENCY GRANTS (HEERF II)	2	2,805.	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 2022, THE UNIVERSITY DISTRIBUTED EMERGENCY GRANTS TO
 STUDENTS UNDER THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL
 APPROPRIATIONS ACT, 2020 (CRRSA) AND THE AMERICAN RESCUE PLAN (ARP),
 AUTHORIZING FUNDING FOR HIGHER EDUCATION INSTITUTIONS AS WELL AS FUNDING TO
 BE DIRECTED TO QUALIFYING STUDENTS THROUGH THE HIGHER EDUCATION EMERGENCY
 RELIEF FUND II AND III (HEERF II AND III).

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 GRANTS TO SUPPORT
 STUDENT HARDSHIPS, INCLUDING BUT NOT LIMITED TO, TECHNOLOGY ACCESS, FOOD
 INSECURITIES, AND NECESSITIES FOR DAILY LIVING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

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

▶ Attach to Form 990.

Open to Public Inspection

▶ 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK F. LEAHY PRESIDENT	(i)	534,019.	166,667.	134,240.	23,200.	86,332.	944,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KING D. RICE HEAD BASKETBALL COACH	(i)	474,665.	0.	51,050.	23,200.	39,428.	588,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM CRAIG VP FOR FINANCE	(i)	306,271.	0.	6,061.	22,800.	31,557.	366,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA SWANNACK - VP FOR ADMINISTRATIVE SERVICES (THRU 07/21)	(i)	142,520.	0.	181,386.	14,399.	24,121.	362,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONALD MOLIVER PROFESSOR	(i)	257,501.	0.	37,937.	23,200.	27,423.	346,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN CHRISTOPHER VP & GENERAL COUNSEL	(i)	268,593.	0.	2,167.	22,039.	32,111.	324,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT MCCAIG VP ENROLLMENT MANAGEMENT	(i)	257,177.	0.	1,339.	20,955.	35,970.	315,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EDWARD CHRISTENSEN VP/INFORMATION MANAGEMENT	(i)	224,905.	0.	0.	18,394.	70,551.	313,850.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARILYN MCNEIL FORMER VP/DIRECTOR ATHLETICS	(i)	107,957.	0.	159,664.	11,515.	29,806.	308,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) THOMAS S. PEARSON PROFESSOR	(i)	232,739.	0.	10,411.	19,162.	29,595.	291,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANN MARIE MAURO DEAN - SCHOOL OF NURSING	(i)	218,954.	0.	27,583.	17,773.	22,020.	286,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) REKHA DATTA PROFESSOR	(i)	233,232.	0.	26,228.	20,682.	2,562.	282,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MARY ANNE NAGY VP FOR STUDENT SERVICES	(i)	255,077.	0.	4,017.	20,554.	1,543.	281,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RICHARD F. VEIT, JR INT. DEAN - SCHOOL OF HUMANITIES	(i)	176,661.	0.	477.	14,953.	85,827.	277,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KENNETH WOMACK PROFESSOR	(i)	227,685.	0.	1,886.	18,451.	22,474.	270,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) AMANDA M. KLAUS VP UNIVERSITY ADVANCEMENT	(i)	228,519.	0.	74.	18,408.	11,581.	258,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) LAURA MORIARTY PROFESSOR	(i)	218,774.	0.	2,010.	17,623.	11,468.	249,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SUSAN GUPTA ASSOCIATE PROVOST	(i)	188,072.	0.	1,863.	15,944.	40,674.	246,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JONATHAN MEER SENIOR PHILANTHROPIC ADVISOR	(i)	104,922.	0.	5,249.	9,025.	30,258.	149,454.	0.
	(ii)	39,001.	0.	1,951.	3,354.	7,479.	51,785.	0.
(20) PAMELA SCOTT-JOHNSON - PROVOST & SR VP ACAD. AFFAIRS (AS OF 8/21)	(i)	134,538.	0.	50,028.	10,792.	3,217.	198,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

FIRST-CLASS OR CHARTER TRAVEL

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

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 \$44,516 IS REPORTED AS NON-TAXABLE COMPENSATION ON FORM 990.

HEALTH OR SOCIAL CLUB DUES

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

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.

FORM 990 (\$11,581 FOR THE PRESIDENT).

PART I, LINE 4A:

THE UNIVERSITY MADE SEVERANCE PAYMENTS TO TWO INDIVIDUALS LISTED IN SCHEDULE J, PATRICIA SWANNACK AND MARILYN MCNEIL, UNDER THE TERMS OF THE UNIVERSITY'S VOLUNTARY SEPARATION PROGRAM. THE SEVERANCE PAYMENTS ARE BEING REPORTED IN SCHEDULE J, PART II, COLUMN B(III).

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	58,388.	EMPL. COMP.		X
JAMES GAUL	FAM MBR OF OFFICER	108,740.	EMPL. COMP.		X
ANGELA MICHELLI	FAM MBR OF TRUSTEE	48,162.	EMPL. COMP.		X
SCOTT BELFORD	FAM MBR OF TRUSTEE	54,546.	EMPL. COMP.		X
NAVESINK RIVER PRODUCTIONS	SEE PART V	408,471.	USE OF FAC.		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV:

(A) NAME OF INTERESTED PERSON: NAVESINK RIVER PRODUCTIONS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION: THIS

COMPANY IS AN INTERESTED PERSON OF THE UNIVERSITY SINCE A TRUSTEE OWNS

GREATER THAN 35% IN THE COMPANY.

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

2021

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	9,250.	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	2	3,400.	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				
25 Other ▶ (_____)				
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.		

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

SCHEDULE M, LINE 32B:

THE UNIVERSITY USES A STOCKBROKER TO SELL GIFTS OF SECURITIES.

SCH M, PART I, LINE 33:

THE UNIVERSITY ONLY RECORDS REVENUE FOR NON-CASH CONTRIBUTIONS MEETING

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

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

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

GENERAL STATEMENT REGARDING COVID-19 PANDEMIC:

THE UNIVERSITY EXPENDED AND RECOGNIZED REMAINING FUNDS PREVIOUSLY

ALLOCATED FROM THE HIGHER EDUCATION EMERGENCY RELIEF FUND II (HEEF II)

ESTABLISHED UNDER THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL

APPROPRIATIONS ACT (CRRSAA) AND THE HIGHER EDUCATION REMEMRGENCY RELIEF

FUND III (HEERF III) ESABLISHED UNDER THE AMERICAN RESCUE PLAN 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. DURING

THE YEAR ENDING JUNE 30, 2022 THE UNIVERSITY DISBURSED \$2,805 AND

\$6,513,348, RESPECTIVELY OF HEERF II AND HEERF III EMERGENCY FINANCIAL

AID GRANTS TO STUDENTS.

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:

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

Schedule O (Form 990) 2021

132211 11-11-21

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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, 24 MASTER'S DEGREES AND 4 DOCTORAL DEGREES THROUGH THE SIX

ACADEMIC SCHOOLS OF LEON HESS BUSINESS SCHOOL, EDUCATION, HUMANITIES

AND SOCIAL SCIENCES, NURSING AND HEALTH STUDIES, SCIENCE, AND SOCIAL

WORK AND ALSO HAS AN HONORS SCHOOL.

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

CENTERS OF DISTINCTION, WHICH WORK TO PROMOTE AWARENESS OF SPECIFIC

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

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, THE BRUCE SPRINGSTEEN

ARCHIVES AND CENTER FOR AMERICAN MUSIC- PROVIDE IMPORTANT SERVICES IN

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

WELL AS HANDS-ON LEARNING OPPORTUNITIES FOR THE STUDENTS.

MONMOUTH IS ACCREDITED BY THE MIDDLE STATES COMMISSION OF HIGHER

EDUCATION AND HOLDS SPECIALIZED ACCREDITATIONS WITH THE ASSOCIATION TO

ADVANCE COLLEGIATE SCHOOLS OF BUSINESS (AACSB), ENGINEERING

ACCREDITATION COMMISSION OF ABET, COMMISSION ON COLLEGIATE NURSING

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

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ACCREDITATION IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY OF THE AMERICAN SPEECH AND-LANGUAGE HEARING ASSOCIATION (ASHA) (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 TAKE THE BOARD CERTIFIED BEHAVIOR ANALYST EXAMINATION.

MONMOUTH'S FALL 2021 STUDENT ENROLLMENT WAS 4,080 UNDERGRADUATE (96% FULL-TIME) AND 1,356 GRADUATE STUDENTS (53% FULL-TIME) WHO REPRESENTED 34 STATES AND 33 COUNTRIES. MONMOUTH EMPLOYS 297 FULL-TIME FACULTY OF WHOM 82% HAVE EARNED THEIR TERMINAL DEGREE. MONMOUTH STUDENTS RECEIVE INDIVIDUALIZED FACULTY ATTENTION WITH A 12:1 STUDENT-TO-FACULTY RATIO AND AVERAGE CLASS SIZES OF 18 FOR UG OR 13 FOR GR. MONMOUTH'S RIGOROUS EDUCATION, WHICH HAS FOUNDATION IN THE LIBERAL ARTS AND AN EMPHASIS ON TRANSFORMATIVE LEARNING IN AND OUTSIDE OF THE CLASSROOM, INCLUDES AN EXPERIENTIAL EDUCATION DEGREE REQUIREMENT FOR ALL UNDERGRADUATE STUDENTS. THE MONMOUTH EXPERIENCE EMPHASIZES CULTURAL AND GLOBAL LITERACY IN THE CURRICULA AND THROUGH OUR STUDY ABROAD AND SERVICE LEARNING OPPORTUNITIES. MONMOUTH IS THE ONLY NEW JERSEY INSTITUTION TO OFFER THE PEACE CORPS VOLUNTARY PREPARATION PROGRAM. MONMOUTH'S FIRST-YEAR RETENTION IS 83.8% AND OUR SIX-YEAR GRADUATION RATE IS 69.2%.

MONMOUTH'S BEAUTIFUL COASTAL RESIDENTIAL CAMPUS HOUSES AS MANY AS 2,050 STUDENTS ON CAMPUS OR IN UNIVERSITY-OWNED OR SPONSORED OFF-CAMPUS

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BUILDINGS AND SITS AT THE HEART OF A VIBRANT CULTURE RICH IN HISTORY,
 THE ARTS, TECHNOLOGY AND ENTREPRENEURSHIP. OUR RENOWNED FACULTY ARE
 ACTIVELY INVOLVED IN ADVANCING ACADEMIC RESEARCH NATIONWIDE WHILE
 ENCOURAGING MEANINGFUL COMMUNITY INVOLVEMENT AND CRITICAL THINKING FOR
 SELF-FULFILLMENT. MONMOUTH HAS 23 DIVISION I NCAA ATHLETIC TEAMS, 14
 CLUB SPORTS, AND 12 INTRAMURAL SPORTS. IN ADDITION TO ATHLETICS THERE
 ARE OVER 130 CLUBS, 31 ACADEMIC/LEADERSHIP HONOR SOCIETIES, GREEK LIFE,
 A RADIO STATION, A TELEVISION STATION, AND AN AWARD WINNING STUDENT
 NEWSPAPER. THE ACADEMIC NEEDS OF STUDENTS ARE SUPPORTED BY THE CENTER
 FOR STUDENT SUCCESS WITH SERVICES THAT INCLUDE ACADEMIC ADVISING,
 ACADEMIC TRANSITIONS, TUTORIAL AND WRITING SERVICES AND 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 EIGHTEEN YEARS. MONMOUTH
 UNIVERSITY IS ALSO RECOGNIZED IN WASHINGTON MONTHLY'S ANNUAL COLLEGE
 RANKINGS THAT ARE BASED ON OVERALL CONTRIBUTION TO THE PUBLIC GOOD IN
 THREE BROAD CATEGORIES: SOCIAL MOBILITY, RESEARCH AND PROVIDING
 OPPORTUNITIES FOR PUBLIC SERVICE

FOR ADDITIONAL INFORMATION, PLEASE VISIT OUR WEBSITE AT
 WWW.MONMOUTH.EDU.

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

THERE ARE THREE CLASSES OF TRUSTEES WHO SERVE ON THE BOARD OF TRUSTEES:
 REGULAR TRUSTEES, LIFE TRUSTEES AND TRUSTEES EMERITI. THE CURRENT LIFE

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

SERVICE ON THE BOARD FOR TWO FULL TERMS AS A REGULAR TRUSTEE; NO NEW LIFE

TRUSTEES MAY BE APPOINTED. AT THE END OF THE FIVE YEAR TERM, THE LIFE

TRUSTEE AUTOMATICALLY BECOMES A TRUSTEE EMERITIS. TRUSTEES EMERITI ARE

ELIGIBLE TO BE ELECTED AFTER DISTINCTIVE SERVICE FOR AT LEAST TWO

CONSECUTIVE TERMS WITHOUT INTERRUPTION AS A REGULAR TRUSTEE UPON

RECOMMENDATION BY THE COMMITTEE ON TRUSTEES, A MAJORITY VOTE OF THE FULL

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

OF TRUSTEES. TRUSTEE EMERITI MAY VOTE ON NON-FINAL MATTERS AT COMMITTEE

MEETINGS BUT NOT AT FULL BOARD MEETINGS. THERE ARE THIRTEEN 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,

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MANAGE AND SELL LAND, BUILDINGS AND CAPITAL EQUIPMENT, THE CONSTRUCTION OF
 NEW BUILDINGS AND THE RENOVATIONS OF EXISTING BUILDINGS COSTING BETWEEN
 \$500,000 AND \$1,000,000. THE EXECUTIVE COMMITTEE MAY ALSO TAKE ANY ACTION
 DELEGATED TO IT BY THE FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 2:
 BOARD MEMBERS CHRISTOPHER MAHER AND JEANA PISCATELLI HAVE A BUSINESS
 RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE BOARD OF TRUSTEES HAS DESIGNATED THE AUDIT COMMITTEE TO BE RESPONSIBLE
 FOR THE REVIEW OF FORM 990 PRIOR TO SUBMISSION TO THE INTERNAL REVENUE
 SERVICE. THIS RESPONSIBILITY IS INCLUDED IN THE AUDIT COMMITTEE'S CHARTER.
 A FINAL DRAFT OF THE FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE AT A
 REGULAR MEETING FOR THEIR REVIEW AND COMMENT. MODIFICATIONS RESULTING FROM
 THE REVIEW, IF ANY, ARE MADE BEFORE FILING THE FORM. IN ADDITION, AN EMAIL
 IS SENT OUT TO EACH MEMBER OF THE BOARD LETTING THEM KNOW THE DRAFT IS
 AVAILABLE FOR REVIEW AND TO ALLOW THEM AN OPPORTUNITY TO COMMENT ON IT. ALL
 BOARD MEMBERS RECEIVE A COPY OF THE FINAL VERSION OF THE FORM 990 PRIOR TO
 FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
 THE BOARD OF TRUSTEES HAS A CODE OF ETHICS, AS WELL AS A PROVISION IN ITS
 BYLAWS, WHICH DEALS WITH CONFLICTS OF INTEREST. ALSO, MEMBERS OF THE BOARD
 AND THE PRESIDENT'S CABINET OFFICERS COMPLETE AN ANNUAL DISCLOSURE
 STATEMENT SETTING FORTH THEIR BUSINESS AND OTHER INTERESTS. REVIEW OF
 SITUATIONS TO DETERMINE A CONFLICT ARE CARRIED OUT BY THE UNIVERSITY'S VICE
 PRESIDENT AND GENERAL COUNSEL AND IF NECESSARY THE BOARD'S EXECUTIVE

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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

2021

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BRUCE SPRINGSTEEN ARCHIVES & CENTER - 82-5325604, 400 CEDAR AVENUE, WEST LONG BRANCH, NJ 07764	EDUCATION	NEW JERSEY	501(C)(3)	LINE 12A, I	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	277,327.	COST
(2) BRUCE SPRINGSTEEN ARCHIVES & CENTER	Q	302,316.	SELLING PRICE
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.