

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

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 \$ 424,142,314.
	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		L Year of formation: 1948	M State of legal domicile: NJ
H(c) Group exemption number			

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	32		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30		
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	2936		
	6 Total number of volunteers (estimate if necessary)	6	891		
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,402,010.		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	545,838.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	28,466,826.	Current Year	21,690,680.
	9 Program service revenue (Part VIII, line 2g)		241,884,246.		239,140,357.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,431,201.		14,629,413.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,784,460.		1,894,074.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		282,566,733.		277,354,524.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		87,953,338.		86,987,765.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		117,706,850.		121,046,973.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25)		2,846,919.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,573,488.		61,983,282.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		264,233,676.		270,018,020.	
19 Revenue less expenses. Subtract line 18 from line 12		18,333,057.		7,336,504.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	472,111,014.	End of Year	496,046,372.
	21 Total liabilities (Part X, line 26)		49,371,930.		52,605,493.
	22 Net assets or fund balances. Subtract line 21 from line 20		422,739,084.		443,440,879.

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		
	ANDREW BRANNEN, CHIEF BUSINESS OFFICER				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DANIEL ROMANO				P00504182
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	GRANT THORNTON ADVISORS LLC	99-1856619		(212) 599-0100	
Firm's address					
757 THIRD AVENUE, 9TH FLOOR					
NEW YORK, NY 10017-2013					

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

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

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

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

1 I request an automatic 6-month extension of time until MAY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 24, and ending JUN 30, 2025

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

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 \$ 226,906,968. including grants of \$ 86,987,765.) (Revenue \$ 239,140,357.) 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 226,906,968.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 2a (employees: 2936), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a-7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16, 17.

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 (32), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK F. LEAHY PRESIDENT	63.00 7.00	X		X				943,171.	0.	212,554.
(2) KING D. RICE HEAD MENS BASKETBALL COACH	40.00 0.00					X		629,809.	0.	73,328.
(3) RICHARD F. VEIT, JR. - PROVOST & SENIOR VP FOR ACADEMIC AFFAIRS	55.00 0.00			X				315,052.	0.	70,848.
(4) PRAKASAM R. DEVASAGAYAM DEAN OF BUSINESS SCHOOL	50.00 0.00					X		302,851.	0.	69,730.
(5) CHARLENE K. DIANA VP AND GENERAL COUNSEL	55.00 5.00			X				299,558.	0.	60,221.
(6) ROBERT MCCAIG VP ENROLLMENT MANAGEMENT & MARKETING	55.00 0.00			X				279,453.	0.	70,386.
(7) AMANDA M. KLAUS VP UNIVERSITY ADVANCEMENT	55.00 0.00			X				285,994.	0.	52,113.
(8) KEVIN J. CALLAHAN HEAD FOOTBALL COACH	40.00 0.00					X		275,735.	0.	54,865.
(9) JENNIFER SANSEVERO DIRECTOR OF ATHLETICS	55.00 0.00				X			270,654.	0.	53,695.
(10) PATRICK MURRAY DIRECTOR POLLING INSTITUTE	40.00 0.00					X		255,768.	0.	59,687.
(11) EDWARD CHRISTENSEN ASSOCIATE PROFESSOR	40.00 0.00						X	253,935.	0.	59,325.
(12) ANTHONY MACDONALD DIRECTOR URBAN COAST INSTITUTE	40.00 0.00					X		261,067.	0.	38,183.
(13) DAVID GOLLAND - DEAN OF SCH. OF HUMANITIES & SOCIAL SCIENCES	50.00 0.00				X			233,918.	0.	63,467.
(14) SUSAN GUPTA ASSOCIATE PROVOST	55.00 0.00				X			224,582.	0.	66,432.
(15) REKHA DATTA PROFESSOR	40.00 0.00						X	251,101.	0.	22,406.
(16) JAMES PILLAR VP FOR STUDENT LIFE	55.00 0.00			X				221,637.	0.	49,218.
(17) JOHN SONN - ASSOCIATE VP & CHIEF INFORMATION OFFICER	55.00 0.00				X			231,900.	0.	18,511.

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) TIMOTHY ORR - EXEC. DIR. CAMPUS PLANNING / FACILITIES	55.00 0.00				X			204,564.	0.	30,840.
(19) JOSEPH PINGITORE ASSOCIATE VP FINANCE AND BUDGETS	55.00 0.00				X			203,226.	0.	22,704.
(20) MARY BYRNE ASSOCIATE VP AND CONTROLLER	55.00 0.00				X			207,493.	0.	17,965.
(21) ROBYN SALVO - ASSOCIATE VP HUMAN RESOURCES (THRU 10/2024)	55.00 0.00				X			176,778.	0.	38,477.
(22) KATHLEEN STEIN ASSOCIATE VP HUMAN RESOURCES	55.00 0.00				X			162,058.	0.	43,292.
(23) CHRISTOPHER D. MAHER TRUSTEE AND CHAIRMAN	7.00 0.00	X		X				0.	0.	0.
(24) LESLIE N. HITCHNER TRUSTEE AND VICE CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(25) TASHA ANN YOUNGBLOOD BROWN TRUSTEE AND VICE CHAIRMAN	7.00 0.00	X		X				0.	0.	0.
(26) STEPHEN E. GERARD TRUSTEE AND TREASURER	5.00 0.00	X		X				0.	0.	0.
1b Subtotal								6,490,304.	0.	1,248,247.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								6,490,304.	0.	1,248,247.

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 259

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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	8,362,365.
TORCON, INC 328 NEWMAN SPRINGS ROAD, RED BANK, NJ 07701	BUILDING CONTRACTOR	5,208,848.
COOKFOX ARCHITECTS, DPC, 250 WEST 57TH STREET, 17TH FLOOR, NEW YORK, NY 10107	ARCHITECTURAL SERVICES	1,807,188.
BREAKER ELECTRIC, INC 488 MONMOUTH ROAD, CLARKSBURG, NJ 08510	ELECTRICIAN SERVICES	1,238,757.
CORPORATE INCENTIVES, INC., D/B/A CI-GROUP 291 US 22 EAST, BLDG 9, LEBANON, NJ 08833	ADVERTISING	1,011,073.

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 54

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) DEAN Q. LIN TRUSTEE AND SECRETARY	3.00 0.00	X		X				0.	0.	0.
(28) MILES AUSTIN III TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MICHAEL V. BENEDETTO TRUSTEE	2.00 0.00	X						0.	0.	0.
(30) JOHN A. BROCKRIEDE, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) JOHN C. CONOVER, III TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) KARYN F. CUSANELLI TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) MARY VADEN EISENSTADT TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) JEREMY GRUNIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) KANESHA K. JONES TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) RAYMOND G. KLOSE TRUSTEE	2.00 0.00	X						0.	0.	0.
(37) GEORGE KOLBER TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) MARI C. KOVACH TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) NANCY A. LEIDERSDORFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) ALAINA L. LOVE TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) LISA MCKEAN TRUSTEE	2.00 1.00	X						0.	0.	0.
(42) THOMAS J. MICHELLI TRUSTEE	2.00 0.00	X						0.	0.	0.
(43) VALERIE MONTECALVO TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) TAVIT O. NAJARIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) BAYAAN A. OLUYADI TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) DAVID A. REALE TRUSTEE (AS OF 07/2024)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	46,000.				
	b Membership dues	1b					
	c Fundraising events	1c	491,907.				
	d Related organizations	1d	680,675.				
	e Government grants (contributions)	1e	10,819,835.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,652,263.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 730,666.				
	h Total. Add lines 1a-1f			21,690,680.			
	Program Service Revenue	2 a TUITION AND FEES	Business Code				
		611310	200,408,927.	200,408,927.			
b AUXILIARY ENTERPRISES		721310	32,338,184.	32,338,184.			
c OTHER EDUCATION & STUDENT SVCS.		900099	4,768,974.	4,522,974.		246,000.	
d NCAA CONFERENCE DISTRIBUTIONS		900099	1,059,521.	1,059,521.			
e GOVERNMENT CONTRACTS		541700	564,751.	564,751.			
f All other program service revenue							
g Total. Add lines 2a-2f				239,140,357.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,348,773.		197,679.	6,151,094.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		56,611.			56,611.	
	6 a Gross rents	6a	(i) Real	1,200,598.	6,168.		
			(ii) Personal				
				0.	0.		
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	1,200,598.	6,168.			
	d Net rental income or (loss)			1,206,766.		576,074.	630,692.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	49,170,355.	5,520,950.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	45,192,049.	1,218,616.			
	c Gain or (loss)	7c	3,978,306.	4,302,334.			
d Net gain or (loss)			8,280,640.			8,280,640.	
8 a Gross income from fundraising events (not including \$ 491,907. of contributions reported on line 1c). See Part IV, line 18	8a		379,565.				
b Less: direct expenses	8b		377,125.				
c Net income or (loss) from fundraising events			2,440.			2,440.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CONF. & EVENT SERVICES	Business Code					
		722320	511,548.		511,548.		
	b SPONSOR ADVERTISING	541800	75,560.		75,560.		
	c FITNESS CENTER	713940	34,520.		34,520.		
	d All other revenue	900099	6,629.		6,629.		
	e Total. Add lines 11a-11d			628,257.			
12 Total revenue. See instructions			277,354,524.	238,894,357.	1,402,010.	15,367,477.	

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 ...	486,501.	486,501.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	86,186,882.	86,186,882.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	314,382.	314,382.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,882,340.	1,323,832.	2,961,784.	596,724.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	607,246.	607,246.		
7 Other salaries and wages	84,082,253.	67,443,194.	15,118,650.	1,520,409.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,105,800.	4,162,504.	913,828.	29,468.
9 Other employee benefits	19,853,474.	15,776,776.	3,871,112.	205,586.
10 Payroll taxes	6,515,860.	5,124,567.	1,316,736.	74,557.
11 Fees for services (nonemployees):				
a Management				
b Legal	512,363.		512,363.	
c Accounting	294,795.		294,795.	
d Lobbying	7,519.		7,519.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,867,205.		1,867,205.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	15,753,149.	12,922,944.	2,830,205.	
12 Advertising and promotion	1,987,832.	530,404.	1,457,428.	
13 Office expenses	4,680,277.	3,817,087.	786,674.	76,516.
14 Information technology	1,673,681.		1,673,681.	
15 Royalties				
16 Occupancy	13,516,924.	9,811,337.	3,525,491.	180,096.
17 Travel	4,234,216.	3,719,207.	515,009.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	802,552.	790,405.	12,147.	
20 Interest	54,616.	54,616.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,953,486.	7,435,222.	411,823.	106,441.
23 Insurance	3,580,381.	2,669,443.	857,274.	53,664.
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	1,401,066.	625,276.	772,332.	3,458.
b BOOKSTORE MATERIALS	1,079,892.	1,079,892.		
c LIBRARY MATERIALS	914,235.	914,235.		
d RES. ASST. ROOM & BOARD	875,042.	875,042.		
e All other expenses	794,051.	235,974.	558,077.	
25 Total functional expenses. Add lines 1 through 24e	270,018,020.	226,906,968.	40,264,133.	2,846,919.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,858.	1	28,845.
	2 Savings and temporary cash investments	12,884,964.	2	15,717,433.
	3 Pledges and grants receivable, net	26,291,301.	3	22,675,135.
	4 Accounts receivable, net	694,568.	4	1,025,359.
	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	478,797.	8	471,947.
	9 Prepaid expenses and deferred charges	2,815,417.	9	2,227,131.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 468,604,554.		
	b Less: accumulated depreciation	10b 251,481,568.		
	11 Investments - publicly traded securities	193,385,877.	10c	217,122,986.
	12 Investments - other securities. See Part IV, line 11	78,495,336.	11	65,350,783.
	13 Investments - program-related. See Part IV, line 11	144,022,080.	12	159,553,304.
	14 Intangible assets	2,701,480.	13	2,490,319.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,324,336.	15	9,383,130.	
	472,111,014.	16	496,046,372.	
Liabilities	17 Accounts payable and accrued expenses	18,618,002.	17	24,966,119.
	18 Grants payable		18	
	19 Deferred revenue	9,758,834.	19	8,260,071.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,205,618.	24	1,136,556.
	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	19,789,476.	25	18,242,747.
	26 Total liabilities. Add lines 17 through 25	49,371,930.	26	52,605,493.
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	279,428,916.	27	277,036,155.
	28 Net assets with donor restrictions	143,310,168.	28	166,404,724.
	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	422,739,084.	32	443,440,879.
33 Total liabilities and net assets/fund balances	472,111,014.	33	496,046,372.	

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	277,354,524.
2	Total expenses (must equal Part IX, column (A), line 25)	2	270,018,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,336,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	422,739,084.
5	Net unrealized gains (losses) on investments	5	13,365,291.
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	443,440,879.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,755,076.	25,783,447.	37,631,718.	28,466,826.	21,690,680.	132,327,747.
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	18,755,076.	25,783,447.	37,631,718.	28,466,826.	21,690,680.	132,327,747.
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)						2,737,434.
6 Public support. Subtract line 5 from line 4.						129,590,313.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	18,755,076.	25,783,447.	37,631,718.	28,466,826.	21,690,680.	132,327,747.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,491,288.	2,835,178.	3,895,056.	5,809,806.	6,838,397.	21,869,725.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	182,281.	1,006,649.	454,692.	1,027,222.	1,402,010.	4,072,854.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	95,625.	224,408.	361,607.	357,625.	379,565.	1,418,830.
11 Total support. Add lines 7 through 10						159,689,156.
12 Gross receipts from related activities, etc. (see instructions)					12	1,174,298,191.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	81.15 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	81.44 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

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

GROSS INCOME FROM SPECIAL EVENTS

2020 AMOUNT: \$ 95,625.
 2021 AMOUNT: \$ 224,408.
 2022 AMOUNT: \$ 361,607.
 2023 AMOUNT: \$ 357,625.
 2024 AMOUNT: \$ 379,565.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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/>	\$ 1,003,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 911,589.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	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.)
	<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
---	--

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 MONMOUTH UNIVERSITY INC	Employer identification number (EIN) 21-0634584
--	---

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 EINs 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) 2024**

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)	134,595.	0.												
c Total lobbying expenditures (add lines 1a and 1b)	134,595.	0.												
d Other exempt purpose expenditures	265,303,896.	0.												
e Total exempt purpose expenditures (add lines 1c and 1d)	265,438,491.	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%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	102,278.	115,592.	122,254.	134,595.	474,719.
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					

Schedule C (Form 990) 2024

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments, and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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 expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

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.

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

(ii) Assets included in Form 990, Part X

\$	_____
\$	2,948,706.

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

\$	_____
\$	_____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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	163,753,000.	153,192,000.	129,424,000.	137,970,000.	108,463,000.
b Contributions	1,877,000.	1,440,000.	19,958,000.	4,090,000.	2,762,000.
c Net investment earnings, gains, and losses	16,904,000.	15,212,000.	9,414,000.	-7,731,000.	31,389,000.
d Grants or scholarships	2,230,000.	1,865,000.	1,765,000.	1,598,000.	1,496,000.
e Other expenditures for facilities and programs	4,489,000.	4,226,000.	3,839,000.	3,307,000.	3,148,000.
f Administrative expenses					
g End of year balance	175,815,000.	163,753,000.	153,192,000.	129,424,000.	137,970,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 33.0000 %
 - b Permanent endowment 39.0000 %
 - c Term endowment 28.0000 %
- 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		18,641,659.		18,641,659.
b Buildings		241,747,570.	118,726,354.	123,021,216.
c Leasehold improvements		4,253,553.	2,721,239.	1,532,314.
d Equipment		40,784,171.	30,617,197.	10,166,974.
e Other		163,177,601.	99,416,778.	63,760,823.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				217,122,986.

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	69,624,665.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME FUNDS	25,704,843.	END-OF-YEAR MARKET VALUE
(C) HEDGE EQUITY FUNDS	16,628,477.	END-OF-YEAR MARKET VALUE
(D) NON-MARKETABLE FUNDS	47,585,990.	END-OF-YEAR MARKET VALUE
(E) OTHER	9,329.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	159,553,304.	

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, line 13, col. (B))		

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, line 15, col. (B))	

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	158,181.
(3) STUDENT LOAN GRANTS REFUNDABLE	1,616,989.
(4) ASSET RETIREMENT OBLIGATION	8,151,811.
(5) OPERATING LEASE LIABILITIES	8,315,766.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	18,242,747.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART III, LINE 4:

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

Part XIII Supplemental Information (continued)

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

**SCHEDULE E
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

Part I

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

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

Schedule E (Form 990) (Rev. 12-2024)

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

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE UNIVERSITY RECEIVES GRANTS FROM FEDERAL AND STATE GOVERNMENTAL AGENCIES FOR VARIOUS PURPOSES INCLUDING STUDENT FINANCIAL AID, RESEARCH AND TRAINING. GRANTING AGENCIES INCLUDE THE U.S. DEPARTMENT OF EDUCATION (INCLUDING FEDERAL DIRECT LOAN, PELL AND OTHER STUDENT FINANCIAL ASSISTANCE PROGRAMS), THE NJ HIGHER EDUCATION ASSISTANCE AUTHORITY AND THE NJ COMMISSION ON HIGHER EDUCATION (INCLUDING TUITION AID GRANT, EQUAL OPPORTUNITY FUND AND OTHER STUDENT FINANCIAL ASSISTANCE PROGRAMS), THE NJ DEPARTMENT OF TREASURY (INDEPENDENT COLLEGE AND UNIVERSITY ACT FUNDING AND CAPITAL PROJECTS), THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, U.S. ENVIRONMENTAL PROTECTION AGENCY, U.S. DEPARTMENT OF NAVY, NATIONAL SCIENCE FOUNDATION, NJ DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF SCIENCE AND RESEARCH, AND OTHER FEDERAL AND STATE AGENCIES.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
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

**Open to Public
Inspection**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		16,628,477.
CENTRAL AMERICA AND THE CARIBBEAN	0	2	PROGRAM SERVICES	STUDENT RESEARCH, SERVICE TRIP	76,590.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	RECRUITMENT	2,500.
EAST ASIA AND THE PACIFIC	0	3	PROGRAM SERVICES	PROFESSIONAL SERVICES	917.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	GRANTMAKING		314,382.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	STUDY ABROAD	311,451.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	PROFESSIONAL SERVICES	3,903.
SOUTH ASIA	0	1	PROGRAM SERVICES	STUDY ABROAD	30,400.
3 a Subtotal	0	15			17,368,620.
b Total from continuation sheets to Part I	0	1			2,500.
c Totals (add lines 3a and 3b)	0	16			17,371,120.

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

Schedule F (Form 990) (Rev. 12-2024)

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)	34	314,382.	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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2:

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

SCHEDULE F, PART IV:

MONMOUTH UNIVERSITY INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. NEVERTHELESS, THE UNIVERSITY'S ACTIVITIES MAY NOT REACH THRESHOLDS REQUIRED FOR FILING FORMS 926, 5471, 8621, OR 8865. TO THE EXTENT SUCH A FORM WAS COMPLETED, IT HAS BEEN FILED WITH THE ORGANIZATION'S FORM 990-T.

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)	GALA (event type)	4 (total number)		
Revenue	1	Gross receipts	304,712.	270,475.	296,285.	871,472.
	2	Less: Contributions	147,862.	190,200.	153,845.	491,907.
	3	Gross income (line 1 minus line 2)	156,850.	80,275.	142,440.	379,565.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,728.	6,620.	8,348.
	6	Rent/facility costs	115,807.		45,332.	161,139.
	7	Food and beverages		70,091.	64,005.	134,096.
	8	Entertainment		31,249.	5,274.	36,523.
	9	Other direct expenses		17,975.	19,044.	37,019.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				377,125.
11	Net income summary. Subtract line 10 from line 3, column (d)				2,440.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - P.O. BOX 9 - ALBANY, NY 12201-0009	14-1368361	501(C)(3)	161,789.	0.			RESEARCH GRANT SUBRECIPIENT
THE CITY OF LONG BRANCH 344 BROADWAY LONG BRANCH, NJ 07740	21-6000806	GOVERNMENT	76,500.	0.			GENERAL SUPPORT
NEW ENGLAND AQUARIUM CORPORATION CENTRAL WHARF BOSTON, MA 02110-3399	04-2297514	501(C)(3)	72,092.	0.			RESEARCH GRANTS SUBRECIPIENT
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 03102	02-0222182	501(C)(3)	50,821.	0.			RESEARCH GRANTS SUBRECIPIENT
THE TRUSTEES OF THE STEVENS INSTITUTE OF TECHNOLOGY - CASTLE POINT ON HUDSON - HOBOKEN, NJ 07030	22-1487354	501(C)(3)	17,692.	0.			RESEARCH GRANT SUBRECIPIENT
BOROUGH OF WEST LONG BRANCH 967 BROADWAY WEST LONG BRANCH, NJ 07764	21-6001351	GOVERNMENT	13,445.	0.			GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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	4163	80,405,042.	0.		
AUXILIARY ENTERPRISE DISCOUNT	389	5,781,042.	0.		
PRESIDENT'S RELIEF FUND GRANT	4	798.	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 STATISTICS. GOVERNMENT FUNDED SCHOLARSHIPS ARE AWARDED BY THE UNIVERSITY'S FINANCIAL AID OFFICE WITH STRICT ADHERENCE TO GOVERNMENT REGULATIONS AND AWARD CRITERIA. DONOR FUNDED SCHOLARSHIPS, WHETHER SPONSORED OR ENDOWED, ARE AWARDED BY THE UNIVERSITY'S FINANCIAL AID OFFICE WITH STRICT ADHERENCE TO THE DONOR'S WRITTEN AWARD CRITERIA. THE UNIVERSITY'S DEVELOPMENT OFFICE WORKS WITH THE DONOR AT THE TIME OF THE GIFT TO ESTABLISH THE WRITTEN AWARD CRITERIA AND THESE CRITERIA ARE MAINTAINED FOR REFERENCE IN BOTH THE UNIVERSITY'S DEVELOPMENT AND FINANCIAL AID OFFICES.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

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

Schedule J (Form 990) (Rev. 12-2024)

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)	632,715.	300,000.	10,456.	27,600.	184,954.	1,155,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KING D. RICE HEAD MENS BASKETBALL COACH	(i)	541,846.	0.	87,963.	27,600.	45,728.	703,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD F. VEIT, JR. - PROVOST & SENIOR VP FOR ACADEMIC AFFAIRS	(i)	303,488.	0.	11,564.	25,144.	45,704.	385,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PRAKASAM R. DEVASAGAYAM DEAN OF BUSINESS SCHOOL	(i)	299,747.	0.	3,104.	24,735.	44,995.	372,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLENE K. DIANA VP AND GENERAL COUNSEL	(i)	298,499.	0.	1,059.	24,098.	36,123.	359,779.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT MCCAIG VP ENROLLMENT MANAGEMENT & MARKETING	(i)	277,286.	0.	2,167.	23,249.	47,137.	349,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMANDA M. KLAUS VP UNIVERSITY ADVANCEMENT	(i)	285,744.	0.	250.	23,167.	28,946.	338,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KEVIN J. CALLAHAN HEAD FOOTBALL COACH	(i)	257,871.	0.	17,864.	22,324.	32,541.	330,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JENNIFER SANSEVERO DIRECTOR OF ATHLETICS	(i)	265,507.	0.	5,147.	22,207.	31,488.	324,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PATRICK MURRAY DIRECTOR POLLING INSTITUTE	(i)	251,805.	0.	3,963.	20,490.	39,197.	315,455.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) EDWARD CHRISTENSEN ASSOCIATE PROFESSOR	(i)	218,728.	0.	35,207.	19,754.	39,571.	313,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANTHONY MACDONALD DIRECTOR URBAN COAST INSTITUTE	(i)	250,656.	0.	10,411.	20,477.	17,706.	299,250.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID GOLLEND - DEAN OF SCH. OF HUMANITIES & SOCIAL SCIENCES	(i)	232,974.	0.	944.	19,460.	44,007.	297,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SUSAN GUPTA ASSOCIATE PROVOST	(i)	220,800.	0.	3,782.	18,632.	47,800.	291,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) REKHA DATTA PROFESSOR	(i)	246,798.	0.	4,303.	19,833.	2,573.	273,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES PILLAR VP FOR STUDENT LIFE	(i)	219,358.	0.	2,279.	17,878.	31,340.	270,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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) JOHN SONN - ASSOCIATE VP & CHIEF INFORMATION OFFICER	(i)	214,927.	0.	16,973.	17,194.	1,317.	250,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) TIMOTHY ORR - EXEC. DIR. CAMPUS PLANNING / FACILITIES	(i)	203,548.	0.	1,016.	16,418.	14,422.	235,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JOSEPH PINGITORE ASSOCIATE VP FINANCE AND BUDGETS	(i)	202,306.	0.	920.	16,545.	6,159.	225,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MARY BYRNE ASSOCIATE VP AND CONTROLLER	(i)	206,819.	0.	674.	16,545.	1,420.	225,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) ROBYN SALVO - ASSOCIATE VP HUMAN RESOURCES (THRU 10/2024)	(i)	154,290.	0.	22,488.	14,326.	24,151.	215,255.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) KATHLEEN STEIN ASSOCIATE VP HUMAN RESOURCES	(i)	159,284.	0.	2,774.	13,179.	30,113.	205,350.	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)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCE OR RESIDENCE

FOR THE BENEFIT AND CONVENIENCE OF THE UNIVERSITY IN HAVING THE FUNCTIONS OF THE OFFICE OF THE PRESIDENT EFFICIENTLY DISCHARGED AND AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED BY THE BOARD OF TRUSTEES TO RESIDE IN A HOME LOCATED ON CAMPUS AND PROVIDED BY THE UNIVERSITY AT ITS EXPENSE. THE VALUE OF THE PRESIDENT'S RESIDENCE FOR PERSONAL USE OF \$62,536 IS REPORTED AS NON-TAXABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN D.

GROSS-UP PAYMENTS

MINIMAL GROSS-UP PAYMENTS WERE MADE TO THE PRESIDENT PURSUANT TO THE TERMS OF HIS EMPLOYMENT CONTRACT. THESE PAYMENTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).

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. THE VALUE OF THE PRESIDENT'S MEMBERSHIP HELD DURING THE YEAR IN THE AMOUNT OF \$31,033 IS REPORTED AS A NONTAXABLE BENEFIT IN SCHEDULE J, PART II, COLUMN D.

PART I, LINE 4B:

DURING THE YEAR, PATRICK F. LEAHY, PRESIDENT, PARTICIPATED IN A SUPPLEMENTAL 457(F) NONQUALIFIED RETIREMENT PLAN. UNDER THE AGREEMENT, SCHEDULED ANNUAL CONTRIBUTIONS WILL BE MADE BY THE UNIVERSITY BEGINNING IN JUNE 2025 THROUGH JUNE 2029. AMOUNTS CONTRIBUTED PLUS APPLICABLE INVESTMENT EARNINGS WILL BE SUBJECT TO FORFEITURE UNTIL VESTING BEGINS IN 2027, CONTINGENT ON CONTINUOUS EMPLOYMENT THROUGHOUT THE PERIOD. AMOUNTS CONTRIBUTED AFTER JUNE 30, 2027 WILL VEST FULLY ON JUNE 30, 2029.

PART I, LINE 7:

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

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization <p style="text-align: center;">MONMOUTH UNIVERSITY INC</p>	Employer identification number <p style="text-align: center;">21-0634584</p>
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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
(1) SCOTT BELFORD	FAM MBR OF TRUSTEE	73,376.	EMPL COMP.		X
(2) BSI CORP. BENEFITS, LLC	SUBSTANTIAL CONTRIB	109,047.	CONS. SRVC		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV:

ALL TRANSACTIONS DISCLOSED ON SCHEDULE L ARE MADE AT ARMS-LENGTH TERMS
AND NONE ARE INFLUENCED BY THE RELATIONSHIPS THAT EXIST WITH THE
INTERESTED PERSONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

Part I 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				
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	7	334,924.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1	24,917.	EXPERT OPINION
19 Food inventory	X	1	39,325.	SELLING PRICE
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** 0

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2024

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, PART I, 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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

MONMOUTH UNIVERSITY INC

Employer identification number

21-0634584

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

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

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

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

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

HIGHER EDUCATION, RESEARCH AND PUBLIC SERVICE:

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

AT MONMOUTH UNIVERSITY, THERE ARE FIVE UNIQUE ORGANIZATIONS, KNOWN AS
CENTERS OF DISTINCTION, WHICH WORK TO PROMOTE AWARENESS OF SPECIFIC
ISSUES AND MEET THE NEEDS OF LOCAL AND GLOBAL COMMUNITIES. MONMOUTH'S
CENTERS OF DISTINCTION - THE URBAN COAST INSTITUTE, THE KISLAK REAL
ESTATE INSTITUTE, THE INSTITUTE OF GLOBAL UNDERSTANDING, THE CENTER OF
THE ARTS, AND THE BRUCE SPRINGSTEEN ARCHIVES AND CENTER FOR AMERICAN
MUSIC - PROVIDE IMPORTANT SERVICES IN AREAS SUCH AS THE ENVIRONMENT,
GLOBAL AFFAIRS, AND PUBLIC POLICY AS WELL AS HANDS-ON LEARNING
OPPORTUNITIES FOR THE STUDENTS.

MONMOUTH IS ACCREDITED BY THE MIDDLE STATES COMMISSION OF HIGHER
EDUCATION AND HOLDS SPECIALIZED ACCREDITATIONS WITH THE ASSOCIATION TO
ADVANCE COLLEGIATE SCHOOLS OF BUSINESS (AACSB), ENGINEERING
ACCREDITATION COMMISSION OF ABET, ACCREDITATION COUNCIL FOR
OCCUPATIONAL THERAPY EDUCATION (ACOTE) (OTD), COMMISSION ON COLLEGIATE
NURSING EDUCATION (CNNE), COUNCIL ON SOCIAL WORK EDUCATION (CSWE),
COUNCIL FOR ACCREDITATION FOR EDUCATOR PREPARATION (CAEP), COUNCIL FOR
ACCREDITATION OF COUNSELING AND RELATED EDUCATION PROGRAMS (CACREP)
(MSED AND MS CLINICAL MENTAL HEALTH COUNSELING), COUNCIL ON ACADEMIC
ACCREDITATION IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY OF THE
AMERICAN SPEECH AND-LANGUAGE HEARING ASSOCIATION (ASHA) (MSED
SPEECH-LANGUAGE PATHOLOGY), ARC-PA (ACCREDITATION 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 2024 STUDENT ENROLLMENT WAS 3,710 UNDERGRADUATE (97%

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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FULL-TIME) AND 1,057 GRADUATE STUDENTS (52% FULL-TIME) WHO REPRESENTED 40 STATES AND 33 COUNTRIES. MONMOUTH EMPLOYS 271 FULL-TIME FACULTY OF WHOM 85% 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'S FIRST-YEAR RETENTION IS 80% AND OUR SIX-YEAR GRADUATION RATE IS 72%.

MONMOUTH'S BEAUTIFUL COASTAL RESIDENTIAL CAMPUS HOUSES AS MANY AS 2,050 STUDENTS ON CAMPUS OR IN UNIVERSITY-OWNED OR SPONSORED OFF-CAMPUS BUILDINGS AND SITS AT THE HEART OF A VIBRANT CULTURE RICH IN HISTORY, THE ARTS, TECHNOLOGY AND ENTREPRENEURSHIP. OUR RENOWNED FACULTY ARE ACTIVELY INVOLVED IN ADVANCING ACADEMIC RESEARCH NATIONWIDE WHILE ENCOURAGING MEANINGFUL COMMUNITY INVOLVEMENT AND CRITICAL THINKING FOR SELF-FULFILLMENT. MONMOUTH HAS 24 DIVISION I NCAA ATHLETIC TEAMS, 15 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. MONMOUTH'S OFFICE OF CAREER DEVELOPMENT, A COMPREHENSIVE RESOURCE CENTER, ASSISTS STUDENTS AND ALUMNI WITH SUCCESSFULLY MEETING THEIR CAREER OBJECTIVES.

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 IN AMERICA", AND FORBES' "AMERICA'S TOP COLLEGES." IN THE 2026 EDITION OF U.S. NEWS AND WORLD REPORT'S "BEST COLLEGES," MONMOUTH UNIVERSITY RANKED 13 IN THE REGIONAL UNIVERSITIES NORTH CATEGORY, AND SECOND IN NEW JERSEY WITHIN THE SAME CATEGORY, RISING 63 SPOTS OVER THE PAST 21 YEARS. MONMOUTH UNIVERSITY IS ALSO RECOGNIZED IN WASHINGTON MONTHLY'S ANNUAL COLLEGE RANKINGS THAT ARE BASED ON OVERALL CONTRIBUTION TO THE PUBLIC GOOD IN THREE BROAD CATEGORIES: SOCIAL MOBILITY, RESEARCH AND PROVIDING OPPORTUNITIES FOR PUBLIC SERVICE.

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

FORM 990, PART VI, SECTION A, LINE 1A:
THERE ARE THREE CLASSES OF TRUSTEES WHO SERVE ON THE BOARD OF TRUSTEES: ELECTED TRUSTEES, LIFE TRUSTEES AND TRUSTEES EMERITI. ANY CURRENT ELECTED TRUSTEE WHO HAS SERVED WITH GREAT DISTINCTION FOR AT LEAST TWO CONSECUTIVE TERMS WITHOUT INTERRUPTION MAY BE ELECTED A LIFE TRUSTEE UPON TWO-THIRDS VOTE OF THE COMMITTEE ON TRUSTEES, A TWO-THIRDS VOTE OF THE FULL MEMBERSHIP OF THE EXECUTIVE COMMITTEE AND A TWO-THIRDS VOTE OF THE FULL BOARD OF TRUSTEES. LIFE TRUSTEES SHALL SERVE IN ALL RESPECTS AS FULL MEMBERS OF THE BOARD OF TRUSTEES DURING THEIR FIVE YEAR TERM OF SERVICE EXCEPT THEY SHALL NOT SERVE AS AN OFFICER OF THE BOARD. ANY CURRENT OR FORMER MEMBER OF THE BOARD OF TRUSTEES WHO HAS SERVED WITH DISTINCTION FOR AT LEAST TWO

Name of the organization MONMOUTH UNIVERSITY INC	Employer identification number 21-0634584
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CONSECUTIVE TERMS WITHOUT INTERRUPTION MAY BE ELECTED A TRUSTEE EMERITUS/EMERITA UPON RECOMMENDATION BY THE COMMITTEE ON TRUSTEES, A MAJORITY VOTE OF THE FULL MEMBERSHIP OF THE EXECUTIVE COMMITTEE AND TWO-THIRDS VOTE OF THE FULL BOARD OF TRUSTEES. TRUSTEES EMERITI SHALL BE ELIGIBLE TO VOTE AT COMMITTEE MEETINGS OTHER THAN THOSE MATTERS WHERE THE COMMITTEE ACTION CONSTITUTES FINAL ACTION ON BEHALF OF THE BOARD.

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

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

FORM 990, PART VI, SECTION 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. REVIEW OF SITUATIONS TO DETERMINE A CONFLICT ARE CARRIED OUT BY THE UNIVERSITY'S VICE PRESIDENT AND GENERAL COUNSEL AND IF NECESSARY THE BOARD'S EXECUTIVE COMMITTEE. BOARD MEMBERS FOUND TO HAVE A CONFLICT ON A PARTICULAR ITEM RECUSE THEMSELVES FROM PARTICIPATING AND VOTING IN CONNECTION WITH THAT ITEM. SUCH RECUSALS ARE PLACED ON THE RECORD.

ALSO, MEMBERS OF THE BOARD, PRESIDENT'S CABINET OFFICERS AND KEY EMPLOYEES COMPLETE AN ANNUAL DISCLOSURE QUESTIONNAIRE WHICH GATHERS INFORMATION REQUIRED BY IRS REGULATIONS REGARDING TRANSACTIONS WITH "INTERESTED PERSONS" AND THE US DEPARTMENT OF EDUCATION'S RELATED PARTY DISCLOSURE REQUIREMENTS.

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

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THE PROCESS FOR DETERMINING COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY IS SET FORTH IN THE UNIVERSITY'S EXECUTIVE COMPENSATION POLICY AND THE MONMOUTH UNIVERSITY COMPENSATION COMMITTEE CHARTER ENTITLED "RESPONSIBILITIES OF THE COMMITTEE AND MEMBERS OF THE COMMITTEE." PURSUANT TO THAT POLICY, THE BOARD'S COMPENSATION COMMITTEE (ALL OF WHOM ARE INDEPENDENT) AND THE VICE PRESIDENT AND GENERAL COUNSEL REVIEW COMPARABLE COMPENSATION DATA PROVIDED BY AN INDEPENDENT OUTSIDE CONSULTANT AND MAKE COMPENSATION RECOMMENDATIONS TO THE FULL BOARD OF TRUSTEES AS TO THE COMPENSATION FOR THE PRESIDENT OF THE UNIVERSITY. THE COMPENSATION COMMITTEE, THE EXECUTIVE COMMITTEE AND THE FULL BOARD OF TRUSTEES TAKE MINUTES CONCERNING SUCH ACTIONS. EACH COMMITTEE REVIEWS AND APPROVES THE MINUTES FOR ITS RESPECTIVE COMMITTEE, AND THE FULL BOARD OF TRUSTEES REVIEWS AND APPROVES THE MINUTES FROM THE FULL BOARD MEETING.

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

FORM 990, PART VII, SECTION A:
REKHA DATTA AND EDWARD CHRISTENSEN WERE REPORTED AS OFFICERS OF THE UNIVERSITY IN PREVIOUS YEARS. THEY NO LONGER SERVE IN THE CAPACITY OF AN OFFICER AND ARE CURRENTLY EMPLOYED BY THE UNIVERSITY AS FULL-TIME FACULTY MEMBERS. FOR THIS REASON, THEY ARE LISTED AS FORMER OFFICERS AND THEIR AVERAGE HOURS PER WEEK REFLECT THEIR CURRENT FACULTY RESPONSIBILITIES.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**Open to Public
Inspection**

Name of the organization <p align="center">MONMOUTH UNIVERSITY INC</p>	Employer identification number <p align="center">21-0634584</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		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	C	680,675.	COST
(2) BRUCE SPRINGSTEEN ARCHIVES & CENTER	O	558,708.	COST
(3) BRUCE SPRINGSTEEN ARCHIVES & CENTER	Q	1,855,715.	COST
(4)			
(5)			
(6)			

