DLN: 93493132025400 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable GEORGIAN COURT UNIVERSITY ☐ Address change 21-0634981 % MAUREEN RYAN-HOFFMAN ☐ Name change ☐ Initial return Doing business as ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 900 LAKEWOOD AVENUE ☐ Application pending (732) 987-2200 City or town, state or province, country, and ZIP or foreign postal code LAKEWOOD, NJ  $\,$  08701  $\,$ G Gross receipts \$ 94,953,809 Name and address of principal officer H(a) Is this a group return for JOSEPH R MARBACH □Yes ☑No subordinates? 900 LAKEWOOD AVENUE H(b) Are all subordinates LAKEWOOD, NJ 08701 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW GEORGIAN EDU L Year of formation 1908 **M** State of legal domicile NJ K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities GEORGIAN COURT OFFERS A COMPREHENSIVE LIBERAL ARTS EDUCATION IN THE ROMAN CATHOLIC TRADITION FOR MORE INFORMATION SEE SCHEDULE O Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 31 Number of independent voting members of the governing body (Part VI, line 1b) 5 964 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 146 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 227,884 b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 2,607,907 2,356,603 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 57,729,596 59,737,990 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 5,470,869 5,558,645 748,137 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 338,466 68,401,375 66,146,838 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 19,598,415 20,862,813 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 26,150,598 26,158,249 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 64,030 12,669 b Total fundraising expenses (Part IX, column (D), line 25) ▶1,693,446 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 20,628,964 21,686,297 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 66,390,646 68,771,389 19 Revenue less expenses Subtract line 18 from line 12 . -243,808 -370,014 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 134,145,051 130,282,700 37,424,231 21 Total liabilities (Part X, line 26) . 38,221,831 22 Net assets or fund balances Subtract line 21 from line 20 . 95,923,220 92,858,469 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 2020-05-06 Signature of officer Sign Here MAUREEN RYAN-HOFFMAN AVP FINANCE & CONTR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | If 2020-05-01 P01247783 Paid self-employed Firm's name ► KPMG LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 345 PARK AVENUE Phone no (212) 758-9700 NEW YORK, NY 101540102 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	Statement	of Program Servi	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		•		
					DUCATION AND IS OPEN TO STUD	
DELI	VERS A CURRICULUM 1	THAT PROMOTES SCH	OLARSHIP, SERV	ICE, AND PERSONAL D	DEVELOPMENT FOR MORE INFOR	MATION SEE SCHEDULE O
_						
2	<del>-</del>	•		<u> </u>	hich were not listed on	
	'					☐ Yes 🗹 No
	•	se new services on Sc				
3	Did the organization	cease conducting, or r	nake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	se changes on Schedu	le O			
4					largest program services, as me of grants and allocations to other	
		ue, if any, for each pro			or grants and anocations to other	s, the total
_	(6.1	) /5	20 267 574		20.062.042.170	60.250.470.)
4a	(Code	) (Expenses \$	39,367,571	including grants of \$	20,862,813 ) (Revenue \$	60,259,178 )
	See Additional Data					
4b	(Code	) (Expenses \$	7,832,179	including grants of \$	) (Revenue \$	)
	See Additional Data		. ,		, ,	,
4c	(Code	) (Expenses \$	3,491,512	including grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program service	ces (Describe in Sched	ule O )			
	(Expenses \$	ınc	luding grants of	\$	) (Revenue \$	)
4e	Total program serv	/ice expenses ►	50,691,2	62		
						Form <b>990</b> (2018)

	990 (2010)			Page 3
Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			No
7	If "Yes," complete Schedule D, Part I	6		No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		
9	If "Yes," complete Schedule D, Part III	8		No
,	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛂	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥞	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

	990 (2018)			Page
⊃ar	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
1	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
•	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	28a		No	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
1	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	<u>. ;</u>	V	<u> </u>
•	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   2,871		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			

**1**c

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Nο

No

No

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Form	990 (2018)			Page <b>6</b>					
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines					
Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 31								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
ь									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue								
	Gran Bir Grands (11115 Section Bregardes information about policies fiet regarde by the Internal Neverthal		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
	Other officers or key employees of the organization	15b	Yes						
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	163						
16-									
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h							

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed KY, MD, MA, MI, NH, NY, OH, OK, OF	, PA ,	TN	
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

Own website Another's website Upon request Other (explain in Schedule O)

Describe in 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

19

20

State the name, address, and telephone number of the person who possesses the organization's books and records MAUREEN RYAN-HOFFMAN 900 LAKEWOOD AVENUE Lakewood, NJ 08701 (732) 987-2218 Form **990** (2018) Part VII

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

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

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

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

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee"

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - f 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

• 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	ıs b	ne bo oth a	ox, unless person in officer and a tor/trustee)				compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form <b>990</b> (2018)

Name and Title

Part VII

FHEG,

PO BOX 723

3146 SOLUTIONS CENTER CHICAGO, IL 606773001 MATTHEWS PLUMBING HEATING,

POINT PLEASANT, NJ 08742

compensation from the organization  $\blacktriangleright$  6

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

Estimated

Page 8

	Name and Title	Average hours per week (list any hours for related	than c	one b	ox, u in off tor/t	inles ficer rust	and a	son	fror organiz	Reportable Reportable compensation from the ganization (W-1099-MISC) 2/1099-MIS			compensation W- from the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/109	y-MISC)	2/1099-1130		relat organiza	ed
See A	dditional Data Table													
				$oxed{oxed}$										
				<u> </u>										
				$oxed{oxed}$										
c To	ub-Total otal from continuation sheets to P	Part VII <b>, Section</b>	Α				<b>&gt;</b>							
2	otal (add lines 1b and 1c)  Total number of individuals (including	g but not limited	l to thos			bove	•) who	rece		973,831 re than \$	100,000	0		213,328
	of reportable compensation from the	organization 🕨	28 ———										<b>.</b>	
3	Did the organization list any <b>former</b>	officer, director	or trust	:ee, k	ey ei	mplo	oyee,	or hi	ghest con	npensate	d employee on		Yes	No
	line 1a? If "Yes," complete Schedule			•	•	•		•				3	Yes	
	For any individual listed on line 1a, is organization and related organization										m the			
	individual				•	٠	•		• •			4	Yes	
	Did any person listed on line 1a receivervices rendered to the organization											5		No
Sec	ction B. Independent Contract	tors												
1	Complete this table for your five high from the organization Report compet	lest compensate ensation for the c	d indepo	ender year	nt co end	ntra ing	actors with o	that r wit	received thin the o	more tha	n \$100,000 of co on's tax year	mpen	sation	
		(A) and business addre									(B) cription of services		(C Comper	
4 COUN	IAN COMPANY LP, NTRY VIEW ROAD									MANAGEMI	ENT SERVICES			682,737
RUFFAL 1025 K	RN, PA 19355 LO NOEL LEVITZ LLC, (IRKWOOD PARKWAY SW									Consultant	s			431,940
DEVINE 600 CL	ERAPIDS, IL 52404  E BROTHERS INC, ARK AVENUE									Contractor				242,578
KING C	DF PRUSSIA, PA 19406									Poplestoro				152 202

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

(C)

Position (do not check more

(D)

Reportable

Bookstore

Contractor

Reportable

(B)

Average

153,383

168,061

Part		Statement of	Revenue									rage <b>3</b>
		Check if Schedul	e O contains a	respo	onse or note to any l	line in th	ıs Part VIII					🗆
						(A Total re		Rel e: fu	(B) ated or xempt nction	b	(C) Inrelated Dusiness revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a				re	venue			512 - 514
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues		1b	<u> </u>							
Gra not		c Fundraising events		1c	95,058							
\$, T		d Related organizatio	ns	1d	0							
Gif ilar		e Government grants (co		1e	1,156,720							
ns,		f All other contributions,	, gıfts, grants,		<u> </u>							
itio er S		and similar amounts n above	ot included	1f	1,104,825							
턜		g Noncash contribution	ons included									
Contributions, and Other Sim					s <u>,558</u>							
ۃ ت		<b>h Total.</b> Add lines 1a	-1f	•	· · · •		2,356,603					
<u>+</u>					Business	Code	EE 1	218,370	55,21	0 270		
Service Revenue		TUITION AND FEES				900099		177,210		7,210		
ď		RESIDENCE HALLS AND		ES		900099		42,410		2,410		
MCE	C	BOOKSTORE COMMISSI	ON			900099		42,410		2,410		
Şe	c	ı ————		_								
ram	e	-		_								
Program	f	· All other program se	rvice revenue		L	 37,990		1				
<u>a</u>	g	I <b>Total.</b> Add lines 2a-2	2f		<b>&gt;</b>							
		Investment income (ii similar amounts) .			interest, and other	ļ	4,280,17	8			3,346	4,276,832
		Income from investme			ond proceeds		1	D				
	5	Royalties					1	D				
			(ı) Rea		(II) Personal							
	6a	a Gross rents	1	17,032	443							
	ı	<b>b</b> Less rental expenses										
		c Rental income or	1	<b>1</b> 7,032	443							
	•	(loss)	_	17,032	143							
	•	d Net rental income o				]	117,47	5			117,475	
	٦.	Gross amount	(ı) Securit	ıes	(II) Other							
	/ 6	from sales of assets other	27,7	91,790								
		than inventory										
	ı	<b>b</b> Less cost or other basis and	26.5	13,323		1						
		sales expenses										
		C Gain or (loss) d Net gain or (loss) .		78,467		<u> </u>	1,278,46	7				1,278,467
		Gross income from fi			<b>•</b>	 	1,2,0,10	1				1,2,0,10,
ne		(not including \$	95,058									
Other Revenue		contributions reporte See Part IV, line 18		а	37,222							
Re	ı	<b>b</b> Less direct expense	s	ь	36,961	1						
er	•	c Net income or (loss)	from fundrais	ing ev	ents		26	1				261
Oth	98	Gross income from g See Part IV, line 19	jaming activiti	es								
		•		а	4,300							
		<b>b</b> Less direct expense		b	2,150	]						
		c Net income or (loss)		activit	iles •	1	2,15	D				2,150
	10	aGross sales of invent returns and allowand										
				а	0							
		<b>b</b> Less cost of goods s		b								
	•	Net income or (loss)  Miscellaneous		invent				D .				
	11	1aOTHER STUDENT	Revenue		Business Code 900099		493,68	8	493,688			
		ACTIVITIES/MISCEL	LANEOUS									
	ı	CATERING			900099		107,06	3			107,063	
		TRUST INCOME			900099		27,50	D	27,500			
		d All other revenue .										
	•	<b>e Total.</b> Add lines 11a	-11d		•		628,25	1				
	12	<b>2 Total revenue.</b> See	Instructions				•		60 250 470		227.001	E 557 710
					•		68,401,37	ار	60,259,178	1	227,884	5,557,710 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	olete 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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	19,692,481	19,692,481		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,170,332	1,170,332		
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,287,970	435,305	769,007	83,658
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	53,799	53,799		
7 Other salaries and wages	19,548,821	15,373,882	3,384,013	790,926
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	829,592	587,449	202,303	39,840
9 Other employee benefits	2,766,310	1,560,066	1,122,219	84,025
<b>10</b> Payroll taxes	1,671,757	1,284,521	314,561	72,675
11 Fees for services (non-employees)				
a Management	64,250	64,250		
<b>b</b> Legal	89,246		89,246	
c Accounting	139,815		139,815	
d Lobbyina	33,511		33,511	

64,030

230,081

371,425

942,255

899,258

2,275,189

1,470,867

419,656

139,910

1,491,526

3,382,289

1,093,986

2,058,184

1,849,795

1,252,562

1,089,883

2,392,609

68,771,389

0

0

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

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

federal, state, or local public officials .

19 Conferences, conventions, and meetings .

22 Depreciation, depletion, and amortization .

 ${f g}$  Other (If line 11g amount exceeds 10% of line 25, column

**f** Investment management fees . .

**12** Advertising and promotion . . .

13 Office expenses .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

**b** DINING HALL

14 Information technology

**20** Interest . . . .

21 Payments to affiliates . . .

expenses on Schedule O )

a STUDENT PROGRAM SERVICES

c EQUIP REPAIRS MAINTENANCE

d PROFESSIONAL SERVICES

e All other expenses

64,030

38,677

7,995

50,750

98,849

16,294

5,111

32,316

23,305

1,547

283,448

1,693,446

Form 990 (2018)

230,081

284,598

467,779

132,951

575,781

1,158,332

26,667

21,430

1,491,526

3,349,973

1,002,982

18,822

875,526

695,558

16,386,681

48,150

466,481

715,557

312,535

376,695

113,369

91,004

2,016,057

1,849,795

375,489

1,089,883

1,413,603

50,691,262

1,600,559

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🛚
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			0	1	0
	2	Savings and temporary cash investments .		[	2,428,543	2	2,078,639
	3	Pledges and grants receivable, net	976,386	847,557			
	4	Accounts receivable, net	1,851,110	1,125,022			
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	nployees Complete	0	5	0	
ts	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	s(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0	
ssets	8			-	0	8	0
As		Inventories for sale or use		F			0
-	9	Prepaid expenses and deferred charges		. • •	188,094	9	388,118
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	117,838,097			
	ь	Less accumulated depreciation	10b	55,839,998	64,952,035	10c	61,998,099
	11	Investments—publicly traded securities .			47,363,931	11	47,612,085
	12	Investments—other securities, See Part IV, line	11	F	15 652 525	12	15 594 591

0

0 18

0 22

330.601

14.104.953

38,221,831

69.835.557

11,703,215

14,384,448

95,923,220

134,145,051

732,427

134.145.051

5.358.785

18,345,206

82.286

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262.010

13.133.024

37.424.231

65.956.050

12,200,421

14,701,998

92,858,469

130,282,700

Form **990** (2018)

638.589

130.282.700

5,157,589

109.719

18,761,889

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Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Intangible assets . . . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . . .

Form 990 (2018)

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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 in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

Software Version:

Name: GEORGIAN COURT UNIVERSITY

**EIN:** 21-0634981

Form 990 (2018)

Form 990, Part III, Line 4a: INSTRUCTIONAL DEGREE PROGRAM - IN 2018-19, GEORGIAN COURT UNIVERSITY (GCU) ENROLLED NEARLY 2,458 STUDENTS IN 35 UNDERGRADUATE AND MORE THAN 10 DISTINCTIVE GRADUATE PROGRAMS THROUGH THE SCHOOL OF BUSINESS AND DIGITAL COMMUNICATION, THE SCHOOL OF EDUCATION, AND THE SCHOOL OF ARTS AND SCIENCES FOR MORE INFORMATION SEE SCHEDULE O

#### Form 990, Part III, Line 4b: STUDENT SERVICE SUPPORT - OTHER EXPENDITURES TO SUPPORT THE OPERATION OF OFFICES DEDICATED TO STUDENT SERVICE ACTIVITIES.

Form 990, Part III, Line 4c: STUDENT ATHLETES & PROGRAMS - AS A MEMBER OF THE CENTRAL ATHLETIC COLLEGIATE CONFERENCE, GCU HAD 287 ATHLETES PARTICIPATING IN NCAA DIVISION II SPORTS, UP FROM 249 THE PREVIOUS YEAR FOR MORE INFORMATION SEE SCHEDULE O

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee\ any hours organization organizations from the

	any hours	and	a dir	recto	or/tr	ustee	}	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	10	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Robert E Mulcahy III Board Chair	10	×						0	0	0
Judith M Persichilli RN BSN BOARD VICE CHAIR	10	Х						0	0	0
Nina Anuario Individual Trustee	1 0	Х						0	0	0
Michele Teresa Aronica RSM	1 0	×						0	0	0

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BUARD VICE CHAIR
Nina Anuario
Individual Trustee
Michele Teresa Aronica RSM
Individual Trustee
Senator Jeffrey S Chiesa

......

Individual Trustee

Individual Trustee

Madeline Farraro

Individual Trustee

Individual Trustee

Individual Trustee

Individual Trustee

Kathleen Hickey

Msgr R Vincent Gartland

Patricia Smith Heanue

James H Dickerson Jr

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours			recto	ustee	organization	organizations	from the	
	for related organizations below dotted line)	MISCO MISCO Highest compensated Inglovee key employee Miner Institutional Trustee Institutional Trustee or director		(W- 2/1099- MISC)	organization and related organizations				
Patricia E Koch Esq Individual Trustee	1 0	×				0	0	0	
David Kountz MD INDIVIDUAL TRUSTEE	10	х				0	0	0	
REVEREND MSGR CASIMIR H LADZINKSKI Individual Trustee	1 0	х				0	0	0	
Michael J Laferrera INDIVIDUAL TRUSTEE	1 0	×				0	0	0	
Mary K E Maples Esq	1 0	×				0	0	0	

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Michael J Laferrera
INDIVIDUAL TRUSTEE
Mary K E Maples Esq
INDIVIDUAL TRUSTEE
Kerry Anne McGeary PhD

.....

Individual Trustee

Individual Trustee

Individual Trustee

Individual Trustee

Individual Trustee

Mark N Ricca

Linda M Orlando

Amelia A McTamaney

Elizabeth Healey Mulvihill

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	formulated	anu	a uii	ecto	71 / CI	ustee		(W. 3/1000	Organizations	organization and	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Megan E Mulcahy Romano Individual Trustee	1 0	×						0	0	0	
John W Seazholtz INDIVIDUAL TRUSTEE	1 0	×						0	0	0	
Judge Eugene D Serpentelli INDIVIDUAL TRUSTEE	1 0	×						0	0	0	
Edward Smith	1 0	Х						0	0	0	

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347,952

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37,567

Judge Eugene D Serpentellı
INDIVIDUAL TRUSTEE
Edward Smith
INDIVIDUAL TRUSTEE
Thomas J Sykes AIA PP

INDIVIDUAL TRUSTEE

Patricia A Talone RSM PhD

INDIVIDUAL TRUSTEES

Julia A Upton RSM PhD

INDIVIDUAL TRUSTEE

INDVIDUAL TRUSTEE

INDIVIDUAL TRUSTEE

Francis G Coleman

Joseph R Marbach

PRESIDENT

M Deborah Hanley Williams

.......

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	,				,		,	(11) 2 (1000	(14) 2/4 200	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	lo-	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FIAH KWESSEU INDIVIDUAL TRUSTEE	1 0	×						0	0	0
TESSA M BRESLIN INDIVIDUAL TRUSTEE	1 0	х						0	0	0
JAMES E TRUSDELL	35 0			x				0	0	0

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227,792

141,102

128,428

130,210

83,737

62,663

100,168

12,916

29,492

18,702

17,171

5,328

7,469

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INDIVIDUAL TRUSTEE
JAMES E TRUSDELL
CFO (BEG 1/28/2019)
JOHN SOMMER end 12718
VP FOR FINANCE & ADMIN /CFO

......

JANICE WARNER

INTERIM PROVOST (BEG 7/1/2018)

VP FOR ENROLLMENT & RETENTION

ACTING VP FOR INST ADVANCEMENT

SP CONSULTANT TO PRESIDENT

INTERIM VP FOR ENROLLMENT

JUSTIN ROY BEG 712018

PROVOST (END 06/22/2018)

William John Behre

Meghan Rehbein

Matthew McManness

KATHLEEN BOODY

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

FORMER VP MISSION INTEGRATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	,			 .,		′	1		1	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	 Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SR JANET THIEL  ASS VP FOR UNV ASSESSMENT	35 0 				×		146,170	0	540	
Maureen Ryan-Hoffman ASSISTANT VP FOR FINANCE & CON	35 0 0 0				х		122,782	0	24,513	
	25.0									

SR JANET THIEL	35 0				146 170	0	
ASS VP FOR UNV ASSESSMENT	0 0			_ ×	146,170	U	
Maureen Ryan-Hoffman	35 0			x	122,782	0	
ASSISTANT VP FOR FINANCE & CON	0 0				·		
MARY CHINERY	35 0			,	120 402	0	
DEAN,SCHOOL OF ARTS & SCIENCES	0 0			^	120,493	U	

Maureen Ryan-Hoffman	35 0			×	122.782	0	
ASSISTANT VP FOR FINANCE & CON	0 0				122,702	3	
MARY CHINERY	35 0			v	120,493	0	
DEAN,SCHOOL OF ARTS & SCIENCES	0.0				120,493	0	
	25.0						

ASSISTANT VP FOR FINANCE & CON	0 0				,	į	
MARY CHINERY	35 0			×	120,493	0	
DEAN,SCHOOL OF ARTS & SCIENCES	0 0			`	120,433		
LYNN DECAPUA	35 0						

ASSISTANT VP FOR FINANCE & CON	0.0							
MARY CHINERY	35 0							
				Х		120,493	0	
DEAN,SCHOOL OF ARTS & SCIENCES	0 0					,		
LYNN DECAPILA	35 0							

DEAN,SCHOOL OF ARTS & SCIENCES	0 0			Х	120,493	0	15,283
LYNN DECAPUA	35 0			_	120,288	0	15,419
PROFESSOR	0.0			^	120,200	0	15,419

121,933

15,418

13,510

0

LYNN DECAPUA	35 0						
PROFESSOR	0 0			X	120,288	0	
Stavon Goorge Carol	35 0						

Steven George Carol	33 0						
Chief Information Officer	0 0			X	120,113	0	
Evelyn Saul Ouinn	35 0						

0 0

efil	e GR	APHIC pri	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493132025400
	m 99	OULE A	Com		Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	<b> </b>	2018	
		f the Treasury		► Go to	www.irs.gov/Form		Open to Public Inspection		
lam	e of ti	nue Service <b>he organiza</b> :OURT UNIVERS	tion					Employer identific	<u> </u>
								21-0634981	
	rt I				<b>us</b> (All organization e it is  (For lines 1 thro			See instructions.	
1	n gannz		•		ssociation of churches	•		(Δ)(i).	
2	<b>□</b>			,	1)(A)(ii). (Attach Sch			()(-)-	
3					vice organization desc	,	,,	iii).	
4		,	·	·	ed in conjunction with			•	nter the hospital's
		name, city,	and state						
5		_	ation operated (iv). (Complet		t of a college or unive	rsity owned or of	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6				•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	)(v).	
7		section 17	'0(b)(1)(A)(	<b>vi).</b> (Complete				nit or from the gener	al public described in
8		A commun	ty trust descri	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
lO		from activition	cies related to cincome and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
.2		more publi	ly supported	organizātions (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A so	supporting org	anızatıon oper r to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
Ь		manageme		orting organiz	ervised or controlled i ation vested in the sar and C.				
С					supporting organizatio ions) <b>You must com</b>				ited with, its
d		Type III n	on-functiona integrated T	ally integrate he organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	ın connection wi requirement and	th its supported orgai	
e		Check this	box if the orga	nızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III no of supported		integrated supporting	organization			
g	Provi	ıde the follow	ing informatio	n about the su	pported organization(	s)			
(i) N		Name of supported organization	ame of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1- 10 above (see instructions))  (iv) Is the organization in your governing document?			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No			
			T						
ota	I								
	Paperv	work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	F :	Schedule A (Form 9	90 or 990-EZ) 2018

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
b	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	4 POV OIL HIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

### Additional Data

#### Software ID: Software Version:

**EIN:** 21-0634981

Name: GEORGIAN COURT UNIVERSITY

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI 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

instructions)
Facts And Circumstances Test

# Political Campaign and Lobbying Activities

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

**Employer identification number** 

☐ Yes

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political organization If none, enter -0-

Schedule C (Form 990 or 990-EZ) 2018

□ No

21-0634981

(d) Amount paid from

filing organization's

funds If none, enter

-0-

Cat No 50084S

OMB No 1545-0047

DLN: 93493132025400

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I-A

2

3

1

3

3

5

2

5

GEORGIAN COURT UNIVERSITY

(Proxy Tax) (see separate instructions), then

"political campaign activities")

Was a correction made?

If "Yes," describe in Part IV

(a) Name

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Political campaign activity expenditures (see instructions)

Volunteer hours for political campaign activities (see instructions)

Did the filing organization file Form 1120-POL for this year?

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

EZ)

SCHEDULE C (Form 990 or 990-

▶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.

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Complete if the organization is exempt under section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(b) Address

Enter the amount of any excise tax incurred by the organization under section 4955

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Enter the amount of any excise tax incurred by organization managers under section 4955

- 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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(c) EIN

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

- Section 527 organizations Complete Part I-A only

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

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B	Complete if the organi Form 5768 (election u	zation is exempt under section 501(c)(3) and has NOT file	led		'	age <b>3</b>
or e	each "Yes" :	response on lines 1a through	on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying				
ctiv		esponse on mes ta tmoagn.	in below, provide in variety a detailed description of the lobbying	Yes	No	Amo	unt
1			tion attempt to influence foreign, national, state or local legislation, ic opinion on a legislative matter or referendum, through the use of				
а	Voluntee	-s?			No		
b	Paid staff	or management (include com	pensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media ad	vertisements?			No		
d	Mailings 1	o members, legislators, or the	e public?		No		
е	Publication	ns, or published or broadcast	statements?		No		
f	Grants to	other organizations for lobby	ing purposes?		No		
g	Direct co	ntact with legislators, their sta	iffs, government officials, or a legislative body?	Yes			1,886
h	Rallies, d	emonstrations, seminars, con	ventions, speeches, lectures, or any similar means?		No		
i	Other act	ıvıtıes?		Yes			32,610
j	Total Ad	d lines 1c through 1ı					34,496
2a	Did the a	ctivities in line 1 cause the org	ganization to be not described in section 501(c)(3)?		No		
b	If "Yes,"	enter the amount of any tax II	ncurred under section 4912				
c	If "Yes,"	enter the amount of any tax II	ncurred by organization managers under section 4912				
d	If the filir	ng organization incurred a sec	tion 4912 tax, did it file Form 4720 for this year?				
Pai	rt III-A	Complete if the organi	zation is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n	
		501(c)(6).					
		- I I II - (000/				Yes	No
1			ues received nondeductible by members?		1		-
2		-	se lobbying expenditures of \$2,000 or less?				-
3		<u> </u>	r lobbying and political expenditures from the prior year?	<b>7</b> =3			1 (6)
Pa	rt III-B		zation is exempt under section 501(c)(4), section 501(c) Part III-A, lines 1 and 2, are answered "No" OR (b) Part				c)( <b>6</b> )
1	Dues, ass	sessments and similar amount	s from members	1			
2		62(e) nondeductible lobbying s for which the section 527	and political expenditures (do not include amounts of political				
а	Current y			2a			
b	Carryove	r from last year		2b			
C	Total			2c			
3	Aggregat	e amount reported in section	6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	the orgar		n line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political				
5		•	al expenditures (see instructions)	5			
	art IV	Supplemental Informa					
			A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), iplete this part for any additional information	Part II-	A, lines 1	and 2 (s	ee
	Retu	rn Reference	Explanation				
SCH	EDULE C, P	The to 95% servi durin topic LOBE ORG.	University engaged MWW Public Affairs to undertake lobbying and grantical fees pursuant to this contract for the year ended June 30, 2020 were of effort on lobbying and 5% on grant-writing assistance. In addition, thoses of Komjathy Stewart (\$5,500) for state lobbying activities. University gethe course of various activities throughout the year, meet with legislates. The amount of time spent is not material BUT THE AMOUNT OF TIME IS STING CALCULATIONS. LINE 1G THE UNIVERSITY PAID MEMBERSHIP DUANIZATIONS WHO MAY ENGAGE IN LOBBYING ACTIVITIES. THEREFORE, TIRIBUTABLE TO LOBBYING ACTIVITIES. THE UNIVERSITY'S PORTION OF STING TOTALED \$1,886. THIS DOES NOT CONSTITUTE A SUBSTANTIAL.	re \$27,5 te univery persors tors to d EXPEND TES TO N A PORTO DF DUES	500 The firsity secunded and solution in the first security in the	rm expe red the tudents, ucation r LUDED I THE DUES TABLE T	elated IN THE S MAY O

ACTIVITY

**SCHEDULE D** 

Revenue included on Form 990, Part VIII, line 1

**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.

DLN: 93493132025400 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

	al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for t	the la	test information.		In	spection	
Va	me of the organ	ization				Employer ic	entification	number	
JEC	ORGIAN COOKT ONIV	ERSITI				21-0634981			
Pa		zations Maintaining Donor Advi				r Accounts.			
	Comple	te if the organization answered "Ye				41.55		<del> </del>	
	Total number at	and of year	(a) Dono	radvi	sea runas	( <b>b</b> )Fund	ds and other	accounts	
		of contributions to (during year)							
		of grants from (during year)							
	Aggregate value								
		•							
	organization's p	ation inform all donors and donor adviso roperty, subject to the organization's ex	clusive legal contro	) ?				Yes 🗌 No	
		ation inform all grantees, donors, and do oses and not for the benefit of the donor						] Yes □ No	
a	ttill Conser	vation Easements. Complete if th	ne organization a	nswe	red "Yes" on Forn	n 990, Part I	V, line 7.		
	Purpose(s) of co	onservation easements held by the organ	nization (check all t	:hat ap	pply)				
	Preservation of land for public use (e g , recreation or education)								
	☐ Protection	of natural habitat			Preservation of a c	ertified historic	structure		
	☐ Preservation	on of open space							
		Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation							
		e last day of the tax year	444				at the End	of the Year	
а	Total number of	conservation easements				2a			
b	Total acreage re	stricted by conservation easements				2b			
С	Number of conse	ervation easements on a certified histori	c structure included	d ın (a	)	2c			
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register								
	Number of constax year ►	ervation easements modified, transferre	d, released, exting	uished	, or terminated by t	the organizatio	n during the		
	Number of state	es where property subject to conservatio	n easement is locat	ted 🕨					
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?								
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year								
			h		. 4		. 6		
	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  * \( \) \(								
	Does each conse and section 170	ervation easement reported on line 2(d)	above satisfy the r	require	ements of section 17	70(h)(4)(B)(ı)	п.,	п.,	
			anvatian assamants	<del>-</del> -	revenue and evner		∐ Yes	∐ No	
	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the i's accounting for conservation easemen	footnote to the org						
ar	_	zations Maintaining Collections	•		•	er Similar A	ssets.		
а	If the organizati	te if the organization answered "Ye ion elected, as permitted under SFAS 11 easures, or other similar assets held for	6 (ASC 958), not to	o repo	rt in its revenue sta				
	provide, in Part	XIII, the text of the footnote to its finan	icial statements tha	at desc	cribes these items				
b	If the organization elected, as permitted under SFAS 116 (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 includ	led on Form 990, Part VIII, line 1				▶ \$			
(i	i)Assets included	ın Form 990, Part X				<b>-</b> \$			
-	If the organizati	ion received or held works of art, historic ots required to be reported under SFAS:	· ·			ncial gain, prov	ide the		

Par	t IIII	Organizations Ma	aintaining Coll	ections o	f Art, Hi	stori	cal Tı	reası	ıres, oı	Other	Similar Ass	<b>sets</b> (cont	inued)	
3		g the organization's acq s (check all that apply)	uisition, accession	, and other	records, c	heck a	any of	the fo	llowing t	hat are a	significant us	se of its col	lection	
а		Public exhibition d												
b		Scholarly research				e		Othe	r					
С		Preservation for future generations												
4	Provi Part	ide a description of the o	organization's coll	ections and	explain ho	ow the	y furth	ner the	e organız	ation's ex	kempt purpos	e in		
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							o					
Pa	rt IV	Escrow and Cust Complete if the org X, line 21.			" on Form	า 990	, Part	IV, lı	ine 9, o	r reporte	ed an amour	nt on Forn	n 990,	Part
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													
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the follo	owing	table				An	nount		_
c		nning balance				,				1c				_
d	Addıt	tions during the year								1d				_
е	Distr	ributions during the year	-							1e				_
f	Endır	ng balance								1f				
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes													
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here	e if the exp	lanati	on has	been	provide	d in Part )	KIII			
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organ	ızatıon ar	ıswer	ed "Y	es" oı	n Form	990, Par	t IV, line 10	).		
_	_			(a)Curren		<b>(b)</b> Pr	or yea	-		ears back			Four year	
	-	ning of year balance .		58,	,245,672		55,952			51,841,878	·	93,111		512,250
		butions	1.1	2	300,681			544		238,022 5,951,039		23,818		765,004 003,320
	Net investment earnings, gams, and losses													
		s or scholarships												
	and pr	and programs			,590,785		1,935	5,560		2,077,956	1,9	1,999,297 1,98		
		nistrative expenses .		FO	402.612		E0 245	672		E 052 002	F1 0	41 070	E2.	202 111
_	<b>g</b> End of year balance <b></b>						293,111							
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as													
а		d designated or quasi-e		57 000 %										
Ь		nanent endowment ►	18 000 %	0/										
С														
3a	The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  Yes No													
	_	inrelated organizations										3a(i)	163	No
	• •	related organizations .										3a(ii)	Yes	
b		es" on 3a(II), are the rel		s listed as r	equired or	Sche	dule R	?				3b	Yes	
4	Desc	cribe in Part XIII the inte	ended uses of the	organızatıoı	n's endowr	ment f	unds							
Pa	rt VI	Land, Buildings, Complete if the ord			" on Form	990	Part	TV II	ne 112	See For	-m 990 Par	t X line 1	0	
	Descr	ription of property	(a) Cost or oth (investment	er basıs	(b) Cost of						lepreciation	· ·	o. look valu	е
1a	Land						4,45	57,947						1,457,947
	Buildir	1						24,496	<u> </u>		35,039,850			5,184,646
		hold improvements						9,804	1		1,990,306			129,498
	Faunr	· · · · · · · · · · · · · · · · · · ·						98.357	ļ		17.454.312			2.144.045

1,437,493

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

81,963

61,998,099

1,355,530

Part VII	<b>Investments—Other Securities.</b> Complete if th See Form 990, Part X, line 12.	ne orga	nization answ	vered "Yes" on	Form 990, Part	: IV, line 11b.
	(a) Description of security or category (including name of security)	(b)	Book value	Cost	(c) Method of val or end-of-year m	uation narket value
	l derivatives					
(3) Other (A) INVESTN	MENTS HELD BY TRUSTEES		7,712,131			
			1,987,968			
(B) PRIVATE EQUITY (C) STRUCTURED CREDIT FUNDS			1,777,032			
(D) SPECIAL SITUATIONS FUNDS			1,858,144			
· ·	OPERTIES FUNDS		2,259,316			
(F)	0.2002		2,233,313			
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )		15,594,591			
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on F	orm 99	90, Part IV, lıı	ne 11c. See Fo	rm 990, Part X	, line 13.
	(a) Description of investment		<b>b)</b> Book value		(c) Method of val or end-of-year m	uation
(1)					or one or year in	iarkee value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered		n Form 990, Pa	rt IV, line 11d S	ee Form 990, Par	
(1)	(a) Description	1				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )				•	
	Other Liabilities. Complete if the organization a	ınswere		rm 990, Part I		1f.
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> B	ook value		
(1) Federal ı	ncome taxes			0		
CONDITION	ABLE AL ASSET RETIREMENT			11,848,045 1,020,369		
OTHER LIAB				203,160		
	YMENT LIABILITY			61,450		
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	6 HL - C	b that a the ar	13,133,024	and states	ahat wan anta tha
	or uncertain tax positions In Part XIII, provide the text of 's liability for uncertain tax positions under FIN 48 (ASC 7			-		

Part XI

2

а

b

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

-2,694,737

47,308,481

21,092,894

68,401,375

47,678,495

47,678,495

21,092,894

68.771.389

e 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Add lines 2a through 2d . . . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Investment expenses not included on Form 990, Part VIII, line 7b . 

Add lines **4a** and **4b** . . . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

4a 4b

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

2e 3 230,081 20,862,813 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

58.079

-2.752.816

4c 5

2e 4c

Schedule D (Form 990) 2018

3

5

230,081

20,862,813

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

### Software ID: Software Version:

**EIN:** 21-0634981

Name: GEORGIAN COURT UNIVERSITY

Explanation

Supplemental Information

Return Reference

Return Reference	Explanation
ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4 THE UNIVERSITY HAS ADOPTED AN INVESTMENT POLICY THAT IS INTENDED TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS FROM ITS ENDOWMENT WHIL
	E SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLU
	DE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE UNIVERSITY MUST HOLD IN PERPETUITY AS W ELL AS BOARD-DESIGNATED FUNDS 1 DONOR-RESTRICTED ENDOWMENT FUNDS ARE ESTABLISHED BY DONO
	R-RESTRICTED GIFTS AND RECORDED AS PERMANENTLY RESTRICTED WITHIN THE UNIVERSITY FINANCIAL STATEMENTS THE AMOUNT OF EACH INDIVIDUAL FUND IS COMPRISED OF THE ORIGINAL GIFT, SUBSEQUE NT GIFTS IF THEY WERE TO BE ADDED TO THE PERMANENT ENDOWMENT AND ACCUMULATIONS IF DIRECTED
	BY THE DONOR'S GIFT DOCUMENTS THESE FUNDS MUST BE RETAINED IN ACCORDANCE WITH THE EXPLIC IT DONOR STIPULATIONS 2 EARNINGS ON THESE ENDOWED FUNDS ARE REGARDED AS NET APPRECIATION
	AND CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS. THESE AMOUNTS ARE APPROPRIATED FOR E XPENDITURE CONSISTENT WITH THE DONOR GUIDELINES. DONOR FUNDED SCHOLARSHIPS ARE AWARDED ANN
	UALLY, IN ACCORDANCE WITH DONOR STIPULATED GUIDELINES AND ARE A COMPONENT OF THE UNIVERSIT Y'S FINANCIAL AID BUDGET 3 BOARD DESIGNATED FUNDS, QUASI-ENDOWMENT, FUNCTIONING AS ENDOW
	MENTS ARE MADE UP OF A DEBT FUND, INTENDED TO OFFSET FUTURE DEBT BORROWINGS, A PLANT FUND, INTENDED TO SUPPLEMENT OPERATIONAL EXPENSES RELATED TO FACILITIES' NEEDS SUCH AS DEFERRED MAINTENANCE OR CAPITAL ITEMS, AND A SPECIAL PROJECTS FUND WITH THE ABILITY TO REACT TO THE CHANGING NEEDS AND DEMANDS OF THE HIGHER EDUCATION ENVIRONMENT

Supplemental Information	
Return Reference	Explanation
INCOME TAXES	FORM 990, SCHEDULE D, PART X, LINE 2 THE UNIVERSITY IS CLASSIFIED AS A 501(C)(3) ORGANIZAT ION AND IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE C ODE AND A SIMILAR PROVISION OF THE NEW JERSEY STATE INCOME TAX LAW ACCORDINGLY, NO PROVIS ION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS THERE AR E CERTAIN TRANSACTIONS THAT COULD BE DEEMED UNRELATED BUSINESS INCOME AND WOULD RESULT IN A TAX LIABILITY MANAGEMENT REVIEWS TRANSACTIONS TO ESTIMATE POTENTIAL TAX LIABILITIES USI NG A THRESHOLD OF MORE LIKELY THAN NOT IT IS MANAGEMENT'S ESTIMATION THAT THERE ARE NO MA TERIAL TAX LIABILITIES THAT NEED TO BE RECORDED AT JUNE 30, 2019 AND 2018

Return Reference	Explanation
RECONCILIATION OF REVENUE	FORM 990, SCHEDULE D, PART XI, LINE 2D SPLIT INTEREST AGREEMENTS/LIFE INS SURRENDER VALUE \$58,079 FORM 990, SCHEDULE D, PART XI, LINE 4B SCHOLARSHIP EXPENSE(RECLASS) \$20,862,813 RE CONCILIATION OF EXPENSES FORM 990, SCHEDULE D, PART XII, LINE 4B SCHOLARSHIP EXPENSE(RECLA

SS) \$20,862,813

Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132025400 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** GEORGIAN COURT UNIVERSITY 21-0634981 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Form 990, Schedule E, Part I, Line 3 THE UNIVERSITY'S NOTICE OF NONDISCRIMINATION POLICY IS PRINTED ON ALL BROCHURES. WEB

NONDISCRIMINATION POLICY

	PAGES, AND PUBLICATIONS THAT ADVERTISE GCU PROGRAMS AND ADMISSIONS STANDARDS
FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	Form 990, Schedule E, Part I, Line 6A U S DEPARTMENT OF EDUCATION STUDENT FINANCIAL ASSISTANCE CLUSTER - FEDERAL PELL GRANT PROGRAM FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT FEDERAL WORK STUDY PROGRAM FEDERAL DIRECT STUDENT LOANS TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANT (TEACH GRANTS) FEDERAL PERKINS LOAN PROGRAM OTHER U S DEPARTMENT OF EDUCATION AID - TRIO STUDENT SUPPORT SERVICES TITLE III CHART THE COURSE TO GRADUATION US DEPARTMENT OF THE INTERIOR SUBSURFACE GRAVEL WETLANDS RUTGERS - COMPARING STORMWATER BASIN DESIGNS RUTGERS - STEM BRIDGING PROGRAM US DEPARTMENT OF JUSTICE OFFICE ON VIOLENCE AGAINST WOMEN EMPOWER SEXUAL ASSAULT AWARENESS AND PREVENTION PROGRAM NEW JERSEY DEPARTMENT OF EDUCATION STUDENT FINANCIAL AID CLUSTER - TUITION AID GRANT GEAR UP GRANT NJ STARS PROGRAM OTHER NJ DEPARTMENT OF EDUCATION OPPORTUNITY FUND-ARTICLE IV EDUCATION OPPORTUNITY FUND-SUMMER NEW JERSEY DEPARTMENT OF HEALTH AND HUMAN SERVICES VOCATIONAL REHABILITATION DIRECT SERVICES NEW JERSEY COMMISSION FOR THE BLIND NEW JERSEY DEPARTMENT OF TREASURY AID TO INDEPENDENT COLLEGES & UNIVERSITIES NON-CASH AWARDS NJEFA-DORMITORY SAFETY TRUST FUND, SERIES 2016B - INTEREST SUBSIDY
	Schedule E (Form 990 or 990-EZ) (2018)

efile GRAPHIC print	- DO NOT F	PROCESS	As Filed Data -	a - DLN: 93493132025400				
SCHEDULE F (Form 990)	Statement of Activities Outside the United State							
► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ► Attach to Form 990.							2018	
Department of the Treasury Internal Revenue Service	•	Go to www.irs	gov/Form990 for II.	nstructions and the latest in	iformation	n.	Open to Public Inspection	
Name of the organization GEORGIAN COURT UNIVER	RSITY					Employer iden 21-0634981	tification number	
	<b>Iformation</b> Part IV, line		s Outside the U	<b>Inited States.</b> Comple	te ıf the	organization a	nswered "Yes" to	
<del>-</del>		-		substantiate the amount stance, and the selection	_			
to award the grant			g		5,,,,,,,,,		☑ Yes ☐ No	
2 For grantmakers outside the United		Part V the org	janization's proce	dures for monitoring the	use of it	s grants and oth	her assistance	
<b>3</b> Activites per Region	(The followin	ig Part I, line 3	table can be dupli	cated if additional space is	needed	)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a i service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region	
See Add'l Data				-				
3a Sub-total b Total from continuati Part I	on sheets to						1,170,33	
	and 3b)						1,170,33	

Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of
, , ,	`	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	<b>☑</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	<b>☑</b> No

Schedule F (Fo	rm 990) 2018						
F a	upplemental Information rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions).						
990 Schedule F, Supplemental Information							
Return Explanation Reference							

BECAUSE THE STUDENT MAY ONLY USE THE SCHOLARSHIP FUNDS TO DEFRAY THE COST OF TUITION

### **Additional Data**

East Asia and the Pacific

## Software ID: Software Version:

**EIN:** 21-0634981

Name: GEORGIAN COURT UNIVERSITY

136,703

Form 990 Schedule F Par	orm 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
Central America and the Caribbean			Grantmakıng		24,127					

Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and 710.173 l Grantmakına Greenland) North America 165,882 |Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America 43,564 l Grantmakındı Sub-Saharan Africa Grantmaking 89,883

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of disbursement assistance cash grant non-cash valuation (book. non-cash recipients FMV, appraisal, assistance assistance other) 24.127 ICREDIT ACCT Grantmaking Central America land the Carıbbean

136.703 CREDIT ACCT

Grantmaking

East Asia and the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (d) Amount of (e) Manner of cash (g) Description of (h) Method of (b) Region (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 710,173 CREDIT ACCT Grantmaking lEurope (Including Iceland and lGreenland) Grantmaking 165,882 CREDIT ACCT North America

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Grantmaking 43,564 CREDIT ACCT South America Grantmaking 89,883 CREDIT ACCT Sub-Saharan Africa

**SCHEDULE G** 

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

licensing

**Supplemental Information Regarding** 

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

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

DLN: 93493132025400 OMB No 1545-0047

**Open to Public** Inspection

**Employer identification number** 

GEC	RGIAN COURT UNIVERSITY					21-0634981	
Pa	Fundraising Activ	•	_			rm 990, Part IV, line 1	7.
1	Indicate whether the organization	ation raised funds th	rough an	y of the f	ollowing activities Check	all that apply	
a	✓ Mail solicitations			e	Solicitation of non-	-government grants	
b	☑ Internet and email solicit	ations		f	Solicitation of gove	ernment grants	
c	c Phone solicitations g V Special fundraising ever						
d	✓ In-person solicitations						
2a	Did the organization have a vor key employees listed in Fo						es 🗆 No
b	If "Yes," list the ten highest p to be compensated at least \$			ndraisers)	) pursuant to agreements	under which the fundrais	er is
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	Ruffalo Noel Levitz 1025 KIRKWOOD PARKWAY SW	fundraising	Yes	No No	82,555	62,655	19,90
	CEDAR RAPIDS, IA 52404						
Tota				<b>&gt;</b>	82,555	62,655	19,90
3	List all states in which the orga	nization is registered	d or licens	sed to sol	icit contributions or has b	een notified it is exempt f	rom registration or

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

AL, AK, AR, CA, CO, CT, DC, FL, HI, IL, KS, KY, ME, MA, MI, MN, MO, NV, NH, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Sche	edule G (Form 990 or 990-EZ) 2018			F	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		□Yes		
13	Indicate the percentage of gaming activity conducted in				
а	The organization's facility	13a			%
b	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	l records			
	Name ►				
	Address > 900 LAKEWOOD AVENUE LAKEWOOD, NJ 08701				
15a			Yes		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the			
	amount of gaming revenue retained by the third party $ ho$ \$				
С	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ►				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ► \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□Yes	Пиа	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spen	t	□ 1es	140	
Pai	in the organization's own exempt activities during the tax year ► \$  To tive Supplemental Information. Provide the explanations required by Part I, line 2b, columns to the supplemental Information.	nns (III) a	and (v): a	nd Part	
	III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional int				s
	Return Reference Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493132025400 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number GEORGIAN COURT UNIVERSITY 21-0634981 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

					Page <b>2</b>	
		als. Complete if the organ	nızatıon answered "Yes"	on Form 990, Part IV, line 22		
ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
	2208	11,441,900	1			
	603	5,263,077				
	193	1,811,523				
	294	849,588	1			
UNTS	109	264,393	1			
	6	62,000	1			
nformatio	n. Provide the inf	ormation required in F	∂art I, line 2; Part III	, column (b); and any other ac	dditional information.	
Leturn Reference Explanation						
t =	unce  UNTS  Informatio	ted if additional space is needed ince (b) Number of recipients 2208 603 193 294 JNTS 109 6	ted if additional space is needed (c) Amount of recipients 2208 11,441,900 603 5,263,077 193 1,811,523 294 849,588 JNTS 109 264,393 6 62,000 62,000 65 62,000 65 62,000 65 62,000 65 62,000 65 65 65 65 65 65 65 65 65 65 65 65 65	ted if additional space is needed (c) Amount of recipients (c) Amount of noncash assistance (d) Amount of noncash assistance (ash grant (ash gr	(c) Amount of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other)  2208 11,441,900 (e) Method of valuation (book, FMV, appraisal, other)  193 1,811,523 (f) FMV, appraisal, other)  193 1,811,523 (f) FMV, appraisal, other)  194 849,588 (f) FMV, appraisal, other)  294 849,588 (f) FMV, appraisal, other)  295 6 6 62,000 (f) FMV, appraisal, other)	

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Data	a -	DLN: 934	19313	32025	400	
Sch	edule J	Comp	pensati	ion Information	40	1B No	1545-0	0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Complete if the organize	Compensa	ited Employees vered "Yes" on Form 990, Part IV,	line 23.	2018			
			▶ Attach	to Form 990.					
•	ment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Fo</u>	<i>rm990</i> for	instructions and the latest inform	nation.		to Pul ectio		
	ne of the organiza				Employer identificat				
GEC	RGIAN COURT UNIV	EKSITY			21-0634981				
Pa	rt I Questic	ons Regarding Compensation							
							Yes	No	
1a				the following to or for a person lister y relevant information regarding thes					
	First-class	or charter travel		Housing allowance or residence for	personal use				
		companions	님	Payments for business use of persoi					
		ification and gross-up payments	님	Health or social club dues or initiation					
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)				
b		tes in line 1a are checked, did the org		ollow a written policy regarding paym plete Part III to explain	ent or reimbursement	1b			
2		tion require substantiation prior to re		or allowing expenses incurred by all r, regarding the items checked in line	1-2	2			
	directors, truste	es, officers, including the CEO/Execut	tive Directo	r, regarding the items checked in line	: Iar				
3				ed to establish the compensation of the	ne				
	_	EO/Executive Director Check all that d organization to establish compensa		not check any boxes for methods CEO/Executive Director, but explain i	n Part III				
	✓ Compensa	tion committee	<b>✓</b>	Written ampleyment contract					
		ition committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	<b>☑</b>	Approval by the board or compensa	tion committee				
		-	D+- \/II - C-						
4	related organiza		Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a				
а	Receive a sever	ance payment or change-of-control pa	avment?			4a		No	
ь		receive payment from, a supplemen		ified retirement plan?		4b		No	
c	Participate in, o	receive payment from, an equity-ba	sed comper	nsation arrangement?		4c		No	
	If "Yes" to any o	f lines 4a-c, list the persons and prov	ride the app	olicable amounts for each item in Part	: III				
	Only F01/-)/2	501(-)(4) and 501(-)(20) and							
5		<b>), 501(c)(4), and 501(c)(29) orga</b> d on Form 990, Part VII, Section A, l		-					
		ontingent on the revenues of	,	<b></b>					
а	The organization	۶				5a		No	
b	Any related orga					5b		No	
	-	5a or 5b, describe in Part III							
6		d on Form 990, Part VII, Section A, I ontingent on the net earnings of	ine 1a, did	the organization pay or accrue any					
а	The organization					6a		No	
b	Any related orga					6b		No	
_	•	6a or 6b, describe in Part III							
7	payments not de	escribed in lines 5 and 6? If "Yes," de	scribe in Pa		1	7	Yes		
8		nts reported on Form 990, Part VII, p itial contract exception described in F		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe				
9	If "Yes" on line 8	3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	8		No_	
	53 4958-6(c)?	ction Act Notice, see the Instruct	iono for F	000 C-t N- 5	0053T Schedule 1	9 (Farm	. 000)	2010	

Part II Officers,	Dire	ctors, Trustees, Key	y Employees, and Hig	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
instructions, on row (ii) [	Do no	ot list any individuals that	rted on Schedule J, report t are not listed on Form 99 dividual must equal the to	90, Part VII		-	·	it individual
(A) Name and Title		(B) Breakdown of W-2 and/or 1099  (i) Base (ii) Bonus & Incent compensation compensation		C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 JOHN SOMMER end 12718 VP FOR FINANCE &	(i)	193,792	34,000	0	11,782	1,134	240,708	0
ADMIN /CFO	(ii)	0	0	0	0	0	0	0
2 JANICE WARNER INTERIM PROVOST (BEG	(i)	141,102	0	0	8,801	20,691	170,594	0
7/1/2018)	(ii)	0	0	0	0	0	0	0
3 Evelyn Saul Quinn FORMER VP MISSION	(i)	121,933	0	0	7,236	6,274	135,443	0
INTEGRATION	(ii)	0	0	0	0	0	0	0
4 Joseph R Marbach PRESIDENT	(i)	322,952	25,000	0	18,755	18,812	385,519	0
	(ii)	0	0	0	0	0	0	0

Page 3							
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							
Return Reference	Explanation						
NONFIXED PAYMENTS	Form 990, Schedule J, Part I, line 7 THE PRESIDENT AND VICE PRESIDENT FOR FINANCE \$ ADMINISTRATION/CFO RECEIVED ADDITIONAL COMPENSATION IN THE						

THE BOARD OF TRUSTEES

FORM OF VARIABLE PAY BASED UPON THE ACHIEVEMENT OF DEFINED GOALS AND OBJECTIVES AS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132025400 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ➤ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number GEORGIAN COURT UNIVERSITY 21-0634981 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (q) Defeased (h) On (a) Issuer name (e) Issue price

(i) Pool behalf of financing ıssuer Yes No Yes No Yes No NEW JERSEY EDUCATIONAL FAC 22-1829511 6460664A5 12-21-2017 14.383.915 REFUND SERIES 2007 & Х Х Х **AUTH 2017G** CONSTRUCTION NEW JERSEY EDUCATIONAL FAC 22-1829511 646066DG2 04-29-2014 19.369.367 REFUND 2004 ISSUE & Х Χ **AUTH 2014D** CONSTRUCTION

NEW JERSEY EDUCATIONAL FAC 20,805,115 REFUND SERIES 2005 & 2006 22-1829511 000000000 07-26-2016 Х Х Χ **AUTH 2016A** NEW JERSEY EDUCATIONAL FAC 22-1829511 646066F54 12-20-2016 30,676,062 FINANCE CAPITAL IMPROVEMENTS Х Χ Χ AUTH 2016B Proceeds

Part  ${f II}$ C 125,000 789,099 449,069 309,809 

14,383,915 944,442 802,948 4

572,736 

5 0 0 6 7

191,599 5,526 1,869

4,603 

8 5,026,650 751,266 9,165,666 187,650 801,079

9 2014 Yes Yes No Yes Yes Nο No No Were the bonds issued as part of a current refunding issue? . . . . Х Χ Х Χ

10 504,176 11 12 63,957 13 14 Were the bonds issued as part of an advance refunding issue? . . . . . Χ Χ Χ Х 15 Has the final allocation of proceeds been made? . . . . . . . . . . . Χ Х Χ Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ **Private Business Use** Part 🏻 Α В C D

16 Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Х Χ Cat No 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b

C

d

6

8a

Part IV

b

C

Arbitrage

Χ

Х

Χ

Χ

Х

No

Х

Χ

Х

0 %

Page 2

D

Yes

Х

Yes

Χ

Schedule K (Form 990) 2018

D

C

No

X

Χ

Х

Х

Χ

0 %

Yes

Χ

No

Χ

Χ

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Yes

Χ

В

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Χ

Х

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No

Χ

Χ

Χ

Α

Yes

Х

Yes

Χ

No

Χ

Χ

Χ

No

Х

Χ

Χ

Χ

Χ

Yes

Х

0 %

counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х		Х
ь	Name of provider	0		0		0		0	
	Term of GIC								

Α

Nο

Explanation

BOND A - NEW JERSEY EDUCATIONAL FACILITIES AUTHORITY, PROJECT REVENUE BONDS, 2017 SERIES PROEJCT G PART III, LINE 3A ALL CONTRACTS FALL

UNDER REV PROC 97-13 OR ARE INCIDENTAL IN NATURE AND DO NOT CONSTITUTE PRIVATE BUSINESS USE BOND B - NEW JERSEY EDUCATIONAL FACILITIES

AUTHORITY, HIGHER EDUCATION CAPITAL IMPROVEMENT FUND, SERIES 2014 D PART II, LINE 3 BOND B 2014D IS A POOLED FINANCING BOND THE PORTION

COMPUTATION WAS DONE 07/06/2015 BOND C - NEW JERSEY EDUCATION FACILITIES AUTHORITY, HIGHER EDUCATION CAPITAL IMPROVEMENT FUND, SERIES 2016 A PART II, LINE 3 BOND C 2016A IS A POOLED FINANCING BOND THE PORTION REPORTED ON SCHEDULE K PART II IS REFLECTIVE OF ONLY GEORGIAN COURT UNIVERSITY'S PORTION BOND D - NEW JERSEY EDUCATION FACILITIES AUTHORITY, HIGHER EDUCATION CAPITAL IMPROVEMENT FUND, SERIES 2016 B PART II. LINE 3 BOND D 2016B IS A POOLED FINANCING BOND THE PORTION REPORTED ON SCHEDULE K PART II IS REFLECTIVE OF ONLY GEORGIAN COURT

Yes

Χ

REPORTED ON SCHEDULE K PART II IS REFLECTIVE OF ONLY GEORGIAN COURT UNIVERSITY'S PORTION PART IV. LINE 2C BOND B 2014D THE LAST

Page 3

Χ

Nο

D

Yes

Χ

Х

C

Nο

Yes

Х

Χ

No

R

Yes

Χ

С	Term of GIC			
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			
6	Were any gross proceeds invested beyond an available temporary	X	X	

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2018

Part V

Part VI

SCHEDULE K. PART I

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

UNIVERSITY'S PORTION

requirements of section 148? . . .

Return Reference

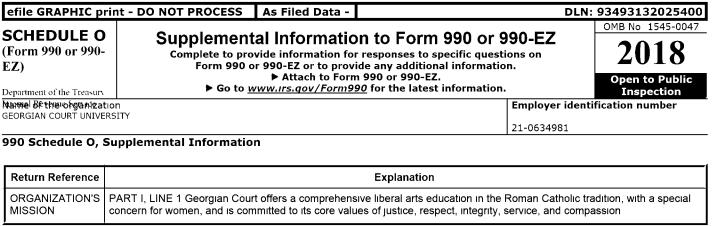
efile GRAPHI	C print - DC	NOT PROCES	SS A	s Filed Data -					DL	N: 93	4931	320	25400
Schedule L (Form 990 or 990	)-EZ) ► Com	plete if the org	anizatio	ions with Ir	on Form 9	90, Part IV, li	nes 2	5a, 2	25b, 26		МВ No	1545	5-0047
27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  ▶ Attach to Form 990 or Form 990-EZ.							2018						
Department of the Tre	<b>I</b>	<b>⊳G</b> o t	to <u>www.</u>	irs.gov/Form990	for the late	st informatior	1.				Open	to P	ublic
Internal Revenue Serv Name of the org	anization						Er	nplo	yer ide	ntifica	Insp ation r		
GEORGIAN COURT	UNIVERSITY						21	063	4981				
				501(c)(3), section !									
		anization answere qualified person		on Form 990, Part : ( <b>b)</b> Relationship be					irt V, Iii Descript		(d	1 Cor	rected?
1 (4	, italiic or alo	quamica person	[	• •	organization	ilinea person an		. ,	ansacti			es	No
Part II  Loans to and/or  Complete if the organ reported an amount of  (a) Name of Interested person  (b) Relationship with organization		rganization answint on Form 990, ship (c) Purpose	Part X, li	s" on Form 990-EZ, ine 5, 6, or 22 can to or from the organization?	Part V, line 3  (e)Original principal amount	38a, or Form 99 ( <b>f)</b> Balance due	(g) defa	0, Part IV, line 26,  (g) In (h) default? Approve board commit		h) ved by rd or nittee?	(i)Written d by agreement? or tee?		tten ent?
			То	From			Yes	No	Yes	No	Yes		No
			+										
			1										
Total	•	•	•	•	\$	•				•			
Part III Gra	nts or Assis	stance Benefi	tina In	terested Perso	ne								
				"Yes" on Form 9		, line 27.							
(a) Name of inte	rested person	(b) Relationshi interested pers organiza	on and th		of assistance	(d) Type o	of assi	stanc	e	<b>(e)</b> Pu	rpose (	of ass	ıstance
						1							
For Paperwork Rec	luction Act Not	ice, see the Instri	ictions fo	 r Form 990 or 990-E	<b>Z.</b> C:	at No 50056A		Scl	nedule I	(Form	990 0	- 990-	EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) Return Reference Explanation FORM 990, Schedule L, Part IV ERIN QUINN CRITCHETT BONCZEK IS CURRENTLY AN EMPLOYEE OF THE UNIVERSITY AND A FAMILY MEMBER OF EVELYN SAUL QUINN, SHE IS THE FORMER VP FOR MISSION INTEGRATION

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132025400 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number GEORGIAN COURT UNIVERSITY 21-0634981 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 28,408 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)							
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.						
Return Reference	Explanation						
	Schedule M (Form 990) (2018)						



990	Schedule	Ο,	Supplemental	Information

Return Reference	Explanation
FORM 990, PART III, 4A	INSTRUCTIONAL DEGREE PROGRAM IN 2018-19, GEORGIAN COURT UNIVERSITY (GCU) ENROLLED NEARLY 2,458 STUDENTS IN 35 UNDERGRADUATE AND MORE THAN 10 DISTINCTIVE GRADUATE PROGRAMS THROUGH THE SCHOOL OF BUSINESS AND DIGITAL COMMUNICATION, THE SCHOOL OF EDUCATION, AND THE SCHOOL OF FARS AND SCIENCES THE UNIVERSITY'S FASTEST-GROWING AND MOST COMPETITIVE DEGREE PROGRAM, THE BACHELOR OF SCIENCE IN NURSING (BSN), IS TAUGHT IN THE GCU-HACKENSACK MERIDIAN HEALTH, ONE OF THE LARGEST HEALTHCARE NETWORKS IN NURSING (BSN), IS TAUGHT IN THE GCU-HACKENSACK MERIDIAN HEALTH, ONE OF THE LARGEST HEALTHCARE NETWORKS IN NEW JERSEY RECENT ADDITIONS LIKE GCU'S UNDERGRADUA TE DEGREES IN HEALTH SCIENCE AND HEALTH PROFESSIONS REFLECT THE UNIVERSITY'S COMMITMENT TO MEETING MARKETPLACE DEMANDS IN 2019, THE GRADUATING CLASS INCLUDED 63 HEALTH/NURSING STU DENTS, MORE THAN ANY OTHER AREA OF STUDY AT GCU SIMILARLY, ON THE GRADUATE LEVEL, THE UNI VERSITY CONTINUES TO MEET THE NEEDS OF WORKING PROFESSIONALS WITH ATTRACTIVE ONLINE PROGRAM AS AND SPECIALTY CERTIFICATES IN SUCH FIELDS AS HOLISTIC HEALTH, MERCY SPIRITUALITY AND ED UCATIONAL LEADERSHIP THE 2018-19 ACADEMIC YEAR ALSO MARKED THE APPROVAL OF GCU'S FIRST DO CTORAL PROGRAM, A PSY D WITH A CONCENTRATION IN SCHOOL COUNSELING GEORGIAN COURT UNIVERS ITY, LOCATED IN HISTORIC LAKEWOOD, NEW JERSEY, IS THE ONLY CATHOLIC INSTITUTION OF HIGHER EDUCATION SERVING RESIDENTS THROUGHOUT CENTRAL AND SOUTHERN NEW JERSEY THE UNIVERSITY HAS HISTORIC ROOTS AS A WOMEN'S COLLEGE, AND SERVED MEN IN EVENING AND GRADUATE COURSES, USUA LLY PART-TIME, UNTIL SEPTEMBER 2012 GCU BECAME FULLY COEDUCATIONAL IN SEPTEMBER 2013 WITH THE ADDITION OF MEN IN CAMPUS RESIDENCE HALLS AND THE LAUNCH OF MEN'S ATHLETICS BY THE 2 018-19 ACADEMIC YEAR, GCU'S UNDERGRADUATE POPULATION WAS 70 PERCENT FEMALE AND 30 PERCENT MALE WITH MEN PARTICIPATING IN SPORTS, STUDENT GOVERNMENT, CAMPUS MINISTRY, CAMPUS LEADERS HIP, AND RESIDENCE LIFE GCU PROVIDES ALL STUDENTS WITH A VALUES-BASED LIBERAL ARTS EDUCAT ION THAT (1) ENHANCES THEIR MARKETABILITY AF

Return Reference	Explanation
FORM 990, PART III, 4A	OLVED WITH SERVICE LEARNING, 90 PERCENT COMPLETED A SERVICE LEARNING ACTIVITY AMONG SENIO RS, THE FIGURE CLIMBS TO 93 PERCENT STUDENTS ALSO HAD GOOD THINGS TO SAY ABOUT THEIR COLL EGE EXPERIENCE 84 PERCENT OF FIRST-YEAR STUDENTS AND 78 PERCENT OF SENIORS RATED THEIR EN TIRE EDUCATIONAL EXPERIENCE AS "EXCELLENT"GOOD "GCU"S LEARNING ENVIRONMENT, ITS APPROACHA BLE FACULTY AND EXTENSIVE RANGE OF PROGRAMS AIMED AND ENSURING STUDENT SUCCESS ARE ESPECIA LLY HELPFUL FOR ADULT LEARNERS (AGES 25 OR OLDER), WHO COMPRISE ABOUT 17 PERCENT OF THE ST UDENT POPULATION SIMILARLY, THE GCU EXPERIENCE MEETS THE NEEDS OF FIRST-GENERATION COLLEGE GCU STUDENTS, 42 PERCENT OF ALL GCU STUDENTS IN 2018-19 WERE FIRST IN THEIR FAMILIES TO ATTE ND COLLEGE GCU STUDENTS ALSO TEND TO COME FROM MODEST FINANCIAL BACKGROUNDS, AS INDICATED BY THE 650 STUDENTS WHO WERE ELIGIBLE FOR FEDERAL PELL GRANTS ANOTHER DISTINCTION OF GCU "S STUDENT BODY IS THE LARGE NUMBER OF TRANSFER STUDENTS WHO CHOOSE GEORGIAN COURT IN THE FALL OF 2018, GCU ENROLLED 283 FRESHMEN COMPARED TO 296 NEW TRANSFERS OVERALL, THIS POPU LATION OF STUDENTS REPRESENTS APPROXIMATELY 60 PERCENT OF THE GRADUATING CLASS GEORGIAN C OURT RECEIVED MANY ACCOLADES IN 2018-19, INCLUDING BEING AMONG THE FOP 50 COLLEGES NAMED BY WASHINGTON MONTHLY AS A "BEST BANG FOR THE BUCK, BEING AMONG THE FOP 50 COLLEGES OF DISTINCTION, ABOUND, STRIVE, AND IM FIRST-ORGANIZATIONS THAT CELEBRATE AND SUPPORT FIR ST-GENERATION COLLEGES STUDENTS THESE ACHIEVEMENTS POINT TO GCU AS A VALUES-BASED AND VALUE -ADDED INSTITUTION JUST AS THE UNIVERSITY CONTINUES TO GRADUATE HIGH-QUALITY, HIGH-PERFO RMING ALUMNI, GCU IS ATTRACTING BETTER PREPARED STUDENTS FOR EXAMPLE, IN FALL 2018, THE A VERAGE INCOMING FRESHMAN HAD A 3 41 GPA, UP FROM A 3 37 GPA IN 2017 GCU'S GROWTH IS NOT LIMITED TO ITS HISTORIC LAKEWOOD CAMPUS DURING 2018-19, GCU ENROLLED A FULL COHORT OF SOCIAL WORK MAJORS AT THE UNIVERSITY'S COMBERLAND COUNTY SITE THE PROGRAM GRADUATE FOR GRAMDLE, IN FALL 2018, THE A VERAGE INCOMING FRESHMAN HAD A 3 41 GPA, UP FROM

Return Reference	Explanation
FORM 990, PART III, 4A	-19 YEAR ALSO MARKED YEAR 3 OF GCU'S GRANT SUPPORTING CHART THE COURSE, AN INTENSIVE RETEN TION EFFORT FOR ALL FIRST-YEAR STUDENTS WHO RISK NOT COMPLETING 30 CREDITS BY THE END OF T HEIR FRESHMAN YEAR THE PROGRAM IS A FIVE-YEAR EFFORT WITH \$2 14 MILLION IN GRANT FUNDING IN ADDITION, \$98,118 WAS ALLOCATED TO GCU BY THE OFFICE ON VIOLENCE AGAINST WOMEN THROUGH THE SEXUAL ASSAULT PREVENTION CAMPUS GRANT PROGRAM THE INITIATIVE SUPPORTS TRAINING AND AWARENESS AND PREVENION PROGRAMS FOR THE CAMPUS COMMUNITY THE THREE-YEAR TOTAL FOR THE GR ANT IS \$299,829 GCU TAKES SERIOUSLY ITS COMMITMENT TO STUDENTS AND WORKS HARD TO HELP THE M RETAIN THE FALL TO SPRING RETENTION RATE FOR FRESHMEN IN 2018-19 WAS 92 PERCENT, ABOUT 74 PERCENT RETURNED FOR THEIR SOPHOMORE YEAR THESE EFFORTS REFLECT THE UNIVERSITY'S ONGOI NG COMMITMENT TO ACCESSIBILITY. AFFORDABILITY, ACCOUNTABILITY AND ITS CORE VALUES SERVICE, ONE OF THOSE CORE VALUES, IS EMBEDDED IN EXPERIENCES THROUGHOUT THE CURRICULUM AND STUDE NT LIFE THE 2018-19 YEAR BROUGHT REPEAT HONORS FROM THE NCAA TEAM WORKS 'HELPER HELPER' C OMPETITION AS GCU ATHLETES TOOK SECOND PLACE NATIONALLY FOR THEIR WORK IN THE COMMUNITY IN ADDITION TO WINNING SIX CONFERENCE TITLES AND A RANGE OF INDIVIDUAL ACCOLADES, THE GCU L IONS REGISTERED 7,921 HOUR OF SERVICE, SPANNING 197 VOLUNTEER EVENTS SOME OF THE ORGANIZATIONS BENEFITING FROM GCU SERVICE PROJECTS INCLUDE UNIFIED SPORTS (FORMERLY SPECIAL OLYMPI CS), PROVIDENCE HOUSE WOMEN'S SHELTER, OCEAN COUNTY FOOD BANK, MAKE-A-WISH FOUNDATION, AND THE SOCIETY OF ST VINCENT DE PAUL. ANOTHER STANDOUT SERVICE EXPERIENCE FOR STUDENT LEADE RS WAS THE LAUNCH OF TEDDY BEARS FOR TYKES INCOMING FRESHMEN AND NEW STUDENTS STUFFED TOY ANIMALS AND DONATED MORE THAN 250 ITEMS TO THE LAKEWOOD POLICE AND HOWELL POLICE-TWO LOCA L MUNICIPAL ORGANIZATIONS OFFICERS USE THE TOYS TO DIFFUSE DOMESTIC ABUSE SITUATIONS WHERE FYOUNG CHILDREN MAY BE PRESENT GCU'S OFFICE OF GLOBAL EDUCATION ALSO DELIVERED MEMORABLE EXPERIENTIAL OPPORTUNITIES AS WELL., WITH STUDENTS TRAVELING TO PLAC

Return Reference	Explanation
FORM 990, PART III, 4C	STUDENT ATHLETES & PROGRAMS AS A MEMBER OF THE CENTRAL ATHLETIC COLLEGIATE CONFERENCE, GCU HAD 287 ATHLETES PARTICIPATING IN NCAA DIVISION II SPORTS, UP FROM 249 THE PREVIOUS YEAR THE EXPLOSIVE GROWTH OF MENS SOCCER RESULTED IN GCU LAUNCHING A JUNIOR VARSITY TEAM TO COMPETE AS WELL OTHER SPORTS ATTRACT HIGH-ACHIEVING SCHOLAR-ATHLETES IN BASKETBALL, CROSS COUNTRY, LACROSSE, SOCCER, SOFTBALL, VOLLEYBALL, AND BOTH INDOOR AND OUTDOOR TRACK & FIELD FRESHMEN ATHLETES AT GCU COME TO COLLEGE WELL-PREPARED THE AVERAGE GPA IN FALL 2018 FOR INCOMING FRESHMEN ATHLETES WAS 3 44 ATHLETES WHO ARE CONTINUING UNDERGRADUATES AVERAGED 3 11 STUDENT-ATHLETES ALSO GRADUATE AT RATES HIGHER THAN THE NATIONAL AVERAGE, AT GCU, THE SIX-YEAR GRADUATION RATE FOR ALL ATHLETES ON SCHOLARSHIPS IS 61 PERCENT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7	IN APRIL 2006, THE SISTERS OF MERCY OF THE REGIONAL COMMUNITY OF NEW JERSEY TRANSFERRED TH E SPONSORSHIP OF GEORGIAN COURT TO THE CONFERENCE FOR MERCY HIGHER EDUCATION (CMHE). CMHE COORDINATES COLLABORATION AMONG THE 16 MERCY COLLEGES AND UNIVERSITIES THROUGHOUT THE COUN TRY ON BEHALF OF THE INSTITUTE OF THE SISTERS OF MERCY OF THE AMERICAS GEORGIAN COURT UNI VERSITY HAS A TWO-TIERED GOVERNANCE STRUCTURE, THE FIRST TIER CONSISTING OF CMHE (AS THE U NIVERSITY'S SOLE MEMBER) AND THE SECOND BEING THE DULY ELECTED BOARD OF TRUSTEES, WHICH IN CLUDES THE PRESIDENT OF THE UNIVERSITY AS AN EX-OFFICIO MEMBER CONTROL OF THE UNIVERSITY AND ITS AFFAIRS AND PROPERTY IS VESTED IN THE BOARD OF TRUSTEES PURSUANT TO THE UNIVERSITY S BY-LAWS, SUBJECT TO THE POWERS RESERVED TO CMHE, INCLUDING AMONG OTHERS, THE POWER TO E STABLISH THE PHILOSOPHY AND MISSION OF THE UNIVERSITY, ELECT OR REMOVE WITH OR WITHOUT CAU SE THE UNIVERSITY PRESIDENT AND MEMBERS OF THE UNIVERSITY, ELECT OR REMOVE WITH OR WITHOUT CAU SE THE UNIVERSITY TRESIDENT AND MEMBERS OF THE HOLY SEE AND MERGE, CONSOLIDATE, DISS OLVE, OR CHANGE THE CORPORATE STRUCTURE OF THE UNIVERSITY EXCEPT TO THE EXTENT RESERVED TO CMHE, THE BOARD OF TRUSTEES IS EMPOWERED TO MANAGE THE PROPERTY AND BUSINESS OF THE UNIVERSITY, INCLUDING WITHIN SUCH AUTHORITY. THE POWER TO DELEGATE SUCH RESPONSIBILITIES AND D UTIES TO THE OFFICERS OF GEORGIAN COURT UNIVERSITY AS THE BOARD OF TRUSTEES IS EMPOWERED TO MANAGE THE PROPERTY AND BUSINESS OF THE UNIVERSITY INCLUDING WITHIN SUCH AUTHORITY. THE POWER TO DELEGATE SUCH RESPONSIBILITIES AND D UTIES TO THE OFFICERS OF GEORGIAN COURT UNIVERSITY AS THE BOARD OF TRUSTEES IS EMPOWERED TO MANAGE THE PROPERTY AND BUSINESS OF THE FORM 990, PART VI, SECTION B, LINE 11B THE UNIVERSITY'S FINANCIAL DEPARTM ENT A DRAFT IS PREPARED AND DISTRIBUTED TO THE FULL AUDIT COMMITTEE FOR MEMORY. THE POWER STONG THE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7	MPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEE'S OF ORGANIZATION IS REASONABLE GIVEN THE MARKET IN WHICH THE UNIVERSITY OPERATES CEO COM PENSATION THE EXECUTIVE COMMITTEE OF THE BOARD, REVIEWS THE COMPENSATION PACKAGE OF THE P RESIDENT ANNUALLY AT ITS JUNE MEETING COMPENSATION LEVEL IS DECIDED UPON UTILIZING COMPAR ATIVE DATA RECEIVED FROM THE HUMAN RESOURCE DEPARTMENT OFFICER POSITIONS ARE ASSIGNED A S ALARY RANGE ESTABLISHED BY A COMPENSATION STUDY DONE BY AN OUTSIDE FIRM AND THE EXECUTIVE COMMITTEE OF THE BOARD ALSO REVIEWS THE COMPENSATION FOR THESE EMPLOYEES WHO ARE CONSIDERE D HIGHEST-PAID EMPLOYEES THE OFFICERS RESIDE ON THE PRESIDENT'S ADMINISTRATIVE TEAM, CATE GORIZED AS THE EXECUTIVE LEVEL OF THE UNIVERSITY FORM 990, PART VI, SECTION C, LINE 19 GO VERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS ARE LISTED WITH BOND REPORTING AGENCIES FORM 990, PART VII THE SISTERS OF MERCY FULL FILL VARIOUS ROLES WITHIN THE UNIVERSITY SOME POSITIONS, WHICH WOULD OTHERWISE BE FILLED WITH LAY PERSONS, ARE ASSIGNED A VALUE FOR COMPENSATION AND PAY MENTS FOR THESE SERVICES ARE MADE TO THESISTERS OF MERCY THIS COMPENSATION IS NOT TREATED AS TAXABLE INCOME TO THE SISTERS SINCE THEY ARE MEMBERS OF A RELIGIOUS ORDER THEREFORE, SISTERS WHO PROVIDED SERVICES TO THE UNIVERSITY ARE DEEMED TO BE AN INDEPENDENT MEMBERS OF THE GOVERNING BODY FOR PURPOSES OF PART VII OF THE FORM 990 form 990, Part XI, IINE 9 sp lit interest agreements/life ins surrender value \$58,079

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Department of the Treasury

Name of the organization GEORGIAN COURT UNIVERSITY

Internal Revenue Service

OMB No 1545-0047

DLN: 93493132025400

▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection **Employer identification number** 21-0634981

(a) Name, address, and EIN (ıf applıcable) of disregarded entity		(b) Primary act	vity Legal dom or foreigi		l ale (state country)	(d) Total income		(e) End-of-year assets		(f) Direct controlling entity		
					V!! <b>-</b>		D T)	/ los 24 h s		the land and a second		
related tax-exempt organizations during the tax year.	<b>is</b> Comple	te if the orgai	nization	answered "	Yes" on F	orm 990,	Part IV	/, line 34 be	cause	it had one or i	nore	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Cod	) de section	Public ( (if secti	(e) charity status on 501(c)(3))	Dı	<b>(f)</b> rect controlling entity	Section (13) co	g) n 512(b ontrolled nty?
(1)Conference for Mercy Higher Education 8630 Fenton Street 934	Sponsorship		MD		501(c)(3)		1		NA		163	No
(a)  Name, address, and EIN of related organization												
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90		. Ca	t No 50135					Sch	edule R (Form	990) 2	018

Part III Identification of Related Organization one or more related organization				te if the org	janizatior	n answ	ered "Y	es" on Form	990,	Part I'	V, line 34 b	ecau	se ıt	had							
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	t Predomir ing income(rel		<b>(f)</b> Share of total incon		(h) Disproprtiona r allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	( <b>j)</b> eral or laging tner?	(F Perce owne	ntage						
					1 311				Yes	No		Yes	No								
Part IV Identification of Related Organization because it had one or more relative to the part IV.							ition ans	swered "Yes	" on F	orm 9	90, Part IV	, line	34								
(a) Name, address, and EIN of related organization	(b) Primary activity	don (state o	c) gal nicile r foreign	Direct	(d) controlling entity	Type o (C corp, or tr	S corp,	(f) Share of total Income	(g) Share of end- year assets		Share of end- year		Share of end year		of- Perce	rship [(13)		h) entage ership		(1) Section 512( (13) controll entity?	
(1)Paul Delaurentis Perpetual Scholarship	Trust		country) NJ					0.500		244.6	12 100 00	20.0%	-	Yes	No						
400 Locust Street Lakewood, NJ 08701 23-7814490	Trust	, in	J			Trust		9,500		244,6	12 100 00	JU %		Yes							
(2)Peter Delaurentis Perpetual Scholarship 400 Locust Street	Trust	N	J			Trust		18,000		404,0	34 100 00	00 %		Yes							
Lakewood, NJ 08701 22-6640205													+								
													$\dashv$								
									-				$\dashv$	$\dashv$							
									-				$\dashv$								
									-				$\dashv$	$\dashv$							

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		Yes	No					
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?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes						
c Gift, grant, or capital contribution from related organization(s)	1c		No					
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No					
e Loans or loan guarantees by related organization(s)	1e		No					
f Dividends from related organization(s)	<b>1</b> f		No					
g Sale of assets to related organization(s)	<b>1</b> g		No					
h Purchase of assets from related organization(s)	1h		No					
i Exchange of assets with related organization(s)	<b>1</b> i		No					
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No					
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No					
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No					
o Sharing of paid employees with related organization(s)	10		No					

		1 '		1
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	Yes	
	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			

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 (d) Method of determining amount involved (b) Transaction type (a-s) (c) Amount involved

Page **3** 

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
													_		
													_		
	•								•	Schedul	e R (Forn	1 99	0) 2018		

