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Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public

Form **990** (2010)

		, , , , , , , , , , , , , , , , , , , ,		atto. 14 v stabaction				
A	or th	e 2010 calendar year, or tax year beginning $$	g JUN 30, 20	11				
В	Check if	C Name of organization	D Employer ide	ntification number				
	Addn	RIDER UNIVERSITY						
	Name chan	Doing Business As	21	-0650678				
	Initial							
	Term	2083 LAWRENCEVILLE ROAD		609-896-5016				
X	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>379,340,654.</u>				
	_Appli	DAWRENCE VILLE, NO 00040-3099	H(a) Is this a grou	up return				
	pend	F Name and address of principal officer: DR • MORDECHAI ROZANSK	I for affiliates					
		SAME AS C ABOVE	H(b) Are all affiliate	es included? Yes No				
<u></u>	Гах-ех	empt status: X 501(c)(3)	527 If "No," atta	ch a list. (see instructions)				
J١	Nebsi	te: ► WWW.RIDER.EDU	H(c) Group exem					
K F	orm o	forganization X Corporation		5 M State of legal domicile NJ				
	art I	Summary						
0	1	Briefly describe the organization's mission or most significant activities: RIDER UI	NIVERSITY IS	A PRIVATE,				
Š		NOT-FOR-PROFIT INSTITUTION FOUNDED IN 1865.						
Activities & Governance	2	Check this box If the organization discontinued its operations or disposed of	more than 25% of its no	et assets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3 26				
g	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 25				
ŝ	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5 3504				
ŧ	6	Total number of volunteers (estimate if necessary)		6 0				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a 917,650.				
> <	I	Net unrelated business taxable income from Form 990-T, line 34		7b -269,201.				
J—— ₽		RECEIVED	Prior Year	Current Year				
evenue	8	Contributions and grants (Part VIII line 1h)	8,727,51					
Revenue	9	Program service revenue (Port VIII line 2s)	178,109,10					
j 8	10	[OI JUN 1 9 2012 17]						
	11	Other revenue (Part VIII, column (A), lines 3, 41 and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,349,32					
= =	12	Total revenue · add lines 8 through 11 (must equal Part V(I), ผู้เกิด (A) line [12]	190,609,04					
— ∌	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,812,01					
9	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	88,942,56					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.				
pe,		Total fundraising expenses (Part IX, column (D), line 25) 1,880,902.						
Û	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	56,505,83	3. 53,935,501.				
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	190,260,41					
	19	Revenue less expenses. Subtract line 18 from line 12	348,63					
Net Assets or Fund Balances		The state of the s	Beginning of Current Ye					
ets	20	Total assets (Part X, line 16)	212,335,39					
ASS D	21	Total liabilities (Part X, line 26)	98,530,59					
E'E	22	Net assets or fund balances. Subtract line 21 from line 20	113,804,79					
Pa	rt II	Signature Block		30, 122,013,1210				
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and si	tatements, and to the best	of my knowledge and helief it is				
		t, and complete Declaration of preparer (other than officer) is based on all information of which pre		or my knowledge and belief, it is				
		Chilli A Adama		.7.12				
Sign	,	Signature of officer (1900)	Date	112				
Here		JULIE A. KARNS, TREASURER AND VP FINANCE						
	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature 7	Date Check	PTIN				
Paid		MARK A. HERTLEIN	_ 5/30/2012 selfer					
Prep		Firm's name O'CONNOR DAVIES MUNNS & DOBBINS, LI	LP Firm's EIN					
Use		Firm's address 60 EAST 42ND STREET		-				
	,	NEW YORK, NY 10165	Phone no	212-286-2600				
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)	i Filoligilo	X Yes No				

EIRS discuss this return with the preparet shows.

2-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION SEE 032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010) RIDER UNIVER
Part IV Checklist of Required Schedules

	•		res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		<u>^`</u>
4	during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	ì		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
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, XII, and XIII is optional	12b	.,	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	v
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140	A	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	<u></u>		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	
		Form	990 (2010)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		:	
	Schedule J	23	Х	
24a	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 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1,7
	any tax-exempt bonds?	24c	_	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
208	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
Ь	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			v
26	·	25b		X
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	00		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		Α
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	Instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		_==
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	Ī	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		ŀ	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	ı,	
	Note. All Form 990 filers are required to complete Schedule O	38_	X	2040
		Form 9	フラリ (2	(U I U

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	350	1	1
ь		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam	ing		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	3504		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	_	X
Ь	and the control of th	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	+	
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			v
h	any contributions that were not tax deductible?	6a	+	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			1
7	Organizations that may receive deductible contributions under section 170(c).	_6b		\vdash
	- · · · · · · · · · · · · · · · · · · ·	to the payor? 7a	x	
		7b	7,7	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		+	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	1	Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	equired? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	m 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during	the year? 8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		ļ
10	Section 501(c)(7) organizations. Enter:			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders Gross income from other payment (Parant and an authorized the control of the contro			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts le the executation files Form 900 is less of Form 10442.	10.		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-	ļ
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	134	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ľ

032005 12-21-10

21-0650678 RIDER UNIVERSITY Page 6 Form 990 (2010) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 25 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b if "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Х 12c Х 13 Does the organization have a written whistleblower policy? 13 14 Х Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b 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 Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: WILLIAM ROELL - 609-896-5009

2083 LAWRENCEVILLE RD, LAWRENCEVILLE, NJ 08648-3099

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

Check if Schedule O contains a response to any question in this Part VII

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average			Pos			.1	Reportable	Reportable	Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	(check all that appropriate or direction officer Officer Act and appropriate of the component of the compone		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
RALPH ANDERSON JR										_
TRUSTEE	1.00	Х	_			<u> </u>		0.	0.	0
ALBERTO BAPTISTE									_	
TRUSTEE	1.00	X	_					0.	0.	0
NANCY BECKER	1		ŀ							
TRUSTEE	1.00	X	_			ļ		0.	0.	0
GREGORY A CHURCH	1 00									•
TRUSTEE	1.00	X	ļ <u></u>			-	-	0.	0.	0
MARK C DEMAREO	1 00									•
TRUSTEE	1.00	Х		\vdash		<u> </u>		0.	0.	0
JAMES H DICKERSON	1 00	,,					ļ		•	0
TRUSTEE	1.00	X	ļ			<u> </u>	_	0.	0.	0.
BRUCE DIDONATO	1 00	v								0
TRUSTEE	1.00	X		\vdash		-	-	0.	0.	0 .
BONNIE S DIMUN	1.00	X						0.	0.	0
TRUSTEE	1.00	Λ	<u>. </u>					<u> </u>	U•	0
ERNESTINE LAZENBY GAST	1.00	х						0.	0.	0 .
TRUSTEE MICHAEL HENNESSY	1.00	^				-	-	0.	0.	<u> </u>
TRUSTEE	1.00	х						0.	0.	0 .
PETER INVERSON	1.00	1	ļ			╁	-	- 0.	0.	
TRUSTEE	1.00	X						0.	0.	0.
MICHAEL B KENNEDY						 	\vdash			
TRUSTEE/ADJUNCT LECTURER	19.00	x						19,290.	0.	227
THOMAS J LYNCH							_			
TRUSTEE	1.00	x						0.	0.	0.
ALFONSE MATTIA							<u> </u>			
TRUSTEE	1.00	X						0.	0.	0.
TERRY K MCEWEN										
TRUSTEE	1.00	X						0.	0.	0.
DONALD MONKS										
TRUSTEE	1.00	X				<u>L</u>	L	0.	0.	0 .
ELI MORDECHAI										
TRUSTEE	1.00	X		L:				0.	0.	0 .
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Part VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per	(с	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
. · :	week (describe hours for related organizations in Schedule	idual trustee or director	Institutional trustee		Key employee	Highest compensated employee	io	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	O)	lug _k	lustr tast	Officer	Š	를 를	Former			Organizations
THOMAS M MULHARE										
TRUSTEE	1.00	X						0.	0.	0.
LEWIS PEPPERMAN										
TRUSTEE	1.00	X	<u> </u>					0.	0.	0.
GARY PRUDEN									_	_
TRUSTEE	1.00	X	<u></u>		_			0.	0.	0.
WILLIAM M RUE		l	Ì	ŀ						
TRUSTEE	1.00	X	ļ	ļ		ļ	<u> </u>	0.	0.	0.
MIKA RYAN	1 00	,		,				0		
SECRETARY	1.00	X		X	-	-		0.	0.	0.
ASHOK SHAH TRUSTEE	1.00	X						0.	0.	0.
GARY SHAPIRO	1.00	^		 			-	0.	V •	
VICE CHAIR	1.00	X		х				0.	0.	ο.
ARTHUR J STAINMAN	1									
TRUSTEE	1.00	X			ļ			0.	0.	0.
HOWARD B STOECKEL										
CHAIR	1.00	X		Х				0.	0.	0.
1b Sub-total						▶		19,290.	0.	227.
c Total from continuation sheets to Part	VII, Section A					\blacktriangleright		2,948,755.	0.	702,626.
d Total (add lines 1b and 1c)								2,968,045.	0.	702,853.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 in reportable	· · · · · · · · · · · · · · · · · · ·

compensation from the organization

			-	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	,,,		
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THE SPIEZLE ARCHITECTURAL GROUP	ARCHITECTURAL	
120 SANHICAN DRIVE, TRENTON, NJ 08618	SERVICES	971,182.
UNIVERSITY ATHLETIC MANAGEMENT, 385 OXFORD		
VALLEY ROAD STE 420, YARDLEY, PA 19067	MGMT FEE FOR SRC	456,258.
SLAFKOVSKY, MARK, 848 YARDVILLE-ALLENTOWN	CONSTRUCTION	
ROAD, YARDVILLE, NJ 08620	SERVICES	453,610.
LARRY AND VINCE CONSTRUCTION	CONSTRUCTION	
5 HOLDER DRIVE, TRENTON, NJ 08628	SERVICES	308,725.
BRIAN'S TREE SERVICE		
#174 LINDBERGH ROAD, HOPEWELL, NJ 08525	LANDSCAPING SERVICES	234,576.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	······································
\$100,000 in compensation from the organization		
SEE PART VII, SECTION A CONTINUATION SH	IEETS	Form 990 (2010)

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	· VII		CONTARK		· · · · · · · · · · · · · · · · · · ·		21-0050	0/0 Page
		Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts	1 a	Federated campaigns	1a					
[Ē,	b	Membership dues	1b					
Ě	С	Fundraising events	1c	261,216.				
and other similar amounts	đ	Related organizations	1d					
Ē	е	Government grants (contribut	tions) 1e	3678486.				
S		All other contributions, gifts, gran						
휲		similar amounts not included abo		6041081.				
ğ	g	Noncash contributions included in lines		491,484.				
ē		Total. Add lines 1a-1f		>	9980783.			
T				Business Code		111		, , , , , , , , , , , , , , , , , , , ,
i	2 a	TUITION AND FEE	ES	611310	147,182,381.	147,182,381.		
a	b	ROOM AND BOARD		611310	29,367,184.	29,367,184.		
ᇍ	¢	STUDY TOURS		611310	3660405.	3660405.		
ě	d	OTHER FEES		611130	3637265.	3637265.		
Revenue	е							
	f	All other program service reve	enue					
	Я	Total. Add lines 2a-2f			183,847,235.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	1372209.		-14,305.	1,386,51
	4	Income from investment of ta	x-exempt bond p	oroceeds >		, 		, .,
	5	Royalties		•				
1			(i) Real	(ii) Personal				· · · · · · · · · · · · · · · · · · ·
	6 a	Gross Rents	300069.	29,768.				
	ь	Less: rental expenses						
	С	Rental income or (loss)	300069.	29,768.				
	d	Net rental income or (loss)		•	329,837.		29,768.	300,069
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			,	
		assets other than inventory	181,471,601,					
	b	Less: cost or other basis						
		and sales expenses	175,485,143.					
	С	Gain or (loss)	5,986,458,					
	d	Net gain or (loss)		•	5986458.			5,986,45
,	8 a	Gross income from fundraisin	g events (not					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		including \$261,2		1				
[]		contributions reported on line	•					
		Part IV, line 18	a	80,289.				
[b	Less direct expenses	b	00400				
'		Net income or (loss) from fund	draising events	•	-124,011.			-124011
		Gross income from gaming ac	•					
ł		Part IV, line 19	а					
	ь	Less: direct expenses	b					
		Net income or (loss) from gam	ning activities	>		į		
1		Gross sales of inventory, less	-					
i		and allowances	а					
	ь	Less: cost of goods sold	b					
		Net income or (loss) from sale	_					
		Miscellaneous Revenu		Business Code				
1	1 a	BUSINESS CONFER		721000	2124908.		804,618.	1,320,290
		SCIENTIFIC RESE		541700	38,226.		38,226.	
	С	VENDING MACHINE		722210	33,119.		,	33,119
		All other revenue	<u>: _ : _ :</u>	713940	62,447.		59,343.	3,104
		Total. Add lines 11a-11d		▶	2258700.	, , , , , , , , , , , , , , , , , , , ,	,	
- 1		Total revenue See instructions			······································	183,847,235.	917,650.	8,905,543
1:	2	I OIGHTEACHTE DES INSTITUTIONS		— 1	203,651,211.	183 847 245 1	- 91/. 000	8 905 544

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	te columns (B), (C), and (E	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	47,465,753.	47,465,753.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,177,919.	1,108,709.	732,208.	337,002.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	70,099,458.	59,901,032.	9,400,356.	798,070.
8	Pension plan contributions (include section 401(k)	4 400 505	0 600		
	and section 403(b) employer contributions)	4,439,198.	3,638,430.	730,409.	70,359.
9	Other employee benefits	11,454,151.			162,399.
10	Payroll taxes	6,238,225.	5,112,938.	1,026,415.	98,872.
11	Fees for services (non-employees):				
а	Management	F 0 F 4 0 0		505 400	
b	Legal	525,429.		525,429.	
C	Accounting	163,600.		163,600.	
d					
	3 , • · · · · · · · · · · · · · · · ·	170 004		170 004	
f	Investment management fees	179,094.	4 207 105	179,094.	20. 206
•	Other	4,949,994.	4,207,125.	704,563.	38,306.
12	Advertising and promotion	1,141,825.	442,296.	663,657.	35,872.
13	Office expenses	5,607,348. 4,135,334.	4,998,452.	531,006.	77,890.
14	Information technology	4,133,334.	3,876,048.	215,451.	43,835.
15	Royalties	10,364,999.	9,417,691.	042 705	104 512
16	Occupancy	4,608,845.	4,365,521.	842,795. 196,022.	104,513.
17	Travel	4,000,045.	4,303,321.	190,022.	47,302.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	1,028,730.	999,263.	7,248.	22 210
19 20	Conferences, conventions, and meetings Interest	2,764,447.	2,764,447.	1,240.	22,219.
21	Payments to affiliates	2,704,447.	2,104,441.		
22	Depreciation, depletion, and amortization	8,466,883.	8,427,709.	39,174.	
23	Insurance	864,024.	152,294.	711,720.	10.
24	Other expenses Itemize expenses not covered	001/024.	1321234.	711,720.	10.
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FOOD SERVICE	6,667,713.	6,664,867.	2,846.	***************************************
ь	MISCELLANEOUS	1,152,046.	1,058,651.	49,142.	44,253.
c	ALLOCATIONS AND BAD DEB	661,842.	330,087.	331,755.	11/2330
ď	DUES AND MEMBERSHIPS	400,424.	164,087.	236,337.	
e	LICENSES, TAXES, PERMIT	244,048.	30,371.	213,677.	
-	All other expenses	8,876.	8,876.		
25	Total functional expenses. Add lines 1 through 24f	195810205.	174740496.	19,188,807.	1,880,902.
26	Joint costs. Check here ▶ ☐ If following SOP				_,,,
·= -	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising			:	

Pai	πX	Balance Sheet	 		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,646.	_1_	31,838.
	2	Savings and temporary cash investments	31,176,124.	2	19,213,762.
	3	Pledges and grants receivable, net	13,444,274.	3	13,445,313.
	4	Accounts receivable, net	3,761,933.	4	5,493,501.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	8,267,673.	7	8,120,422.
As	8	Inventories for sale or use	2 0 7 7 0 1 0	8	1 1 2 2 2 2 2 2
	9	Prepaid expenses and deferred charges	3,077,918.	9	4,130,707.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 203, 828, 869.	05 001 551	_	106 632 120
		Less: accumulated depreciation 10b 97, 196, 741.	95,821,551.		106,632,128.
	11	Investments - publicly traded securities	45,018,121. 8,507,129.	11	47,064,897.
	12	Investments - other securities. See Part IV, line 11	0,307,129.	12	12,122,231.
	13 14	Investments - program-related. See Part IV, line 11	39,174.	13	0.
	15	Intangible assets Other assets. See Part IV, line 11	3,207,849.	14 15	2,309,217.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	212,335,392.	16	219,164,022.
	17	Accounts payable and accrued expenses	18,612,412.	17	19,149,767.
	18	Grants payable		18	
	19	Deferred revenue	5,590,188.	19	4,973,414.
	20	Tax-exempt bond liabilities	56,911,227.	20	53,938,010.
Ş	21	Escrow or custodial account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iap		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,142,496.	23	2,013,863.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	15,274,274.	25	16,269,744.
	26	Total liabilities. Add lines 17 through 25	98,530,597.	26	96,344,798.
	İ	Organizations that follow SFAS 117, check here X and complete			
ces		lines 27 through 29, and lines 33 and 34.	64 010 710	_	66 006 670
<u>la</u>	27	Unrestricted net assets	64,919,718.	27	66,886,679.
Ва	28	Temporarily restricted net assets	16,174,078. 32,710,999.	28	21,915,644.
PL	29	Permanently restricted net assets	32,/10,999.	29	34,016,901.
Ē		Organizations that do not follow SFAS 117, check here and			
s o	20	complete lines 30 through 34.		20	
sse	30 31	Capital stock or trust principal, or current funds		30 31	
Net Assets or Fund Balances	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	113,804,795.	33	122,819,224.
	34	Total liabilities and net assets/fund balances	212,335,392.	34	219,164,022.
					

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

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Name of the organization

RIDER UNIVERSITY 21-0650678 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: In organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III - Functionally integrated d ____ Type III • Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (i) Name of supported (iv) is the organization (v) Did you notify the (ii) EIN (vii) Amount of organization organization in col organization in col (i) listed in your organization in col (i) organized in the support (described on lines 1-9 aoverning document? (i) of your support? above or IRC section (see instructions)) Yes

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Form 990 or 990-EZ.

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

	fails to qualify under the tests	s listed below, plea	ase complete Part	III.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			:			
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)					min' n' mi-dimin	
	Public support. Subtract line 5 from line 4	<u> </u>		<u>L</u>	1		
	ction B. Total Support		T			т	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4						
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						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instructi	ione)	ł	1	12	
	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax vear as a sectio		
_	organization, check this box and stor		01, 00-01.0, 1	, ,,	, ou. ao a ooo	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ightharpoons
Sed	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010.If the o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	oorted organization	າ			▶ □
b	33 1/3% support test - 2009. If the o	rganization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶ □
17a	10% -facts-and-circumstances tes	t - 2010.If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶ □
b	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	cly supported org	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	<u>s</u> ▶ 🔼
					Sch	edule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u>_</u>	qualify under the tests listed b	elow, please com	plete Part II.)				
	ction A. Public Support	1		r	г	т	r
	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			_			
	furnished by a governmental unit to	ĺ					ı
	the organization without charge						
6	Total. Add lines 1 through 5		 				
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			· · · · · · · · · · · · · · · · · · ·			
	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						
•	Add lines 7a and 7b						_
8	Public support (Subtract line 7c from line 6)			1 10 1			
	ction B. Total Support				·	<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	, , , , , , , , , , , , , , , , , , ,	(4/ = 5 3 1	(5) 2000	\(\alpha\) 2000	(0) 2010	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>				
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
_	check this box and stop here						▶□
	ction C. Computation of Publi						
15	Public support percentage for 2010 (li	ine 8, column (f) d	livided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13. column (f))		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2010. If the			on line 14, and line	15 is more than		
	more than 33 1/3%, check this box ar						5 /iot
h	33 1/3% support tests - 2009. If the						ınd
-	line 18 is not more than 33 1/3%, che						▶ []
20	Private foundation. If the organization						
	organization in the organization	I GIO HOL CHECK A	DOX OIT III 14, 198	a, or 190, Check th	no nox and see in	31100110115	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	Section 5	01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	e of orga	nization			Empl	oyer identification number
	·····		NIVERSITY			21-0650678
Pa	rt I-A	Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2		expenditures	ation's direct and indirect politica	al campaign activities in	n Part IV. ▶\$	
Pa	rt I-B	Complete if the org	anization is exempt unde	er section 501(c)(3).	
1	Enter the		incurred by the organization und		▶ \$	<u> </u>
2	Enter the	amount of any excise tax	incurred by organization manage	rs under section 4955	▶ \$	
			n 4955 tax, did it file Form 4720 f			Yes No
4a	Was a co	rrection made?				Yes No
ь	If "Yes,"	describe in Part IV.				
Pa	rt I-C	Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c)(3).
1	Enter the	amount directly expended	by the filing organization for sec	tion 527 exempt functi	on activities >\$	
2	Enter the	amount of the filing organ	ization's funds contributed to oth	er organizations for se	ction 527	
	exempt f	unction activities			▶\$	
3	Total exe	mpt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,		
	line 17b				▶ \$	
4	Did the fi	ling organization file Form	1120-POL for this year?			Yes No
	made pa	yments. For each organiza ions received that were pro	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organizate political organizate	ation's funds. Also enter th nization, such as a separa	e amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

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

Schedule C (Form 990 or 990-EZ) 2010	RIDER UNIV	ERSITY		21-	0650678 Page 2
Part II-A Complete if the orga			on 501(c)(3) and file	ed Form 5768	· · · · · · · · · · · · · · · · · · ·
(election under sect	ion 501(h)).				
A Check ▶ ☐ If the filing organizati	on belongs to an aff	liated group.			
B Check ▶ ☐ If the filing organizati	on checked box A a	nd "limited control" pr	ovisions apply.		
	s on Lobbying Expe tures" means amou	nditures unts paid or incurred)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influe				•	
c Total lobbying expenditures (add lin				,	
d Other exempt purpose expenditures	3				
 Total exempt purpose expenditures 	(add lines 1c and 1c	t)			
f Lobbying nontaxable amount. Enter	th columns.				
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable an	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	00 plus 5% of the exce			
Over \$17,000,000	\$1,000,	000			
				· · · · · · · · · · · · · · · · · · ·	
g Grassroots nontaxable amount (ent			<u> </u>		
h Subtract line 1g from line 1a. If zero			-		
i Subtract line 1f from line 1c. If zero	•				<u> </u>
j If there is an amount other than zero		line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y					Yes No
	tions that made a s		· Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 RIDER UNIVERSITY 21-065067 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)	(1	b)
	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or		11,		
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?	ļ	Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			87.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			224.
i Other activities? If "Yes," describe in Part IV	X			5,944.
j Total Add lines 1c through 1i				5,255.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 504 (20)	on 501(c)	(5), or se	ction	
501(c)(6).			V	No.
4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Yes	No
		1		
Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 	on 501/o	2	otion	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A 		2 3 (5), or se		
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

RIDER UNIVERSITY

Employer identification number

B-	RIDER UNIVERSITI	15 1 01 0: 11 5 1	21-0650678
Pa			r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	└ Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
1.3.2	conservation easements.		
Pa	付 III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:	·	· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial oa	ain, provide
	the following amounts required to be reported under SFAS 1		••
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
	,		·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		NIVERSITY				2	21-06	550678	Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures,	or Oth				
3	Using the organization's acquisition, access								
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progr	ams				
b	Scholarly research	е	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizat	ion's exe	empt purpo	se in Pa	rt XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or oth	er sımıla	ar assets			
	to be sold to raise funds rather than to be m							Yes	No_
Pa	rt 🚺 Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered	"Yes" to	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other as	ssets no	t included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table [.]						
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	No
	If "Yes," explain the arrangement in Part XIV.								
Pai	TENDOWMENT Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	48,854,412.	46,094,754.	58,41	3,122.	4-144		,	
b	Contributions	991,104.	814,027.	1,24	0,540.				
С	Net investment earnings, gains, and losses	7,435,943.	3,745,295.			···, · , ·,,,,	 		
d	Grants or scholarships	1,199,947.	1,036,603.	1,64	5,629.				
е	Other expenditures for facilities								
	and programs	1,863,728.	763,061.	83	4,791.		·····		*****************
f	Administrative expenses					, , ,, , - 4-4-4-	·,	<u> </u>	· · · · · · · · · · · · · · · · · · ·
9	End of year balance	54,217,784.	48,854,412.	46,09	4,754.			<u> </u>	***************************************
2	Provide the estimated percentage of the year		S						
	Board designated or quasi-endowment	24.20	_%						
b	Permanent endowment ► 75.80	%							
		%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for t	the organiza	ation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	<u> X</u>
	(ii) related organizations							3a(ii)	X
D .	If "Yes" to 3a(ii), are the related organizations							3b	
Do:	Describe in Part XIV the intended uses of the			-			_		
FOI	t VI Land, Buildings, and Equipm					 			
	Description of investment	(a) Cost or of	, , , , , , , , , , , , , , , , , , , ,	or other		ccumulated	,	(d) Book	value
	Load	basis (investri			de	preciation		2 070	250
	Land	3,725,0		3,359.	<u> </u>	100 02			,359.
D	Buildings		1335	13457.	03,	189,92	0.0	0,323	,531.
C	Leasehold improvements		12 06	1 061	11	215 56	<u>, </u>	2 510	200
d	• •			4,864.				2,319	,300.
	Other	eval Form 000 Deci		2,189.	20,		1. 3 •		2128.
	. Add lines 1a through 1e. (Column (d) must e	<u>quai ruiii 990, Pan .</u>	<u>, column (B), line 1</u>	U(C).)				T0002	4140.

Schedule D (Form 990) 2010

(a) Description of security or category	(b) Book valu	Je e		Method of value	
(including name of security)	.,		Cost o	r end-of-year mai	ket value
1) Financial derivatives					
2) Closely-held equity interests					
3) Other (A) MONEY MARKEY FUNDS	5,779,	524	END OF VEN	D MADEEM	TAT IID
(B) VENTURE CAPITAL	1,389,		END-OF-YEA END-OF-YEA		
(C) PRIVATE EQUITY	738,		END-OF-YEA		
(D) NATURAL RESOURCES	493,		END-OF-YEA		
(E) OTHER ALTERNATIVES	4,320,		END-OF-YEA		
(F)	4,320,	070.	END-OF-IEA	IX PARKET	VALUE
(G)					- ··-
(H)		-			
(1)	-				
otal (Col (b) must equal Form 990, Part X, col (B) line 12)	12,722,	237.			
Part VIII Investments - Program Related.					
				Method of value	ntion.
(a) Description of investment type	(b) Book valu	ie	, ,	end-of-year mar	
(1)		+			
(2)	-				
(3)					·
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				·	
(10)					
otal. (Col (b) must equal Form 990, Part X, col (B) line 13)	•				•
Part IX Other Assets. See Form 990, Part X, II	ine 15.				
	(a) Description				(b) Book value
(1)			·		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	 				
(10)					
otal. (Column (b) must equal Form 990, Part X, col (B)				>	
Part X Other Liabilities. See Form 990, Part	X, line 25.				······································
(a) Description of liability		<u> </u>	(b) Amount		
(1) Federal income taxes	TIDIDA DE D		054 004		
(2) US GOVERNMENT GRANTS REF			,054,094.		
(3) ASSET RETIREMENT OBLIGAT		3	,858,099.		
(4) EMPLOYEE AND RETIREE MED	TCAL	+ -	750 702		
(5) SELF-INSURED LIABILITY	D.T.M.	3	,758,703.		
(6) STUDENT DEPOSITS AND CRE	דתד.	 	425 005		
(7) BALANCES	 		,435,995.		
(8) ANNUITIES PAYABLE	CTMC	1 1	,395,795.		
LODIOU LOCOUNTEO	SITS	-	505,483.		
(10) AGENCY ACCOUNTS (11) UNCLAIMED CHECKS			177,257.		
(11) UNCLAIMED CHECKS		1	35,650.		
Total. (Column (b) must equal Form 990, Part X, col (B) in Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot Fin 48 (ASC 740).	E OE)	1.0			

Sche	dule D (Form 990) 2010 RIDER UNIVERSITY				0650678	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audi	ted Financ	ial State			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		203,651	,211.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		195,810	,205.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		7,841	
4	Net unrealized gains (losses) on investments		4		1,010	356.
5	Donated services and use of facilities		5	_		
6	Investment expenses		6			
7	Prior period adjustments	F	7			
		-	8		163	067
8	Other (Describe in Part XIV)	-			163 1,173	122
9	Total adjustments (net). Add lines 4 through 8	-	9		9,014	120
10 Dat	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements W		10	04117		,425.
		itti neveit	de her n		157016	5720
1	Total revenue, gains, and other support per audited financial statements			1	13/010	3/20.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 010	256			
а	Net unrealized gains on investments 2a	1,010	,356.			
	Donated services and use of facilities 2b			4		
	Recoveries of prior year grants 2c			1 1		
d	Other (Describe in Part XIV)	<u> </u>				
е	Add lines 2a through 2d			2e	1,010,	<u>, 356 </u>
3	Subtract line 2e from line 1			3	156006	5364.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		,094.]		
b	Other (Describe in Part XIV.)	47,465	,753.			
С	Add lines 4a and 4b			4c	47,644	847.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	203651	1211.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements \	With Expen	ses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1	148002	2291.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities 2a	1				
ь	Prior year adjustments 2b			1		
С	Other losses 2c			1		
	Other (Describe in Part XIV.)	-163	,067.	1		
	Add lines 2a through 2d		700.0	2e	-163,	.067.
3	Subtract line 2e from line 1	•		3	148165	
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:			-	110105	,,,,,,,
	Investment expenses not included on Form 990, Part VIII, line 7b	179	,094.			
	Other (Describe in Part XIV.)		753	1		
	Add lines 4a and 4b	11/103	7133.		47,644,	847
				4c	195810	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information			1 5 1	193010	203.
		4 d 4 - D - d	N/ h d	h	No. Deat M. Inc.	4. 0. 4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines					4; Part
	22, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete the					
LW	T V, LINE 4: THE ENDOWMENT SPENDING POLICY SU	PPORIS	SCHOL	AKS	nips,	
CDA	NITE TACTITUTES AND DECEDANC IN ACCORDANCE	MIMU MU	ים וואוד	ימינוני	CTMV/C	
GIVE	NTS, FACILITIES, AND PROGRAMS, IN ACCORDANCE	MIIU IU	E UNI	VER	5111 5	
мтс	SION AND DONOR'S RESTRICTIONS.					
HIG	SION AND DONOR S RESIRICIIONS.					
						
PAR	T X - OTHER LIABILITIES - UNCERTAIN TAX POSI	TIONS U	NDER	FIN	48	
THE	UNIVERSITY IS AN ORGANIZATION DESCRIBED UNDE	R SECTI	ON 50	1(C)(3) OF	THE
INT	ERNAL REVENUE CODE (THE CODE) AND THEREFORE I	S EXEMP	T FRO	M F	EDERAL	
INC	OME TAXES UNDER SECTION 501(A) OF THE CODE. A	CCORDIN				
				Sched	ule D (Form 9	90) 2010

Part XIV Supplemental Information (continued)

IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. THE UNIVERSITY RECOGNIZES

THE EFFECTS OF INCOME TAX PROVISIONS ONLY IF THOSE PROVISIONS ARE MORE

LIKELY THAN NOT OF BEING SUSTAINED. NO PROVISION FOR INCOME TAXES WAS

REQUIRED IN 2011 AND 2010.

PART XI, LINE 8 - OTHER:

CHANGE IN VALUE OF PENSION \$163,067

PART XII, LINE 4B - OTHER AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1:

SCHOLARSHIP ALLOWANCE - TUITION AND FEES \$47,171,398

SCHOLARSHIP ALLOWANCE - AUXILIARIES \$294,355

PART XIII, LINE 2D - OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990,

PART IX, LINE 25:

CHANGE IN VALUE OF PENSION \$163,067

PART XIII, LINE 4B - OTHER AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25,

BUT NOT ON LINE 1:

SCHOLARSHIP ALLOWANCE - TUITION AND FEES \$47,171,398

SCHOLARSHIP ALLOWANCE - AUXILIARIES \$294,355

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

RIDER UNIVERSITY 21-0650678 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 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. X If you need more space, use Part II 3 THE UNIVERSITY PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY IN ALL OF THE UNIVERSITY'S STUDENT APPLICATIONS, STUDENT CATALOGS, AND THE SOURCE (STUDENT HANDBOOK). THE POLICY IS ALSO LISTED ON THE UNIVERSITY'S WEB PAGE (WWW.RIDER.EDU). Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? X 4a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? X 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d 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? Х 5a b Admissions policies? 5b X c Employment of faculty or administrative staff? 5с X d Scholarships or other financial assistance? 5d X e Educational policies? 5e X f Use of facilities? 5f X g Athletic programs? 5g h Other extracurricular activities? 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? Х вa X b Has the organization's right to such aid ever been revoked or suspended? 6ь If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990 or 990-EZ) 2010

TOTAL STUDENT FINANCIAL ASSISTANCE \$60,228,474

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RIDER UNIVER	RSITY			1	21-06506	78
		ctivities Ou	tside the United States. Comp	lete if the organi		
to Form 99	00, Part IV, line 14b.			<u> </u>		
			ds to substantiate the amount of the g			
grantees' eligibility	y for the grants or assi	stance, and the	selection criteria used to award the gra	ants or assistant	ce?	Yes Mo
2 For grantmakers	. Describe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outsi	de the United Sta	ates.
•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 Activities per Reg	ion. (The following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	<u></u>	
(a) Region	(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)	is a prog	ty listed in (d) ram service, specific type e(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	7	PROGRAM SERVICES	STUDY TOURS		86,181.
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CENTRAL AMERICA AN						
THE CARIBBEAN	0	0	INVESTMENTS			6,932,000.
	- 		ENVE DINGETO			0,932,000.
						<u> </u>
						·
0 - 0 1 1 1 1						
3 a Sub-totalb Total from continu	untino 0	7				7,018,181.
sheets to Part I	lation 0	0				0.
c Totals (add lines 3						, ·
and 3b)	o	7				7,018,181.
.HA For Paperwork R	eduction Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2010

Page 2	4	<u> </u>	(i) Method of valuation (book, FMV, appraisal, other)					
	10, Part IV, line 15, for an		(h) Description of non-cash values assistance					
50678	"Yes" to Form 99		(g) Amount of non-cash assistance					empt by
21-0650678	anization answered		(f) Manner of cash disbursement					ecognized as tax-ex
	omplete if the org	han \$5,000	(e) Amount of cash grant					oreign country, re
	utside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
RIDER UNIVERSITY	Grants and Other Assistance to Organizations or Entities Out	U. Check this box if no c pace is needed.	(c) Region					s listed above that are rec has provided a section 5
	er Assistance to Orga	recipient who received more than \$5,000. Check this b Part II can be duplicated if additional space is needed.	(b) IRS code section and EIN (if applicable)					ecipient organizations ne grantee or counsel
Schedule F (Form 990) 2010	Part II Grants and Othe	recipient who rec Part II can be dup	1 (a) Name of organization	,				2 Enter total number of r the IRS, or for which th

33

Schedule F (Form 990) 2010

Enter total number of other organizations or entitles

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RIDER	1
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Schedule F (Form 990) 2010

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

Page 3

21-0650678

Part III can be duplicated if additional space is needed

_ <u>-</u>						
(h) Method of valuation (book, FMV, appraisal, other)						
(h) Me valu (book pprais		:				
of ance						
(g) Description of non-cash assistance						
Desc						
9 0						
sh Sh Sce						
(f) Amount of non-cash assistance						
€ _ a			 			
=						
(e) Manner of cash disbursement						
) Manr disbur						
(e cash						
(d) Amount of cash grant						
) Amor						
) o (c			 		<u>-</u>	
(c) Number of recipients						
(b) Region						
(q)						
f grant or assistance (b) Region	 		 			
ance						
assist						
rant or						
e of gi						
(a) Type of grant or assistance						

Schedule F (Form 990) 2010

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 file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization RIDER UNIVERSITY						Employer identification number 21-0650678			
	Complete if the organization ans	swered "\	es" to	o Form 990, Part IV,	line 1				
1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Par b if "Yes," list the ten highest paid indivicempensated at least \$5,000 by the organization have a written or highest paid individual compensated at least \$5,000 by the organization have a written or highest paid individual	e Solic f Solic g Spec oral agreement with any individ t VII) or entity in connection with	etation of etation of cial fundra ual (include h profess	non-g gover using ding o ional f	overnment grants rnment grants events fficers, directors, tru- fundraising services?	stees	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	to (or retai fundra	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
						· · · · · · · · · · · · · · · · · · ·			
		:							
									
						:			
						-			
Total 3 List all states in which the organization	is registered at leanned to sale	ort contrib	▶	or has been patified		avament from re			
or licensing	is registered of licensed to solic	on contrib		or has been notined	או נצ	exempt from re	egistration		
LHA Paperwork Reduction Act Notice, se	ee the Instructions for Form 9	90 or 990	-EZ.			Schedule G (Forn	n 990 or 990-EZ) 2010		

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events RACQUET AND READINGS & (add col. (a) through TENNIS CAROLS 10 col. (c)) (event type) (event type) (total number) 82,860 46,245. 212,399 341,504. Gross receipts 62,540. 27,145. 171,530. 261,215. Less: Charitable contributions 20,320. 19,100. 40,869. 80,289. Gross income (line 1 minus line 2) 4 Cash prizes 26,756. 26,756. Noncash prizes Direct Expenses 6 Rent/facility costs 643. 643. 27,045. 14,085. 83,254. 124,384. 7 Food and beverages 1,250. 1,750. 500 Entertainment 4,676. 50,767. 15,834. 30,257 Other direct expenses 204,300 10 Direct expense summary. Add lines 4 through 9 in column (d) -124,011.11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: 032082 01-13-11 Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Forn	n 990 or 990-EZ) 2010 RIDER UNIVERSITY	21-06	<u> 550</u>	<u>678</u>	Page 3
	ganization operate gaming activities with nonmembers?			Yes	☐ No
12 Is the organ	zation a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
to administe	r charitable gaming?			Yes	☐ No
13 Indicate the	percentage of gaming activity operated in:				
a The organiza	ation's facility	L	13a		%
b An outside f	acılıty	L	13b		%
14 Enter the na	me and address of the person who prepares the organization's gaming/special events books and reco	rds:			
Name > _					
Address >				<u>. </u>	
15a Does the org	ganization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
	er the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount			
	venue retained by the third party > \$				
c If "Yes," ent	er name and address of the third party:				
Name ▶ _					
Address ►					
16 Gaming mar	pager information:				
Name ▶ _					
Gaming mar	nager compensation > \$				
Carming man					
Description	of services provided				
					
•					<u> </u>
Direc	tor/officer Employee Independent contractor				
17 Mandatory o	distributions.				
a is the organi	zation required under state law to make charitable distributions from the gaming proceeds to				
retain the st	ate gaming license?			Yes	☐ No
	nount of distributions required under state law to be distributed to other exempt organizations or spent	in the			
	's own exempt activities during the tax year ▶ \$				
	oplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col <u>s 9</u> , 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in				
					•
					
					

≗ Employer identification number 21-0650678 Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government assistance assistance (c) IRC section (d) Amount of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of recash assistance assistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. General Information on Grants and Assistance RIDER UNIVERSITY criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Parti Part #

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) RIDER UNIVERSITY

| Part iii | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

21-0650678

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FEDERAL DIRECT STUDENT LOAN PROGRAM	3629	38,576,256.	0		
FEDERAL PELL GRANT PROGRAM	1274	5,141,048.	o		
FEDERAL PERKINS LOAN PROGRAM	1226	1,069,570.	0.		
FEDERAL WORR-STUDY	2151	660,405.	0.		
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT	743	423,838.	0.		
Part IV Supplemental Information. Complete this part to provide the information.	part to provide the information	required in Part I, ii	In Part I, line 2, and any other	formation required in Part I, line 2, and any other additional information.	
ES AND CONTROLS OVER	AWARDING,	i m	AND	MONITORING OF	
STUDENT FINANCIAL AID OR ASSISTANCE	O _L	INDIVIDUAL STU	STUDENTS IN (COMPLIANCE	
WITH FEDERAL AND STATE OF NEW JERSEY	~	EGULATIONS AND	REQUIREMENTS.	VIS. IN	
ADDITION, THE UNIVERSITY HAS AN ANN	ANNUAL EXTE	EXTERNAL AUDIT	I PERFORMED	NI C	
ACCORDANCE WITH U.S. OFFICE OF MANA	MANAGEMENT P	AND BUDGET	CIRCULAR	A-133 AND NEW	
JERSEY OFFICE OF MANAGEMENT AND BUI	BUDGET CIRC	CIRCULAR 04-04			

032102 01-13-11

Schedule I (Form 990) RIDER UNIVERSITY Dart It Continuation of Grants and Other Assistance to Individuals in the United States (Schodule I (Form 900)) Bott III)	PY dusts in the Heits	oli bodos) setesta be	Form 000		21-0650678 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FEDERAL ACADEMIC COMPETITIVENESS GRANT PROGRAM	290.	251 625	o		
FEDERAL NATIONAL SMART GRANT PROGRAM	17.		o		
FEDERAL STUDENT SUPPORT SERVICES	33.	40,500.	0		
N.J COLLEGE LOANS TO ASSIST STATE STUDENTS	409.	6,937,048.	0		
N.J TUITION AID GRANT	933.	6,362,916.	0		
N.J DISTINGUISHED SCHOLARS	46.	42,315.	.0		
N.J EDUCATIONAL OPPORTUNITY FUND	209.	660,953.	. 0		
RIDER UNIVERSITY ATHLETIC, MERIT AND NEED BASED	4,075.	43,161,373.	0		
					Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Internal Revenue Service

Name of the organization

RIDER UNIVERSITY

Employer identification number 21-0650678

P	art Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990),		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal reside	ence		
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
_				
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	45	х	1
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, director		х	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	^	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.	İ		
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation com	mittee		
	Describe and delicer and between European Control of the Alberta State of the Alberta State of the State of t			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:		•	v
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Х	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
þ	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-		
_	Regulations section 53 4958-6(c)?	9		<u> </u>
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	n 990)	2010

032111 12-21-10 Page 2

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(0)	(D)	(E)	(H)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	393,379.	0	17,403.	126,761.	66,212.	603,755.	0
1 MORDECHAI ROZANSKI	(ii)	0	0	0	0	0	0	0
	Θ	237,838.	0	7,274.	19,467.	2,341.	266,920.	0
2 JULIE A KARNS	(1)	1	0	0.	0.	• 0		0
	8	216,365.	0.	11,040.	17,925.	13,183.	258,513.	0
3 DONALD STEVEN	▣		0	- }				0
4 JONATHAN MEER	€ €	195,508.	000	6,600.	16,328.	51,829.	270,265.	0
	€	189,540.	0	1,800.	15,433.	8,464.	215,237.	0
5 JAMES O'HARA	(3)		0.	0	0	0	0	0
	Ξ	173,556.	• 0	100.	13,873.	.676,67	268,108.	0
6 ROBERT ANNIS	(3)	0	0	0.			0.	0
	€	156,629.	0	0	12,631.	7,777.	177,037.	0
7 PATRICIA MOSTO	0	- 1	0	0		- 1		0
	Ξ	190,103.	0	0.	15,573.	8,509.	214,185.	0
8 LARRY NEWMAN	≘	- 1	0	0.		ı		0
	Ξ	174,616.	0	408.	14,259.	9,089.	198,372.	0
9 WILLIAM ROELL	⊜		0	0				0
	ε	155,56	0	0	11,694.	28,936.	196,194.	0
10 ANTHONY CAMPBELL	▣		0	0			- 1	0
	ε	169,118.	0	0	9,925.	10,859.	189,902.	0
ULLIVAN	▣	- 1	0	0	- 1			0
	ε	166,231.	0	0	11,060.	18,477.	195,768.	0
12 O'REILLY -ALLEN	▣	- 1	0	0.	- 1			0
11	ε	164,452.	0	0	9,206.	26,152.	199,810.	0
13 ANNE LAW	▣		0	0	0		0	0
	ε	161,209.	0	0	9,101.	30,187.	200,497.	0
14 IRA SPROTZER	▣		0	0.	ı			0
{ { { { {	ε	159,422.	0	0	9,624.	27,772.	196,818.	0
15 JAMES RIGGS	▣	0	0	0	0	0	0.	0.
	8							
16	€							

Schedule J (Form 990) 2010

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

PART I, LINE 4B: PRESIDENT MORDECHAI ROZANSKI PARTICIPATES IN A

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (457(F) PLAN). DEFERRED

COMPENSATION CONTRIBUTIONS OF \$95,351 WERE MADE DURING THIS COMPENSATION

REPORTING PERIOD AND WILL VEST AND BE DISTRIBUTED AT HIS RETIREMENT

COLUMN (D): THE NONTAXABLE BENEFITS AMOUNT OF PART II, \$66,212 OF PRESIDENT MORDECHAI ROZANSKI INCLUDES THE MARKET VALUE OF THE

UNIVERSITY RESIDENCE PROVIDED TO THE PRESIDENT. THE MARKET VALUE OF THE

THE UNIVERSITY RESIDENCE IS APPROXIMATELY 62% OF NONTAXABLE BENEFITS. THE UNIVERSITY IS REQUIRED TO ACCEPT LODGING AND LIVE ADJACENT PRESIDENT OF

TO THE LAWRENCEVILLE CAMPUS AS A CONDITION OF HIS EMPLOYMENT.

\$79,979 OF ROBERT COLUMN (D): THE NONTAXABLE BENEFITS AMOUNT OF PART II,

ANNIS INCLUDES THE MARKET VALUE OF THE UNIVERSITY RESIDENCE PROVIDED TO THE

THE MARKET VALUE OF DEAN & DIRECTOR OF THE WESTMINSTER COLLEGE OF THE ARTS.

THE UNIVERSITY RESIDENCE IS APPROXIMATELY 67% OF NONTAXABLE BENEFITS. THE

REQUIRED TO DEAN & DIRECTOR OF THE WESTMINSTER COLLEGE OF THE ARTS IS ACCEPT LODGING AND LIVE ADJACENT TO THE PRINCETON CAMPUS AS A CONDITION OF

HIS EMPLOYMENT

21-0650678

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2	Part III
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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

CAMPBELL INCLUDES THE MARKET VALUE OF THE ASSOCIATE VP STUDENT AFFAIRS/DEAD UNIVERSITY RESIDENCE IS APPROXIMATELY ASSOCIATE VP STUDENT AFFAIRS/DEAD OF ASSOCIATE VP STUDENT AFFAIRS/DEAD OF ASSOCIATE VP STUDENT AFFAIRS/DEAD OF TO ACCEPT LODGING AND LIVE ADJACENT CONDITION OF HIS EMPLOYMENT.

Schedule J (Form 990) 2010

ENTITY

ŝ (i) Pooled financing **Employer identification number** × × OMB No 1545-0047 2010 Open to Public Yes × × Inspection (g) Defeased (h) On behalf 21-0650678 ž × × × ٥ of Issuer × Yes ŝ × × × Yes × 21,790,080. NEW STUDENT HOUSI 1525353.SYSTEM INSTALLATI ت 270,000.FIRE SUPPRESSION IRE SUPPRESSION CONSTRUCTION OF RENOVATIONS AND C (f) Description of purpose RESIDENCE HALL CONSTRUCT NEW Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, ► See separate instructions. œ explanations, and any additional information in Part V. 14,640,161. (e) Issue price (F) CONTINUATIONS (d) Date issued 06/17/04 04/14/04 10/09/03 06/21/07 PART V FOR COLUMN 22-182951164605LPL6 22-1829511646065JP8 22-182951164605LNM6 22-182951164605NBU7 (c) CUSIP # ▶ Attach to Form 990. (b) Issuer EIN RIDER UNIVERSITY SEE A FACILITIES AUTHORITY B FACILITIES AUTHORITY C FACILITIES AUTHORITY D FACILITIES AUTHORITY (a) Issuer name NJ EDUCATIONAL NJ EDUCATIONAL NJ EDUCATIONAL NJ EDUCATIONAL Name of the organization **Bond Issues** Part II Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K Form 990) Part i

			_ <	20	_	S		2	
-	1 Amount of bonds retired	1,36	1,360,000.	37	160,000.				
8	Amount of bonds legally defeased								
ဂ	Total proceeds of issue	14,8	14,846,983.	23,04	23,045,827.	54	540,868.	1,5	1,525,353.
4	Gross proceeds in reserve funds	1,34	1,345,308.	21	218,960.				
ß	Capitalized interest from proceeds)8	800,554.	1,58	,589,901.				
9	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,	141,966.	43	437,705.				
80	Credit enhancement from proceeds	4	414,059.	38	389,627.				
6	Working capital expenditures from proceeds								
10		13,49	13,490,404.	20,39	20,399,056.	54	240,868.	1,5	1,525,353.
=	Other spent proceeds				10,578.				
12	Other unspent proceeds								
13	Year of substantial completion		2005	2	2009	2	2005		2004
		Yes	No	Yes	No	Yes	No	Yes	No
4	Were the bonds issued as part of a current refunding issue?		×		X		×		×
15	Were the bonds issued as part of an advance refunding issue?		×		×		X		×
16	Has the final allocation of proceeds been made?	X		X		X		×	
17	17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	×		X		X		X	
D	Part III Private Business Use								
-	1 Was the organization a partner in a partnership, or a member of an LLC,	•	A	8		S		O	
	which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			×		×		×		×

022121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. bond-financed property?

Are there any lease arrangements that may result in private business use of

Q

47

×

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×

Schedule K (Form 990) 2010

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Schedule K (Form 990) 2010 Yes No (i) Pooled financing **Employer identification number** OMB No 1545-0047 2010 Open to Public ŝ ŝ × × Inspection (g) Defeased (h) On behalf 21-0650678 ž × × of issuer Yes Yes Yes ŝ × × Yes ŝ ž FINANCING FINANCING (f) Description of purpose ပ Yes Yes REFUND PRIOR REFUND PRIOR Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, 1,482,186. 237,199 1,244,987 1648393.POOLED POOLED. × Ŷ ŝ ▶ See separate instructions. 2004 ø œ explanations, and any additional information in Part V. Yes 1482186 × Yes × × × (e) issue price CONTINUATIONS 1,648,393. 1,245,504 402,889 ŝ ŝ 2005 (d) Date issued 08/10/05 10/26/06 đ 48 Yes $\times | \times$ Yes × (F) 22-182951164605LZ84 SEE PART V FOR COLUMN 22-182951164605LWX2 02-02-11 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, ▶ Attach to Form 990. (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? UNIVERSITY which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds A FACILITIES AUTHORITY B FACILITIES AUTHORITY Credit enhancement from proceeds Capital expenditures from proceeds RIDER Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use NJ EDUCATIONAL NJ EDUCATIONAL Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Proceeds Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990) Part II Part I 16 0 S 9 N O ۵ œ 위 F 12 5 5

ENTITY

Page 2 8 8 ፠ × × × ŝ ŝ 1.00 00 00. ۵ Yes Yes × × × % % % ŝ No × × × × × × × 00. 59.60 59.60 ပ O Yes Yes × × × 21-0650678 1.3000000 8 8 % 2×1 ž × × × × .20 00. .20 8 8 Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. NATIXIS Yes Yes × × × × × % % % 0000009*2 WELLS FARGO; AEGON ŝ ŝ × 80 00. 3.80 × × × . ش Yes Yes × × × × × entities other than 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 b Are there any research agreements that may result in private business use of Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Enter the percentage of financed property used in a private business use by result of unrelated trade or business activity carried on by your organization, Were any gross proceeds invested beyond an available temporary period? d Was the regulatory safe harbor for establishing the fair market value of the Are there any management or service contracts that may result in private Has the organization adopted management practices and procedures to 3a Has the organization or the governmental issuer entered into a qualified ensure the post-issuance compliance of its tax-exempt bond liabilities? Does the organization routinely engage bond counsel or other outside another section 501(c)(3) organization, or a state or local government counsel to review any management or service contracts or research RIDER UNIVERSITY Arbitrage Rebate, been filed with respect to the bond issue? Did the bond issue qualify for an exception to rebate? agreements relating to the financed property? business use of bond-financed property? 4a Were gross proceeds invested in a GIC? Part III Private Business Use (Continued) 2 is the bond issue a variable rate issue? hedge with respect to the bond issue? d Was the hedge superintergrated? Was the hedge terminated? bond-financed property? Schedule K (Form 990) 2010 Total of lines 4 and 5 b Name of provider b Name of provider Part IV Arbitrage c Term of hedge GIC satisfied? c Term of GIC Part V O 3a Ŋ 8 ø ß

Schedule K (Form 990) 2010

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Schedule K (Form 990) 2010 RIDER UNIVERSITY			21-(21-0650678	រុំ	ENTILX	7	Page 2
Part III Private Business Use (Continued)								
	'	A		В	5		٥	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	S.	Yes	Š	Yes	Š	Yes	No
b Are there any research agreements that may result in private business use of bond-financed property?				×				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research								
agreements relating to the financed property?			×					
4 Enter the percentage of financed property used in a private business use by entitles other than a section 501(c)(3) organization or a state or local government ▶		%	59	% 09.		%		%
5 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) organization, or a state or local government		%		% 00.		%		%
6 Total of lines 4 and 5		%	59	°60 %		%		%
7 Has the organization adopted management practices and procedures to								
ensure the post-issuance compliance of its tax-exempt bond liabilities?			×					
Part IV Arbitrage								
		A		8	S		۵	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	S _O	Yes	2	Yes	°,	Yes	S _o
Arbitrage Rebate, been filed with respect to the bond issue?	×			×				
2 Is the bond issue a variable rate issue?		×		×				
3a Has the organization or the governmental issuer entered into a qualified		:		;				
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		×		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?	×		×					
6 Did the bond issue qualify for an exception to rebate?		×		×				
ation. Complete this part to provide additional inform I , BOND ISSUES:	sponses to	duestions on	Schedule K.					
ISSUER NAME:	\IIX							
(*) DESCRIPTION OF PURPOSE: CONSTRUCT NEW RESIDENCE HALL & STUDENT REC CENTER	_							
VOTPOOL								

Schedule K (Form 990) 2010

Schedule K (Form 990) 2010 RIDER UNIVERSITY	21-0650678
Part V Supplemental Information. Complete this part to provide additional information for respons	nses to questions on Schedule K.
(A) ISSUER NAME: NJ EDUCATIONAL FACILITIES AUTHORIT	Υ
(F) DESCRIPTION OF PURPOSE: CONSTRUCTION OF NEW STU	DENT HOUSING
(A) ISSUER NAME: NJ EDUCATIONAL FACILITIES AUTHORIT	v
<u> </u>	<u> </u>
(F) DESCRIPTION OF PURPOSE:	
RENOVATIONS AND FIRE SUPPRESSION SYSTEM INSTALLATIO	N
(A) ISSUER NAME: NJ EDUCATIONAL FACILITIES AUTHORIT	Y
(F) DESCRIPTION OF PURPOSE: FIRE SUPPRESSION SYSTEM	INSTALLATION
/A) TOCUED NAME, NT EDUCAMIONAL EAGILIMITE AUMIODIM	N.
(A) ISSUER NAME: NJ EDUCATIONAL FACILITIES AUTHORIT	
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR POOLED FIN	ANCING OF THE ISSUER
(A) ISSUER NAME: NJ EDUCATIONAL FACILITIES AUTHORIT	Y
(F) DESCRIPTION OF PURPOSE: REFUND PRIOR POOLED FIN	ANCING OF THE ISSUER
ENTITY 1 - ROWS A, B, C & D:	
	
PART II, LINE 3:	
AMOUNTS LISTED DIFFER FROM THE ISSUE PRICES LISTED	IN PART 1(E) DUE TO
ACCRUED INVESTMENT EARININGS.	
AMOUNTS IN PART I(E) AND PARTS II(3) AND (10) FOR T	HE ISSUES CITED IN
ROWS C AND D REFLECT ONLY THE AMOUNTS RECEIVED BY R	IDER UNIVERSITY WITH
RESPECT TO ITS PORTION OF THE POOLED BONDS.	
10 110 10111011 01 1111 1001110 DOILDO	

Schedule K (Form 990) 2010 RIDER UNIVERSITY	21-0650678
Part V Supplemental Information. Complete this part to provide additional information for respons	es to questions on Schedule K.
ENTITY 1 - ROW A:	
PART IV (4) B & C:	
TERMS OF CIC.	
WELLS FARGO BANK, N.A.: 7.6%	
AEGON: 1.4%	
ENTITY 2 - ROWS A & B:	
PARTS I & II:	-
AMOUNTS IN PART I(E) AND PARTS II(3) AND (10) FOR TH	E ISSUES CITED IN
ROWS A AND B REFLECT ONLY THE AMOUNTS RECEIVED BY RI	DER UNIVERSITY WITH
RESPECT TO ITS PORTION OF THE POOLED BONDS.	
THE TOTAL POLICE OF THE TOTAL POLICE POLICE OF THE TOTAL POLICE P	
ENTERN 2 DOM A	
ENTITY 2 - ROW A:	
PART I:	
BONDS REFUNDED BY HECIF 2005: HECIF 2002A (ISSUED 11	/21/2002).
ENTITY 2 - ROW B:	
PART I:	
BONDS REFUNDED BY HECIF 2006: ISSUER'S HECIF 2000A (ISSUED 3/14/00),
HECIF 2000B (ISSUED 3/14/00), HECIF 2002A (ISSUED 11	/21/2002), HECIF
2004A (ISSUED 4/14/04).	
	······································

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

21-0650678

Name of the organization

Securities - Closely held stock

Real estate - Commercial

Securities - Partnership, LLC, or

10

16

Types of Property Part I (b) (c) (d) Number of Noncash contribution Method of determining Check If contributions or applicable amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art · Historical treasures 3 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes Intellectual property 8 X 491,484. MEAN PRICE-GIFT DATE Securities · Publicly traded

RIDER UNIVERSITY

	trust interests		
12	Securities · Miscellaneous		
13	Qualified conservation contribution -		
	Historic structures		
14	Qualified conservation contribution · Other		
15	Real estate - Residential		

			 	i
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			

			 II	
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()	<u></u>		
26	Other • ()			
	_		 	

25	Other • ()				
26	Other • ()				
27	Other • ()				
28	Other (
29	Number of Forms 8283 received by the organi	zation during	the tax year for o	contributions	

29

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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 purposes for
	the entire holding period?

sva	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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 purposes for
	the entire holding period?
b	If "Yes," describe the arrangement in Part II.

3 i	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
	contributions?

ь	If "Yes," describe in Part II.
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked
	describe in Part II.

30a		х
31	х	
32a	Х	

Yes

No

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

for which the organization completed Form 8283, Part IV, Donee Acknowledgement

Schedule M (Form 990) (2010)

Schedule M (Form 990) (2010) RIDER UNIVERSITY		21-0650678	Page 2
Part II Supplemental Information. Complete this part to provide the information red Also complete this part for any additional information.	quired by Part	l, lines 30b, 32b, and 33.	
SCHEDULE M, LINE 32B: THE UNIVERSITY USES A THIRD	D PARTY	(MERRILL	
LYNCH) TO PROCESS THE SALE OF STOCK GIFTS.			
Timen, to thought the bime of block ciris.			-
			
	_		
			<u>.</u>
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	_		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public Inspection

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization RIDER UNIVERSITY	Employer identification number 21-0650678
990, PART III, LINE 1 - CONTINUED	
RIDER'S VISION	
RIDER UNIVERSITY WILL BE A LEADER IN AMERICAN HIGHER EDUC	ATION
CELEBRATED FOR EDUCATING TALENTED STUDENTS FOR CITIZENSHI	P, LIFE AND
CAREER SUCCESS IN A DIVERSE AND INTERDEPENDENT WORLD. RID	ER WILL
ACHIEVE DISTINCTIVENESS BY FOCUSING ON STUDENTS FIRST, BY	CULTIVATING
LEADERSHIP SKILLS, BY AFFIRMING TEACHING AND LEARNING THA	T BRIDGES THE
THEORETICAL AND THE PRACTICAL AND BY FOSTERING A CULTURE	OF ACADEMIC
EXCELLENCE.	
RIDER'S MISSION	
RIDER ATTRACTS AND GRADUATES TALENTED AND MOTIVATED STUDE	NTS WITH
DIVERSE BACKGROUNDS FROM ACROSS THE NATION AND AROUND THE	WORLD AND
PUTS THEM AT THE CENTER OF OUR LEARNING AND LIVING COMMUN	ITY.
AS A LEARNER-CENTERED UNIVERSITY DEDICATED TO THE EDUCATI	ON OF THE
WHOLE STUDENT, RIDER PROVIDES STUDENTS THE INTELLECTUAL R	ESOURCES AND
BREADTH OF STUDENT LIFE OPPORTUNITIES OF A COMPREHENSIVE	UNIVERSITY
WITH THE PERSONAL ATTENTION AND CLOSE STUDENT-FACULTY INT	ERACTIONS OF A
LIBERAL ARTS COLLEGE.	
THROUGH A COMMITMENT TO HIGH QUALITY TEACHING, SCHOLARSHI	P AND
EXPERIENTIAL OPPORTUNITIES, FACULTY ON BOTH CAMPUSES PROV	IDE
UNDERGRADUATE AND GRADUATE STUDENTS RIGOROUS AND RELEVANT	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	wie W (Form 990 of 990-EZ) (2010)

RIDER IS ACCREDITED BY THE MIDDLE STATES ASSOCIATION OF COLLEGES AND

Schedule O (Form 990 or 990-EZ) (2010)

SCHOOLS AND ALSO HOLDS SPECIALIZED ACCREDITATION WITH THESE PRESTIGIOUS EDUCATIONAL ORGANIZATIONS:

- AACSB INTERNATIONAL (THE ASSOCIATION TO ADVANCE COLLEGIATE SCHOOLS OF

 BUSINESS) RIDER IS AMONG THE SELECT BUSINESS SCHOOLS TO HAVE ATTAINED

 THIS DISTINCTION AND THE ONLY SCHOOL IN NEW JERSEY TO HOLD THE

 SPECIALIZED AACSB ACCREDITATION IN ACCOUNTING.
- NCATE ELEMENTARY AND SECONDARY EDUCATION PROGRAMS AND THEIR

 APPLICABLE GRADUATE PROGRAMS ON BOTH CAMPUSES ARE ACCREDITED BY THE

 NATIONAL COUNCIL FOR THE ACCREDITATION OF TEACHER EDUCATION.
- NASM WESTMINSTER CHOIR COLLEGE IS ACCREDITED BY THE NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC.
- CACREP RIDER'S GRADUATE PROGRAM IN COUNSELING SERVICES HOLDS

 NATIONAL ACCREDITATION FROM THE COUNCIL FOR ACCREDITATION OF COUNSELING

 AND RELATED EDUCATION PROGRAMS.
- NASP THE SCHOOL PSYCHOLOGY PROGRAM IS ACCREDITED BY THE NATIONAL ACCREDITATION OF SCHOOL PSYCHOLOGISTS.
- AMERICAN CHEMICAL SOCIETY RIDER'S CHEMISTRY PROGRAM IS ACCREDITED

 BY THE AMERICAN CHEMICAL SOCIETY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACADEMIC SUPPORT (EXPENSES \$14,384,223 INCLUDING GRANTS OF \$0) (REVENUE \$20,135,857) - GENERAL SUPPORT TO THE STUDENTS. THESE INCLUDE ACADEMIC INFORMATION TECHNOLOGY, DEAN'S OFFICES, LIBRARIES, THEATER, ART GALLERY, TV STUDIO, AND OTHER SIMILAR ACADEMIC ACTIVITIES.

RESEARCH (EXPENSES \$1,671,910 INCLUDING GRANTS OF \$0) (REVENUE \$2,340,266) - RESEARCH PERFORMED BY FACULTY AND STUDENTS.

EXPENSES \$ 16,056,133. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22,476,123.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES PERFORMED A REVIEW OF THE FORM 990 AND ALL APPLICABLE SCHEDULES PRIOR TO SUBMISSION AS PART OF AN AUDIT COMMITTEE IN ADDITION, THE FORM 990 AND ALL APPLICABLE SCHEDULES WERE EMAILED TO THE ENTIRE BOARD OF TRUSTEES TO REVIEW PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE UNIVERSITY HAS A WRITTEN CONFLICT OF INTEREST POLICY, AND AN ANNUAL COMPLIANCE REVIEW PROCESS WHICH INCLUDES: *SOLICIT FEEDBACK FROM DIVISION HEADS ON PROPOSED STAFF IN THEIR UNITS WHO SHOULD PARTICIPATE IN THE ANNUAL REPORTING AND REVIEW PROCESS. ANY INDIVIDUAL WHO IS CONSIDERED TO HAVE SIGNIFICANT RESPONSIBILITY FOR INSTITUTIONAL OPERATIONS OR PURCHASING IS INCLUDED. THE POLICY REQUIRES THAT PERSONS INVOLVED IN DECISION MAKING DISCLOSE FINANCIAL OR OTHER INTERESTS-EITHER CURRENT OR PROPOSED- THAT IMPAIR OR MAY APPEAR TO IMPAIR THEIR INDEPENDENT, UNBIASED JUDGEMENT. *DISTRIBUTE THE CONFLICT OF INTEREST POLICY AND OUESTIONNAIRE FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST TO ALL INDIVIDUALS SO IDENTIFIED. IN 2011, 123 INDIVIDUALS (OFFICERS, TRUSTEES, COACHES, AND ADMINISTRATORS) RECEIVED AND COMPLETED THE CONFLICT QUESTIONNAIRE. *REVIEW OF ALL CONFLICT QUESTIONNAIRE RESPONSES BY THE UNIVERSITY BOARD OF TRUSTEES' HUMAN RESOURCES COMMITTEE, WHICH SERVES AS THE CONFLICT COMMITTEE UNDER THE UNIVERSITY'S BYLAWS. THE HUMAN RESOURCES COMMITTEE REPORTS ITS FINDINGS TO THE BOARD OF TRUSTEES, WHICH IS RESPONSIBLE FOR ACTING ON THE COMMITTEE'S FINDINGS- IN PARTICULAR ON ANY CONFLICT THAT MIGHT BE IDENTIFIED. BY POLICY, ANY PROPOSED BUSINESS RELATIONSHIP BETWEEN A TRUSTEE OR THEIR RELATED ENTITY MUST BE EVALUATED AND ACTED ON PRIOR TO IT'S

POTENTIAL IMPLEMENTATION. NO SUCH RELATIONSHIP CURRENTLY EXISTS.

032212 01-24-11

FORM 990, PART VI, SECTION B, LINE 15: THE SENIOR COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ENGAGES AN INDEPENDENT CONSULTING FIRM TO ANNUALLY UNDERTAKE A REASONABLENESS REVIEW OF TOP MANAGEMENT COMPENSATION. TOP MANAGEMENT INCLUDES THE INSTITUTION'S PRESIDENT AND VICE PRESIDENTS. THE REASONABLENESS REVIEW INCLUDES CONSIDERATION OF COMPARABILITY DATA PREPARED BY THE CONSULTANTS WHICH IS PROVIDED TO ALL COMMITTEE MEMBERS AND TO ALL MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES. THE BENCHMARK DATA CONSIDERED INCLUDES BOTH SALARY AND TOTAL COMPENSATION INFORMATION. CONTEMPORANEOUS MINUTES ARE MAINTAINED FOR BOTH THE SENIOR COMPENSATION COMMITTEE OF THE BOARD AND FOR THE FULL BOARD OF TRUSTEES MEETINGS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AZ, CO, KY, ME, MD, MA, MI, NH, NY, OH, OK, OR, WA FORM 990, PART VI, SECTION C, LINE 19: THE UNIVERSITY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VII MICHAEL B. KENNEDY RECEIVES NO COMPENSATION FOR HIS WORK AS A TRUSTEE. THE REPORTED COMPENSATION IS ONLY FOR HIS WORK AS A RIDER UNIVERSITY

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

1,010,356.

CHANGE IN VALUE OF PENSION

163,067. Schedule O (Form 990 or 990-EZ) (2010)

ADJUNCT LECTURER.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization RIDER UNIVERSITY	Employer identification number 21-0650678
TOTAL TO FORM 990, PART XI, LINE 5	1,173,423.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE YEAR.	RIDER UNIVERSITY RIDER UNIVERSITY PART XI, LINE 5 1,173,423. PART XII, LINE 2C RATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION RING THE YEAR. AMENDED RETURN PROSITY IS AMENDING ITS RETURN TO PROVIDE ADDITIONAL H ON SCHEDULE K, SUPPLEMENTAL INFORMATION ON TAX EXEMPT BONDS
LINE B	
REASON FOR AMENDED RETURN	
RIDER UNIVERSITY IS AMENDING ITS RETURN TO PROVIDE ADDITI	ONAL
INFORMATION ON SCHEDULE K, SUPPLEMENTAL INFORMATION ON TA	X EXEMPT BONDS
THAT WAS NOT AVAILABLE AT THE TIME OF THE ORIGINAL FILING	i.
RIDER UNIVERSITY TOTAL TO FORM 990, PART XI, LINE 5 1,173,42 FORM 990, PART XII, LINE 2C THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR. LINE B	

Form 990 (2010) RIDER UNI									21-003	0070
Part VII Section A. Officers, Directors, Tru		mple	oyee			ligh	est			
(A) Name and title	(B) Average hours	(с	hecl	Pos			oly)	from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			other compensation from the organization and related organizations
MORDECHAI ROZANSKI									_	
PRESIDENT	50.00	L.	_	X	_	<u> </u>		410,782.	0.	192,973
JULIE A KARNS		l		l					_	
VP FINANCE & TREASURER	50.00		_	X	<u> </u>			245,112.	0.	21,808
DONALD STEVEN									_	
PROVOST AND VP ACADEMIC AF	50.00	<u> </u>	<u> </u>	X		ļ		227,405.	0.	31,108
JONATHAN MEER	F0 00		l					000 100	•	60 155
VP UNIVERSITY ADVANCEMENT	50.00	_	├-	Х	_			202,108.	0.	68,157
JAMES O'HARA	E0 00				۱.,			101 240	0	22 007
VP ENROLLMENT MANAGEMENT	50.00				Х	<u> </u>	-	191,340.	0.	23,897
ROBERT ANNIS	37.50				х			174,256.	0.	02 052
DEAN AND DIRECTOR WCA PATRICIA MOSTO	37.30	-	 		^	-		1/4,250.	0.	93,852
DEAN COLLEGE OF LIBERAL ARTS EDUCAT	37.50		ł		Х			156,629.	0.	20,408
LARRY NEWMAN	37.30	\vdash	<u> </u>	-	^			130,029.		20,400
DEAN COLLEGE OF BUSINESS ADMIN	37.50				x			190,103.	0.	24,082
WILLIAM ROELL					-	-		130/103.		21,002
SR ASSOCIATE VP FINANCE	37.50				х			175,024.	0.	23,348
ANTHONY CAMPBELL	•									
ASSOC VP STUDENT AFFAIRS/DEAN OF STU	37.50				X	İ		155,564.	0.	40,630
JOHN R SULLIVAN								•		
PROFESSOR, ENGLISH	37.50					X		169,118.	0.	20,784
MARGARET O'REILLY-ALLEN										
CHAIR, ACCOUNTING	37.50	_	_			X		166,231.	0.	29,537
ANNE LAW										
CHAIR, PSYCHOLOGY	<u>37.50</u>					X		164,452.	0.	35,358
IRA SPROTZER										
CHAIR; MARKETING ADVERTISING & LEGAL	37.50					Х		161,209.	0.	39,288
JAMES RIGGS	27 50					ļ.,		150 400		27 206
PROFESSOR, BIOLOGY	37.50					Х		159,422.	0.	37,396
Total to Part VII, Section A, line 1c		L	I			<u> </u>	I	2,948,755.		702,626