

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493135041804

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

Open to Public Inspection

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

A F	or the	2012 ca	lendar year, or tax year beginning	07-01-2012 , 2012, and end	ling 06-30	-2013			
		pplicable	C Name of organization RIDER UNIVERSITY				D Emplo	yer id	lentification number
_	ddress ch	_	Doing Business As	_ 21-06	506	78			
_ N	ame cha	inge	y						
Ir —	nitial retu	ım	Number and street (or P O box if m 2083 LAWRENCEVILLE ROAD	ail is not delivered to street address)	Room/suite	е	E Telepho	one nu	ımber
T	ermınate	ed	2083 LAWRENCEVILLE ROAD				(609)	896-	-5000
_ A	mended	return	City or town, state or country, and Z LAWRENCEVILLE, NJ 086483099	TIP + 4			(111)		
_ A	pplication	n pending	J. Starkenezvicze, na odorososa				G Gross r	eceipt	s \$ 262,646,827
			F Name and address of prin				:his a group	retui	
			DR MORDECHAI ROZANSK 2083 LAWRENCEVILLE RO			affi	liates?		┌ Yes 🗸 No
			LAWRENCEVILLE, NJ 0864	83099		H(b) Are	all affiliate	s inc	luded?
									t (see instructions)
['	ax-exen	npt status	s	nsert no)	527	H(c) Gr	oup exempt	ion n	umber ►
J \	V ebsit e	e:► W\	WW RIDER EDU			11(0)			
K Fo	rm of or	ganızatıo	n 🔽 Corporation 🦳 Trust 🦳 Association	Other 🕨	•	L Year of	formation 18	65	M State of legal domicile NJ
P	art I	Sun	nmary						
			describe the organization's missio						
	.	RIDER	UNIVERSITY IS A PRIVATE, NO	T-FOR-PROFIT INSTITUTIO	N FOUN	DED IN 18	865		
Governance									
Ē									
<u> </u>	2	Check t	this box 析 if the organization dis	scontinued its operations or di	sposed of	more than	25% of its	net a	assets
									1
Activities &			r of voting members of the governi					3	32
Ĕ			r of independent voting members o umber of individuals employed in o					5	3,524
			umber of volunteers (estimate if n		• •	6	529		
đ,			nrelated business revenue from Pa	• •				7a	982,995
			elated business taxable income fr					7b	
				, , , , , , , , , , , , , , , , , , ,			ior Year		Current Year
	8	Contr	ributions and grants (Part VIII, lir	ne 1 h)			14,076,	574	8,163,760
를	9	Progr	ram service revenue (Part VIII, lir		192,282,	756	197,188,639		
Revenue	10	Inves	stment income (Part VIII, column	(A), lines 3, 4, and 7d)			2,250,	746	683,932
世	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						1,808,	183	1,798,880
	12		revenue—add lines 8 through 11				210,418,2	259	207,835,211
	13						49,414,6		53,169,157
	14		fits paid to or for members (Part I			, ,	0	0	
	15		ries, other compensation, employe						
\$		5-10	•				96,741,6	_	99,283,200
Expenses	16a		ssional fundraising fees (Part IX,					0	74,789
ठ	Ь		undraising expenses (Part IX, column (D)	· · · · · · · · · · · · · · · · · · ·					
	17		r expenses (Part IX, column (A), I				59,715,4		53,800,644
	18 19		expenses Add lines 13-17 (mus nue less expenses Subtract line :				4,546,		206,327,790 1,507,421
y 07 3r ^		VEAG	THE 1633 EXPENSES SUBLICITIE.	TO HOM HIRE IZ		Beginni	ng of Curre		
Net Assets or Fund Balances						_ 39,,,,,,	Year		End of Year
3 W	20	Total	assets (Part X, line 16)				228,544,4	-	235,326,847
3 E	21		liabilities (Part X, line 26)				105,020,4		103,597,136
		_	ssets or fund balances Subtract	line 21 from line 20			123,523,9	973	131,729,711
	art II	<u> </u>	nature Block						<u> </u>
my l	knowle	dge and	f perjury, I declare that I have exa I belief, it is true, correct, and com knowledge						
		***					2014-05-15		
Sig		Sign	nature of officer		_		Date		
He	re		IE A KARNS TREASURER AND VP FINANCI	E					
		<u> 17 - </u>	e or print name and title	Droporodo conotino	15	to T	–	DTTE	
D -	لہ:		Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature	Da	-	heck / If elf-employed	PTIN P005	43209
Pa			Firm's name	•	· ·		ırm's EIN 🕨 2	7-1728	3945
	epare		Firm's address ► 665 FIFTH AVENUE			D	hone no (212) 286-	-2600
υS	e On	ıy					110 (212	., 200-	
		1	NEW YORK, NY 10022						

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Par			f Program Servile O contains a res			tIII		٠
1	Briefly des	cribe the or	ganızatıon's mıssıo	n				
SEE	SCHEDULE	0						
2			idertake any signifi 990-EZ?			year which were not	listed on	
	If "Yes," de	escribe these	e new services on S	Schedule O				
3	_	janization ce		make significar	nt changes in how	it conducts, any pro	gram • • • •	. Tyes V No
	If "Yes," de	escribe these	e changes on Sche	dule O				
4	expenses	Section 501		4) organization:	s are required to r	s three largest prog eport the amount of		
4a	FINANCIAL S CURRENTLY COLLEGE OF UNDERGRAI NUMBER 25 COLLEGES A ASSOCIATIO THE ONLY S PROGRAMS TEACHER E ASSOCIATIO ACCREDITA IN THE SCH	SUPPORT TO S' ORGANIZED II CONTINUING DUATES STUDE G, WITH 98% I AND SCHOOLS A ON TO ADVANCE CHOOL IN NEW AND THEIR AP DUCATION - N ON OF SCHOOLS TION FROM TH	TUDENTS THROUGH AC NTO FOUR COLLEGES - STUDIES, AND THE NTS AND APPROXIMATI HOLDING A DOCTORATI AND ALSO HOLDS SPECT E COLLEGIATE SCHOOLS I JERSEY TO HOLD THE PLICABLE GRADUATE ASM - THE UNDERGRA S OF MUSIC - CACREP E COUNCIL FOR ACCRI	NDENT, COMPREHE ADEMIC AND ATHLI THE COLLEGE OF L STMINSTER COLLE ELY 1,000 GRADUAT E OR THE HIGHEST ALIZED ACCREDITA OF BUSINESS) - R SPECIALIZED AACS ROGRAMS ON BOTH DUATE AND GRADUA EDITATION OF COU BY THE NATIONAL A	ETIC SCHOLARSHIPS, LIBERAL ARTS, EDUCAT GE OF THE ARTS THE ITE STUDENTS IN 65 DEGREE IN THEIR FIE ATION WITH THESE PR RIDER IS AMONG THE IS ACCREDITATION IN ITE CAMPUSES ARE ACC MATE MUSIC PROGRAM TIN COU NSELING AND RELATE INCCREDITATION OF SC	IENTED INSTITUTION OF GRANTS, AND STUDENT TON, AND SCIENCES, TO PRIVATE UNIVERSITY OF THE PRIVATE UNIVERSITY OF THE PRIVATE OF THE PRIVATE OF THE PRIVATE OF THE PRIVATION OF TH	WORKSTUDY PRI HE COLLEGE OF BURRENTLY SERVI GRADUATE PROG ED BY THE MIDDLAL ORGANIZATION OLS TO HAVE ATT - ELEMENTARY AI NAL COUNCIL FOR OIR COLLEGE ARE HE SCHOOL OF E IS - NASP - THE	94,906,524) NG THE UNIVERSITY OFFERS OGRAMS RIDER UNIVERSITY IS BUSINESS ADMINISTRATION, THE ES APPROXIMATELY 4,600 GRAMS FULL-TIME FACULTY LE STATES ASSOCIATION OF IS - AACSB INTERNATIONAL (TH 'AINED THIS DISTINCTION AND ND SECONDARY EDUCATION OF THE ACCREDITATION OF E ACCREDITED BY THE NATIONAL DUCATION HOLDS NATIONAL SCHOOL PSYCHOLOGY PROGRAM MICAL SOCIETY - RIDER'S
4b	CAMPUS HO FOR DINING EXPRESS TH	OUSES APPROXI G AND SNACKIN HE PRINCETON	MATELY 2,300 STUDEN NG FOR STUDENTS, FAC	TS IN THIRTEEN RE CULTY, STAFF AND COXIMATELY 200 ST	ESIDENCE HALLS AND GUESTS AT DALY'S DII UDENTS IN THREE RE	NCEVILLE CAMPUS AND A SIX GREEK HOUSES THI IING HALL, CRANBERRY' SIDENCE HALLS THE PR	E LAWRENCEVILLE S, STARBUCKS, A	38,919,359) MPUS THE LAWRENCEVILLE E CAMPUS OFFERS FACILITIES ANDREW J'S AND SWEIGART IS OFFERS THE DINING
	, c. l) /F	24.076.407) (D +	27 502 207 \
4c	SOCIAL TAL	ENTS OF ITS ST		CES INCLUDE ADN	S TO THE ENTIRE STU	DENT COMMUNITY IN A		37,592,207) /ELOP THE INTELLECTUAL AND EELING CENTER, HEALTH
	(Cod -		\	14 000 202	mahadana C		\	22.265.675.
) (Expenses \$ ERAL SUPPORT TO THE OTHER SIMILAR ACAD		including grants of s) (Revenue \$ OGY, DEANS' OFF	23,265,075) ICES, LIBRARIES, THEATER, ART
	(Code) (Expenses \$	1,604,649	including grants of s	3) (Revenue \$	2,505,474)
	RESEARCH	RESEARCH PER	RFORMED BY FACULTY	AND STUDENTS				
4d	Other pro (Expense:	_	es (Describe in Scl 16,504,932 in	nedule O) cluding grants (of\$) (Revenue	\$ 2	5,770,549)
4e	Total prog	gram service	expenses ►	180,275,877	,			

art TV	Check	list of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants 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	Yes	
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par				_
	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 1a 358			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		שכ		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			110
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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 sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
C	Enter the amount of reserves on hand]		
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 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				

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	4		No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se		eveni	je Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed AK, AZ, CO, KY, ME, MD, MA, MI, NH, NY, OH, OK, OR, SC, WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶JENNIFER POTTER 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ (609)896-5009

Form	990	(2012)	
------	-----	--------	--

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

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

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

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

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►223 Yes No 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														
organizations below dotted line) Add			Average hours per week (list any hours	more t	than o	(do r one l both	box, an	unless officer	5	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W	- '	Estima mount o compens from t	ited f other sation the
Total from continuation sheets to Part VII, Section A			organizations below	Individual trustee or director	Truste	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		relate	ed
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A								<u> </u>						
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A								-						
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A	1b	Sub Total							<u> </u>					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►223 Yes No 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			· · · · · ts to Part VII, S	ection /	Α.			•	Þ					
\$100,000 of reportable compensation from the organization 223 Yes No	d	Total (add lines 1b and 1c) .							Þ	3,545,399		0		833,984
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	2							d abov	e) w	ho received more th	an			
on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3						key •	emplo • •	yee, •	, or highest compen	sated employee	3		No
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	4	organızatıon and related orgar										4	Yes	
Section B. Independent Contractors	5										or individual for	•	1	
		services rendered to the orgai	nızatıon? <i>If "Yes</i>	," compi	lete S	chea	lule 3] for su	ch pe	erson	[5		Νo
	S	ection B. Independent Co	ntractors											
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	1	Complete this table for your fi	ve highest comp										hav was	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ELLUCIAN COMPANY LP 2300 MAITLAND CENTER PARKWAY MAITLAND FL 32751	MANAGED SVCS-INFO TECH	1,910,791
UNIVERSITY ATHLETIC MANAGEMENT 385 OXFORD VALLEY ROAD YARDLEY PA 19067	MGMT FEE FOR SRC	532,090
KSS ARCHITECTS 337 WITHERSPOON STREET PRINCETON NJ 08542	ARCHITECTURAL SERVICES	347,682
BUILTMARK LLC 848 YARDVILLE ALLENTOWN RD TRENTON NJ 08620	CONSTRUCTION SERVICES	339,552
PEPPER HAMILTON LLP 301 CARNEGIE CENTER SUITE 400 PRINCETON NJ 08543	LEGAL SERVICES	175,741

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

Part V	4111	Statement o	f Revenue ule O contains a respor	nse to any duestion	in this Part VIII			
		CHECK II SCHOOL	are o contains a respon	ise to uny question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
တည	1a	Federated cam	paigns 1a					
ant	b	Membership du	es 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c	213,030				
iffs ar /	d	Related organiz	zations 1d					
s, G imil	e	Government grant	s (contributions) 1e	2,845,660				
tion r Si	f	All other contribute	ons, gifts, grants, and 1f	5,105,070		i		
ibu A B	g		ons included in lines	551,227		ł		
ontr nd C		1a-1f \$	- 1 - 16	331,227	8,163,760			
<u>ة ت</u>	h	Total. Add lines	s 1a-1f	▶	8,163,760			
an.	2a	TUITION AND FEES		Business Code	156 420 000	156 420 000		
ever	b	ROOM AND BOARD		611310 611310	156,420,098 30,983,233	156,420,098 30,983,233		
% ₽	c	STUDY TOURS	<u></u>	611310	5,870,380	5,870,380		
9. VI	d	OTHER FEES		611130	3,914,928	3,914,928		
ð.	е							
Program Service Revenue	f	All other progra	am service revenue					
š	g	Total. Add lines	s 2a-2f		197,188,639			
	3		ome (including dividen		1,323,024		-21,244	1,344,268
	4		ar amounts)		_,			2,2 : 1,2 : 2
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental	313,441	30,526				
	b	expenses	313,441	30,526				
	С	Rental income or (loss)	,	·	242.067		20 526	242.444
	d	Net rental inco	me or (loss) (ı) Securities	► (II) O ther	343,967		30,526	313,441
	7a	Gross amount from sales of assets other	53,990,485	(II) o chei				
	ь	than inventory Less cost or other basis and sales expenses	54,629,577					
	С.	Gain or (loss)	-639,092		620.002		2 200	644 202
	d 8a	Net gain or (los Gross income f	rom fundraising		-639,092		2,200	-641,292
Other Revenue		events (not inc \$213	luding ,030 s reported on line 1c)	117,936				
the the	b		penses b	182,039				
δ	c 9a		(loss) from fundraising from gaming activities lee 19	events 🛌	-64,103			-64,103
	ь	Less direct ex	a penses b					
	С 10а	Net income or of Gross sales of returns and allo		vities				
	ь	_	a oods sold b					
	С	Net income or i	(loss) from sales of inve	entory 🛌 Business Code				
	11a	BUSINESS CO		721000	1,399,226		920,565	478,661
	b	VENDING MAC	-	722210	34,750		, -	34,750
		COMMISSION					85.55	
	C	SCIENTIFIC R	-	541700	30,801 54,239		30,801 20,147	34,092
	d e	All other reven	ue s 11a-11d		54,239		20,147	34,092
	12		See Instructions .		1,519,016			
	l			· · · · •	207,835,211	197,188,639	982,995	1,499,817

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 53,169,157 53,169,157 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,609,519 1,384,265 833,435 391.819 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 74,237,944 63,663,590 10,122,777 451,577 Pension plan accruals and contributions (include section 401(k) 5,165,362 4,249,828 859,512 56,022 and 403(b) employer contributions) 10,814,384 8,897,589 1,804,073 Other employee benefits 112,722 10 6,455,991 1,081,902 5,311,699 62,390 11 Fees for services (non-employees) Management Legal 503,262 503,262 124,629 124,629 7,569 7,569 Lobbying Professional fundraising services See Part IV, line 17 74,789 74,789 Investment management fees 175,732 175,732 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 8,846,819 7,504,862 1,322,040 Schedule O) 19.917 Advertising and promotion . . 805,461 372,169 405,949 12 27,343 13 Office expenses . . . 3,712,508 2,127,543 1,487,687 97,278 4,388,508 3,286,691 1,078,188 14 Information technology . . 23,629 15 Royalties . 173,724 16 Occupancy 9,114,722 8,677,570 263,428 **17** 2,522,327 2,282,392 206,710 33,225 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1,004,593 891,037 113,556 20 Interest 2,198,157 593,630 1,604,527 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 9,330,848 9,030,382 300,466 23 984,737 184,674 800,005 58 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FOOD SERVICE 6,568,646 6,568,646 MISCELLANEOUS 2,452,194 2,080,153 293,365 78,676 DUES AND MEMBERSHIPS 435,041 435,041 d ALLOCATION AND BAD DEBT 375,790 375,790 249,101 249,101 e All other expenses Total functional expenses. Add lines 1 through 24e 25 206,327,790 180,275,877 24,448,744 1,603,169 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X		_	
		encek ii benedale b esikalis a response to any question in alis Fare X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	25,966	1	26,388
	2	Savings and temporary cash investments	20,282,054	2	18,783,902
	3	Pledges and grants receivable, net	17,657,292	3	8,913,979
	4	Accounts receivable, net	3,492,158	4	6,977,897
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	6	Loans and other 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
88	7	Notes and loans receivable, net	7,646,200		6,681,010
ď	8	Inventories for sale or use	7,040,200	8	0,001,010
	9	Prepaid expenses and deferred charges	2,505,464	9	2,134,924
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 236,920,578			2,104,024
	ь	Less accumulated depreciation	113,967,854	10c	122,814,817
	11	Investments—publicly traded securities	51,837,085	11	40,770,154
	12	Investments—other securities See Part IV, line 11	8,037,859	12	25,077,919
	13	Investments—program-related See Part IV, line 11	, ,	13	, ,
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,092,474	15	3,145,857
	16	Total assets. Add lines 1 through 15 (must equal line 34)	228,544,406	16	235,326,847
	17	Accounts payable and accrued expenses	21,836,631	17	19,825,930
	18	Grants payable	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18	,
	19	Deferred revenue	9,773,485		10,249,150
	20	Tax-exempt bond liabilities	54,986,046	20	54,532,397
	21	Escrow or custodial account liability Complete Part IV of Schedule D	57,851	21	66,293
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	61,661	21	
g e		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,878,717	23	1,736,715
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	16,487,703	25	17.186.651
	26	D	105,020,433	25	103,597,136
	26	Total liabilities. Add lines 17 through 25	100,020,433	26	103,397,130
ğ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	61,730,630	27	67,009,319
<u>ନ</u>	28	Temporarily restricted net assets	27,349,201	28	29,744,064
<u> </u>	29	Permanently restricted net assets	34,444,142	29	34,976,328
Ĭ	29		34,444,142	29	34,970,328
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ĄŠ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	123,523,973	33	131,729,711
	34	Total liabilities and net assets/fund balances	228,544,406	34	235,326,847 Form 990 (2012)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)			207 8	335,211
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2		206,3	327,790
		3		1,5	507,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		123,5	523,973
5	Net unrealized gains (losses) on investments	5		4 5	376,684
6	Donated services and use of facilities				770,004
7	Investment synance	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9		1,8	321,633
	column (B))	10		131,7	729,711
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes				
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: **Software Version:**

EIN: 21-0650678

Name: RIDER UNIVERSITY

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	,Tru	ıste	ees,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an	than	not one on is ran trust	box s bot d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
RALPH J ANDERSON TRUSTEE	1 00	×						0	0	0
ALBERTO BAPTISTE TRUSTEE	1 00	х						0	0	0
NANCY H BECKER TRUSTEE	1 00	х						0	0	0
F CHRISTOPHER CAROTHERS TRUSTEE	1 00	х						0	0	0
ROBERT CHRISTIE TRUSTEE	1 00	×						0	0	0
GREGORY A CHURCH TRUSTEE	1 00	х						0	0	0
MARK C DEMAREO TRUSTEE	1 00	х						0	0	0
E BRUCE DIDONATO TRUSTEE	1 00	×						0	0	0
BONNIE S DIMUN TRUSTEE	1 00	×						0	0	0
JAIMIE FLACK TRUSTEE	1 00	×						0	0	0
MOLLY O'NEIL FRANK TRUSTEE	1 00	х						0	0	0
HARRY GAMBLE TRUSTEE	1 00	х						0	0	0
ERNESTINE LAZENBY GAST TRUSTEE	1 00	×						0	0	0
MICHAEL J HENNESSY TRUSTEE	1 00	х						0	0	0
MICHAEL B KENNEDY VICE CHAIR/ADJUNCT LECTURER	18 00	х		х				20,260	0	269
THOMAS J LYNCH TRUSTEE	1 00	х						0	0	0
THOMAS MARINO TRUSTEE	1 00	х						0	0	0
TERRY K MCEWEN TRUSTEE	1 00	х						0	0	0
DONALD MONKS TRUSTEE	1 00	х						0	0	0
ELI MORDECHAI TRUSTEE	1 00	х						0	0	0
GERRY NAGY TRUSTEE	1 00	х						0	0	0
CHRISTOPHER NIKOLICH TRUSTEE	1 00	х						0	0	0
LEWIS PEPPERMAN TRUSTEE	1 00	х						0	0	0
GARY PRUDEN TRUSTEE	1 00	х						0	0	0
CARL REICHEL TRUSTEE	1 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C)
Position (do not check (D) (B) (A) (E) (F) Name and Title Average Reportable Reportable Estimated amount

Name and Title	Average hours per week (list		than	one on i ran	box s bo d a	,		Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MIKA RYAN SECRETARY	1 00	х		х				0	0	0
ASHOK B SHAH TRUSTEE	1 00	х						0	0	0
COLLEEN SHAPIRO TRUSTEE	1 00	х						0	0	0
GARY SHAPIRO CHAIR	1 00	х		х				0	0	0
ARTHUR J STAINMAN TRUSTEE	1 00	х						0	0	0
HOWARD B STOECKEL TRUSTEE	1 00	х						0	0	0
ALAN WEXLER TRUSTEE	1 00	х						0	0	0
MORDECHAI ROZANSKI PRESIDENT	50 00			х				545,436	0	192,849
JULIE A KARNS VP FINANCE & TREASURER	50 00			х				315,396	0	50,720
DONALD A STEVEN PROVOST/VP ACADEMIC AFFAIRS	50 00			х				259,741	0	33,889
JONATHAN MEER VP UNIVERSITY ADVANCEMENT	50 00			х				232,153	0	79,209
JAMES P O'HARA VP ENROLLMENT MANAGEMENT	50 00				х			241,967	0	27,351
PATRICIA MOSTO DEAN COLLEGE LIBERAL ARTS	37 50				х			184,018	0	23,209
ROBERT L ANNIS DEAN & DIRECTOR OF WCA	37 50				х			184,068	0	92,509
LARRY M NEWMAN DEAN COLLEGE OF BUSINESS ADM	37 50				х			214,583	0	30,662
ANTHONY CAMPBELL AVP STUDENT AFFAIRS/DEAN	37 50				х			163,976	0	47,119
SHARON J SHERMAN DEAN, SCHOOL OF EDUCATION	37 50				х			161,780	0	27,581
MICHAEL F RECA AVP FOR FACILITIES/AUXILIARY SERVICES	37 50				х			154,064	0	32,693
IRA B SPROTZER CHAIR, MARKETING/ADVERTISING	37 50					х		185,387	0	55,683
BORIS VILIC DEAN, COLLEGE OF CONTINUING STUDIES	37 50					х		175,089	0	34,953
MARGARET O'REILLY-ALLEN CHAIR, ACCOUNTING	37 50					х		170,117	0	31,371
JOHN R SULLIVAN PROFESSOR, ENGLISH DEPARMENT	37 50					х		169,388	0	35,370
ANNE L LAW	37 50					X		167.976	0	38.547

167,976

CHAIRPERSON, ENGLISH DEPARTMENT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041804

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

RIDER UNIVERSITY

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.

2012

Open to Public Inspection

Pai		Door	on for Pr	blic Charity St-	tue (All en	anni-nti-	ac must see	anlata this	21-0650		anc.
				Iblic Charity Sta te foundation becaus						mstructio	ons.
1				ion of churches, or a							
2	<u> </u>		•	d in section 170(b)(1				Section 170	(D)(I)(A)(I)	•	
3	-							ion 170/h\/	1)(4)(;;;)		
	<u>'</u>			perative hospital se						\(4\(A\(::	:)
4	1			h organization opera [:] ity, and state	tea in conjui	iction with	a nospital de	scribed in s	ection 170(p)(1)(A)(II	i). Enter the
5	Г	Anorg	anization op	erated for the benefi	t of a college	e or univers	sity owned or	operated by	/ a governme	ntal unit d	lescribed in
	•			(A)(iv). (Complete P			•	,			
6	Г	A fede	ral, state, or	local government o	governmen	tal unit des	cribed in sec	tion 170(b)	(1)(A)(v).		
7	,		•	at normally receives	_					from the o	general public
	•	_		on 170(b)(1)(A)(vi).		•		J		•	,
8	Г	A com	munity trust	: described in sect ioi	170(b)(1)(A)(vi) (Co	omplete Part	II)			
9	Г	An org	anızatıon th	at normally receives	(1) more th	nan 331/3%	of its suppoi	t from conti	ributions, me	mbership f	fees, and gross
				rities related to its e							
		ıts sup	port from gr	oss investment inco	me and unre	lated busir	ness taxable	ıncome (les	s section 51	1 tax) fron	n businesses
	_			ganızatıon after June							
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11	Г			ganized and operated							
			•	iy supported organiz ibes the type of supp				•		See sectio	on 509(a)(3). Check
			Type I	_						Non-functi	onally integrated
e	Γ	By che	cking this b	ox, I certify that the							
		othert	han foundat	ion managers and ot	her than one	or more pu	ublicly suppo	rted organiz	ations descr	ibed in sec	tion 509(a)(1) or
			n 509(a)(2)		- t t		DC that it is	. T T . T.			
f			rganization this box	received a written d	etermination	i from the I	KS that it is	a rype i, ry	pe II, or Typ	e III supp	orting organization,
g				2006, has the organ	zation acce	pted any gi	ft or contribu	tion from ar	y of the		,
			ng persons?								
				rectly or indirectly of	· ·		_	h persons d	escribed in (_	Yes No
				governing body of th		_	on?			_	11g(i)
				er of a person descr						—	11g(ii)
_				lled entity of a perso						[:	L1g(iii)
h		Provid	e the followi	ng information about	the support	ed organiza	ation(s)				
	\ Name	6	I (::) EIN	Ciii) Tuna af	(i) T.a.	+1	L (.) D. d		() T	- +	(vii) A mount of
-) Nam suppor		(ii) EIN	(iii) Type of organization	(iv) Is organızat		(v) Did yo	•	(vi) I organiza		monetary
	ganiza			(described on	col (i) lis		ın col (i)		col (i) o		support
	_			lines 1- 9 above	your gove	_	supp	ort?	ın the	USγ	
				or IRC section	docume	ent?					
				(see instructions))		T					
				,	Yes	No	Yes	No	Yes	No	
	·						1				
Total			Ì	I		1	1	1		1	1

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135041804

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► 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

Political Campaign and Lobbying Activities

- 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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** RIDER UNIVERSITY 21-0650678 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	.000				
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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)).

_		1	1)	(0)
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		3,068
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		6,499
i	O ther activities?	Yes		7,569
j	Total Add lines 1c through 1i			17,136
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5), o	r section

			. 03	.,
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	PART II-B, LINE 1(B) AND LINE 1(G) - PAID STAFF AND DIRECT CONTACT THE PRESIDENT MET WITH KEY LEGISLATORS AND POLICYMAKERS IN AN EFFORT TO ADVOCATE ON BEHALF OF THE STUDENTS AT RIDER UNIVERSITY WHO RECEIVE FINANCIAL SUPPORT FROM THE STATE AND FEDERAL GOVERNMENT PART II-B, LINE 1(H) - SPEECHES, LECTURES THE ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES IN NEW JERSEY (AICUNJ) IS COMMITTED TO THE ADVANCEMENT OF INDEPENDENT HIGHER EDUCATION IN NEW JERSEY I'S ERVES AS A LIAISON WITH THE STATE AND FEDERAL GOVERNMENT ON BEHALF OF THE INDEPENDENT SECTOF THE PRESIDENT OF RIDER UNIVERSITY ATTENDED AICUNJ MEETINGS, AS WELL AS OTHER INDUSTRY ASSOCIATION MEETINGS, THROUGHOUT FISCAL YEAR 2013 AND SUPPORTED ITS EFFORTS TO ADVOCATE ON BEHALF OF RIDER AND THE INDEPENDENT SECTOR PART II-B, LINE 1(I) - OTHER LOBBYING ACTIVITIES THE UNIVERSITY PAYS ANNUAL ASSOCIATION DUES TO THE ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES IN NEW JERSEY (AICUNJ), TO THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES (NAICU), AND TO THE INDEPENDENT COLLEGE SERVICES, THESE ASSOCIATIONS LOBBY ON BEHALF OF SECTOR NEEDS

DLN: 93493135041804

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization DER UNIVERSITY		Employer identification number				
KIL	EK OMIVEKOTI I		21-	0650678			
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99	90, Part IV, line 6.	unds	·			
-		(a) Donor advised funds		(b) Funds and other accounts			
L	Total number at end of year		+				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
	Aggregate value at end of year		<u> </u>				
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or adv	Yes No			
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?						
Pa	rt III Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forr	n 990, Part IV, line 7.			
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	on or education) Preservation of an Preservation of a c	ertifie	d historic structure			
	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a a quanned conservation contribution in t	ne forr				
	Total number of conservation easements	•		Held at the End of the Year			
a			2a				
b	Total acreage restricted by conservation easements	•	2b				
d	Number of conservation easements on a certified his Number of conservation easements included in (c) a historic structure listed in the National Register	· · ·	2c 2d				
	Number of conservation easements modified, transfe	، erred, released, extinguished, or terminate	d by th	ne organization during			
	the tax year ►	, , , , , , , , , , , , , , , , , , , ,	,	S S			
	·						
	Number of states where property subject to conserve						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds	?		☐ Yes ☐ No			
5	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation easen	nents (during the year			
,	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s durın	g the year			
3	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı)			
1	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial					
ar	t IIII Organizations Maintaining Collection Complete if the organization answered		or Ot	her Similar Assets.			
.a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	sets held for public exhibition, education,	or rese	earch in furtherance of public			
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	5 116 (ASC 958), to report in its revenue sets held for public exhibition, education,	staten	nent and balance sheet			
	(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, hist following amounts required to be reported under SFA		or finan				
а	Revenues included in Form 990, Part VIII, line 1			► \$			
b	Assets included in Form 990, Part X			- \$			

Par	Organizations Maintaining Co	illections of Ar	t, His	torical i	<u>reasu</u>	ires, or O	tne	r Similar As	sets (c	<u>continued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	neck any of	the foll	owing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	┌ Loan	orexc	hange progra	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	aın hov	w they furth	er the o	organızatıon'	's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donation	s of ar	t, historical	Itreası	ures or other	sım		_	_
	assets to be sold to raise funds rather than		-						┌ Yes	┌ No
Pa	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	1 "Y	es" to Form S	990, 	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interm	ediary	for contrib	utions	or other ass	ets i		┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving table		_				
							_	Ar	nount	
с	Beginning balance					-	1c			
d	Additions during the year						1d			
е	Distributions during the year					<u> </u>	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21?						✓ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been p	rovided in P	art >	(III		I
Pa	rt V Endowment Funds. Complete									
	Danish and the land	(a)Current year 51,495,786	(b)	Prior year		-	(d) ⁻	Three years back 46,094,754	(e)Four	years back
1a	Beginning of year balance	1,609,468		54,217,784		48,854,412				58,413,122
b	Contributions	1,609,468		393,521		991,104		814,027		1,240,540
С	Net investment earnings, gains, and losses	5,130,460		-1,173,168		7,435,943		3,745,295	-	11,078,488
d	Grants or scholarships	1,154,732		1,251,792		1,199,947		1,036,603		1,645,629
e	Other expenditures for facilities and programs	725,174		690,559		1,863,728		763,061		834,791
f	Administrative expenses									
g	End of year balance	56,355,808		51,495,786		54,217,784		48,854,412		46,094,754
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	ie 1g, colum	nn (a))	held as				
а	Board designated or quasi-endowment 🕨	22 980 %								
b	Permanent endowment F 77 020 %									
c	Temporarily restricted endowment ►	0 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	zation	that are hel	d and a	admınıstered	lfor	the		
	organization by								Yes	_
	(i) unrelated organizations						•	3a		No
	(ii) related organizations						•	3a(No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second of the seco						•	3	b	
	t VI Land, Buildings, and Equipme				10					
1 4	Description of property	Ditti See Form 5.	<i>50,</i> 1 c	(a) Cost or	other	(b)Cost or oth		(c) Accumulated	(d) B	ook value
				basis (invest	tment)	basıs (other)	depreciation		
					-		250			
	Land			3.3	25,000 L	253	3591			3,578.359
	Land			3,3	25,000	253, 164.351.		76.090.06	7	3,578,359 88.261.483
b	Buildings		•	3,33	25,000	253, 164,351,		76,090,06	7	3,578,359 88,261,483
b c	Buildings			3,3:	25,000	164,351,	550			88,261,483
b c d	Buildings			3,3	25,000		.550 443	76,090,06 11,910,30 26,105,39)	

(a) Description of security or category (including name of security)		
COOL COMMING DATES OF CONTROLS	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of enu-of-year market value
(2)Closely-held equity interests		
(3)Other	2 275 036	F
(A) ALTERNATIVES PRIVATE EQUITY	2,275,036	
(B) ALTERNATIVES DOMESTIC EQUITY	2,146,452	F
(C) ALTERNATIVES INTERNATIONAL EQUITY	7,090,408	F
(D) ALTERNATIVES FIXED INCOME	2,217,690	F
(E) ALTERNATIVES DISTRESSED DEBT	1,214,713	F
(F) ALTERNATIVES HEDGE FUNDS	7,718,758	F
(G) OTHER ALTERNATIVE	2,414,862	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. (a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X	(, line 15.	
(a) Des	scription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lin		
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa		
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	•
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	, , .
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	
Part X Other Liabilities. See Form 990, Pa	art X, line 25.	

Par	XI Reconciliation of Revenue per Audited Financial Sta	teme	nts With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements			1	161,188,639
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	4,876,684		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,821,633		
e	Add lines 2a through 2d	·		2e	6,698,317
3	Subtract line 2e from line 1			3	154,490,322
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 .	4a	175,732		
b	Other (Describe in Part XIII)	4b	53,169,157		
c	Add lines 4a and 4b	·		4 c	53,344,889
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)		5	207,835,211
Part	XII Reconciliation of Expenses per Audited Financial Sta	atem	ents With Expenses	per	Return
1	Total expenses and losses per audited financial statements	•		1	152,982,901
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	152,982,901
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175,732		
b	Other (Describe in Part XIII)	4b	53,169,157		
c	Add lines 4a and 4b			4c	53,344,889
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	ne 18)		5	206.327.790

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE UNIVERSITY IS A CUSTODIAN OF SEVERAL AGENCY ACCOUNTS TOTALING \$66,293 THE AGENCY ACCOUNTS PRIMARILY RELATE TO STUDENT ORGANIZATIONS FOR WHICH THE UNIVERSITY HOLDS THE FUNDS FOR EACH ORGANIZATION UNTIL SUCH TIME AS A CHECK REQUEST IS SUBMITTED BY THE ORGANIZATION FOR REIMBURSEMENT THIS AMOUNT IS RECORDED AS A LIABILITY ON THE UNIVERSITY'S BALANCE SHEET
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT SPENDING POLICY SUPPORTS SCHOLARSHIPS, GRANTS, FACILITIES, AND PROGRAMS, IN ACCORDANCE WITH THE UNIVERSITY'S MISSION AND DONOR'S RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE UNIVERSITY IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND THEREFORE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE ACCORDINGLY, THE UNIVERSITY 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 2013 AND 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF PENSION 1,721,901 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 99,732
PART XI, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP ALLOWANCE - TUITION AND FEES 52,838,649 SCHOLARSHIP ALLOWANCE - AUXILIARIES 330,508
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP ALLOWANCE - TUITION AND FEES 52,838,649 SCHOLARSHIP ALLOWANCE - AUXILIARIES 330,508

Additional Data

Software ID: Software Version:

EIN: 21-0650678

Name: RIDER UNIVERSITY

Form 990, Schedule D, Part X, - Other Liabilities 1 (a) Description of Liability (b) Book Value

	(-)
US GOVERNMENT GRANTS REFUNDABLE	4,985,022
ASSET RETIREMENT OBLIGATION	4,132,153
EMPLOYEE AND RETIREE MEDICAL SELF-INSURED LIABILITY	3,063,764
STUDENT DEPOSITS AND CREDIT BALANCES	2,407,338
ANNUITIES PAYABLE	1,265,508
BUSINESS CONFERENCE DEPOSITS	578,163
UNCLAIMED CHECKS	56,190
NJ SALES TAX PAYABLE	6,670
CAPITAL LEASE	680,972
OTHER LIABILITIES	10,871

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041804

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

2012

Open to Public Inspection

Name of the organization RIDER UNIVERSITY

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	21-0650678			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
		- - -		
4	Does the organization maintain the following?	1	Vas	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
C	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II	-		
5	Does the organization discriminate by race in any way with respect to	1		
а	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		-		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
ь	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	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	7	Yes	

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation				
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 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)				
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE UNIVERSITY RECEIVED THE FOLLOWING FEDERAL AND STATE OF NEW JERSEY STUDENT FINANCIAL ASSISTANCE FEDERAL FEDERAL DIRECT STUDENT LOAN PROGRAM \$37,894,235 FEDERAL PELL GRANT PROGRAM \$5,025,791 FEDERAL PERKINS LOAN PROGRAM \$577,875 FEDERAL WORK-STUDY \$560,130 FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM \$417,282 FEDERAL STUDENT SUPPORT SERVICES \$40,505 TOTAL FEDERAL STUDENT FINANCIAL ASSISTANCE \$44,515,818 STATE OF NEW JERSEY NJ - COLLEGE LOANS TO ASSIST STATE STUDENTS \$3,831,983 NJ - TUITION AID GRANT \$7,162,623 NJ - DISTINGUISHED SCHOLARS \$11,625 NJ - GOVERNOR'S URBAN SCHOLARS \$3,000 NJ - STARS II \$13,750 NJ - EDUCATIONAL OPPORTUNITY FUND \$631,035 TOTAL STATE OF NEW JERSEY STUDENT FINANCIAL ASSISTANCE \$56,169,834				

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041804

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

21-0650670

SCHEDULE F (Form 990)

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

Department of the Treasury Internal Revenue Service

Part I

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Name of the organization RIDER UNIVERSITY

the United States.

	21 0000
General Information on Activities Outside the United States. Complete	e if the organization answered
"Yes" to Form 990, Part IV, line 14b.	

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	CENTRAL AMERICA AND THE CARIBBEAN -	0	0	INVESTMENTS		7,719,000
b	Sub-total Total from continuation sheets to Part I	0	<u>0</u> 0			7,719,000
	Totals (add lines 3a and 3b)	0	0			7,719,000

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter											
3	Enter total number of other organizations or entities										

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	▽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	굣	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	▽	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	✓	No

Schedule F (Form 990) 2012

Part V	Supplemental	Information

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

as applicable. Also col	Tiplete this part to provide any aut	aldonal information (see instructions).
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 INVESTMENTS ARE REVIEWED BY THE INVESTMENT COMMITTEE OF THE BOARD OF TRUSTEES, AS WELL AS BY RIDER'S INVESTMENT MANAGER
		Schedule F (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041804

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding**

Fundraising or Gaming Activities

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 6a. Form 990-EZ filers are not required to complete this part.

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

Inspection

Department of the Treasury

Internal Revenue Service

RIDER UNIVERSITY	
	21-0650678

	ime of the organization DER UNIVERSITY							Employer identification number			
טו	LK ONIVERSITI							21-0650678			
Pa	rt I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on	answered "Yes" t	o Form	990, Part IV,	line 17.		
L	Indicate whether the organ	ızatıon raısed funds t	hrough ar	ny of the f	follo	wing activities Che	ck all th	nat apply			
а	Mail solicitations			e	1	Solicitation of non-	-govern	ment grants			
b	✓ Internet and email solid	<u> </u>									
c	Phone solicitations			g	굣	Special fundraising	events	5			
d	✓ In-person solicitations										
2a b	Did the organization have a or key employees listed in If "Yes," list the ten highest to be compensated at least	Form 990, Part VII) t paid individuals or e	or entity i entities (fi	in connec	tion	with professional fu	ındraısı	ng services?		– No	
ı	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(i	v) Gross receipts from activity	(orı	mount paid to retained by) aiser listed in col (i)	(vi) A mount pa (or retained b organization	y)	
			Yes	No							
	WILSON-BENNETT TECHNOLOGY INC 140 PROFESSIONAL DRIVE SUITE 2 CABOT, AR 720238675	CONSULTS ON PHONATHON PROGRAM		No		195,603		74,789	120	0,814	
	<u> </u>										

WILSON-BENNETT TECHNOLOGY INC 140 PROFESSIONAL DRIVE SUITE 2 CABOT, AR 720238675	PHONATHON PROGRAM	Νο	195,603	74,789	120,814
CABOT, AR 720230073					
 tal		 <u>,</u>	195,603	74,789	120,814

3	List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or
	licensina

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

		G (Form 990 or 990-EZ) 2012				Page 2			
Pai	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi						
			(a) Event #1 RACQUET AND TENNIS (event type)	(b) Event #2 READING & CAROL (event type)	(c) 0 ther events 9 (total number)	(d) Total events (add col (a) through col (c))			
₽	1	Gross receipts	79,270	51,340	200,356	330,966			
Revenue	2	Less Contributions	63,030	27,560	122,440	213,030			
<u>~</u>	3	Gross income (line 1 minus line 2)	16,240						
	4	Cash prizes							
မာ	5	Noncash prizes			11,964	11,964			
Expenses	6	Rent/facility costs			16,881	16,881			
ă	7	Food and beverages .	25,624	23,166	55,431	104,221			
Direct	8	Entertainment		17,685	500	18,185			
莅	9	Other direct expenses .	5,017	4,896	20,875	30,788			
Par	10 11 t III		ne 3, column (d), and line	10	rt IV, line 19, or repo	(182,039) -64,103 rted more than			
Revenue	1	\$15,000 on Form 990-EZ, lir	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))			
		Cash prizes							
Expenses	3	Non-cash prizes							
Direct E	4	Rent/facility costs							
<u>ā</u>	5	Other direct expenses							
	6	Volunteer labor	│ Yes	│ Yes │ No	│ Yes No				
	7	Direct expense summary Add lines	s 2 through 5 ın column (d	d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🕨				
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?								
10a b		re any of the organization's gaming l	icenses revoked, suspen	ded or terminated during					

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493135041804

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury ► Attach to Form 990 Internal Revenue Service

varne or the organization						Employer Identification	on number
RIDER UNIVERSITY						21-0650678	
Part I General Informati	on on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	iward the grants or as zation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			√ Yes
				United States. Con rt II can be duplicated			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
Enter total number of section 5Enter total number of other org						. _	
For Paperwork Reduction Act Notice, se	e the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2012

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.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FEDERAL PERKINS LOAN PROGRAM	857	577,875			
(2) FEDERAL WORK-STUDY	618	560,130			
(3) FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT	841	417,282			
(4) FEDERAL STUDENT SUPPORT SERVICES	32	40,505			
(5) N J - EDUCATIONAL OPPORTUNITY FUND	195	631,035			
(6) RIDER UNIVERSITY ATHLETIC, MERIT AND NEED-BASED FINANCIAL AID AND RESTRICTED AID	3999	50,942,330			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

complete this part to provid	e the imprination required in rait 1,1	me 2,1 are 111, column (b), and any other dualional morniación
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE UNIVERSITY HAS ESTABLISHED POLICIES, PROCEDURES AND CONTROLS OVER THE AWARDING, DISBURSING AND MONITORING OF STUDENT FINANCIAL AID OR ASSISTANCE TO INDIVIDUAL STUDENTS IN COMPLIANCE WITH FEDERAL AND STATE OF NEW JERSEY REGULATIONS AND REQUIREMENTS IN ADDITION, THE UNIVERSITY HAS AN ANNUAL EXTERNAL AUDIT PERFORMED IN ACCORDANCE WITH US OFFICE OF MANAGEMENT AND BUDGET CIRCULAR A-133 AND NEW JERSEY OFFICE OF MANAGEMENT AND BUDGET CIRCULAR 04-04

Schedule I (Form 990) 2012

DLN: 93493135041804

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization RIDER UNIVERSITY

Employer identification number

21-0650678

Pa	rt I Questions Regarding Compensati	ion				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors			_		
	unectors, trustees, and the CLO/Executive Direc	tor, regard	and the items thetred in line 1a.	2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish compe	that appl				
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	must comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7	Yes	
8	Were any amounts reported in Form 990, Part VII	, paid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described		itions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 1A, PART II, COLUMN (D) THE NONTAXABLE BENEFITS AMOUNT OF \$65,241 OF PRESIDENT MORDECHAI ROZANSKI INCLUDES THE MARKET VALUE OF THE UNIVERSITY RESIDENCE PROVIDED TO THE PRESIDENT THE MARKET VALUE OF THE UNIVERSITY RESIDENCE PROVIDED TO THE PRESIDENT THE MARKET VALUE OF THE UNIVERSITY IS REQUIRED TO ACCEPT LODGING AND LIVE ADJACENT TO THE LAWRENCEVILLE CAMPUS AS A CONDITION OF HIS EMPLOYMENT PART I, LINE 1A, PART II, COLUMN (D) RIDER UNIVERSITY HAS PAID \$1,105 IN SOCIAL CLUB MEMBERSHIP DUES FOR UNIVERSITY BUSINESS PURPOSES ON BEHALF OF PRESIDENT MORDECHAI ROZANSKI PART I, LINE 4B PRESIDENT MORDECHAI ROZANSKI PART I, LINE 4B, PART II, COLUMN (D) THE NONTAXABLE BENEFITS AMOUNT OF \$77,584 OF ROBERT L ANNIS INCLUDES THE MARKET VALUE OF THE UNIVERSITY RESIDENCE PROVIDED TO THE DEAN & DIRECTOR OF THE WESTMINSTER COLLEGE OF THE ARTS THE MARKET VALUE OF THE UNIVERSITY RESIDENCE IS APPROXIMATELY 62% OF NONTAXABLE BENEFITS THE DEAN & DIRECTOR OF THE WESTMINSTER COLLEGE OF THE ARTS OF THE UNIVERSITY SEQUIRED TO ACCEPT LODGING AND LIVE ADJACENT TO THE PRINCETON CAMPUS AS A CONDITION OF HIS EMPLOYMENT PART I, LINE 1A, PART II, COLUMN (D) RIDER UNIVERSITY HAS PAID \$1,125 IN SOCIAL CLUB MEMBERSHIP DUES FOR UNIVERSITY BUSINESS PURPOSES ON BEHALF OF ROBERT L ANNIS PART II, COLUMN (D) APPROXIMATELY 34% OF ROBERT L ANNIS NONTAXABLE BENEFITS AMOUNT OF \$45,539 OF ANTHONY CAMPBELL INCLUDES THE MARKET VALUE OF THE UNIVERSITY RESIDENCE PROVIDED TO THE ASSOCIATE VP STUDENTS OF THE UNIVERSITY RESIDENCE SAPROXIMATELY 93% OF NONTAXABLE BENEFITS AMOUNT OF \$45,539 OF ANTHONY CAMPBELL INCLUDES THE MARKET VALUE OF THE UNIVERSITY RESIDENCE SON BEHALF OF JONATHAN MEET PART II, COLUMN (D) APPROXIMATELY 93% OF MONTAXABLE BENEFITS AMOUNT OF \$45,539 REPRESENTS TUITION REMI

Software ID: Software Version:

EIN: 21-0650678

Name: RIDER UNIVERSITY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part	<u>. II -</u>	Officers, Direct	tors, Trustees, Ke	<u>y Employees, and</u>	nd Highest Compensated Employees							
(A) Name	<u> </u>	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form				
		(i) Base ompensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensación	bellenes	(5)(1) (5)	990 or Form 990-EZ				
	(ı) (ıı)	425,943 0	85,750 0	33,743 0	127,608 0	65,241 0	738,285	0				
	(I) (II)	267,574 0	39,914 0	7,908 0	22,124	28,596 0	366,116 0	0				
	(ı) (ıı)	234,413 0	14,288 0	11,040	19,800 0	14,089 0	293,630	0				
	(ı) (ıı)	212,209 0	13,013	6,931 0	18,032 0	61,177 0	311,362	0				
	(I) (II)	218,367 0	21,800	1,800	18,126 0	9,225	269,318 0	0				
	(ı) (ıı)	184,018 0	0	0	14,281	8,928 0	207,227	0				
	(ı) (ıı)	183,368 0	0	700 0	14,925 0	77,584 0	276,577	0				
	(ı) (ıı)	173,584 0	10,000	30,999 0	17,373 0	13,289 0	245,245	0				
	(ı) (ıı)	163,976 0	0	0	12,580	34,539 0	211,095	0				
	(I) (II)	161,780 0	0	0	13,151 0	14,430 0	189,361	0				
	(ı) (ıı)	153,364 0	0	700 0		20,509 0	186,757	0				
	(ı) (ıı)	185,387 0	0	0	9,785 0	45,898 0	241,070	0				
	(ı) (ıı)	175,089 0	0	0	14,770 0	20,183	210,042	0				
	(ı) (ıı)	170,117 0	0	0	11,899 0	19,472 0	201,488	0				
	(I) (II)	169,388 0	0	0	10,671 0	24,699 0	204,758	0				
	(I) (II)	167,976 0	0	0	9,955 0	28,592 0	206,523	0				

DLN: 93493135041804

Open to Public

Inspection

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

► Attach to Form 990.

► See separate instructions.

Name of the organization RIDER UNIVERSITY

Department of the Treasury

Internal Revenue Service

Employer identification number

RIC	DER UNIVERSITY									21-	-06506	78			
Р	art I Bond Issues	<u> </u>		<u> </u>			$\overline{}$								
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Descriptio	on of purpose	(g) De	efeased	beha	On alf of suer		Pool incing
		J	1	!						Yes	No	Yes	No	Yes	No
A	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	6460652M3	04-04-2012	55,20	03,833	UNI	IVERSITY'S F D REFUNDIN			х		x		x
В	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	64605LZ84	10-26-2006	12,03		6 REFUND PRIOR POOLED FINANCING OF THE ISSUER			Х		х	х		
с _	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	64605LWX2	08-10-2005	16,42	20,869		FUND PRIOR ANCING OF	POOLED THE ISSUER		Х		х	х	
D	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	64605LNM6	04-14-2004	11,65	55,043	RENOVATIONS AND FIRE SUPRESSION SYSTEM INSTALLATION		х			х	х		
Pa	art III Proceeds														
١.	A mount of bonds retired					A = -		В	<u>;</u>		С	\longrightarrow		D	
1							,000					\longrightarrow			70,000
2					+	165,	•		1 102 106		1.64				165,449
3 4					+	55,302,	,941	<u> </u>	1,482,186		1,040	8,393			540,868
<u> </u>					+		\longrightarrow	 				\rightarrow			
6	Proceeds in refunding escrows					13,296,804 1,233,665			380	0,308					
 					+	570,340				7,300					
/ 8	Credit enhancement from proc						,370	+				$\overline{}$			
9							\rightarrow	+				$\overline{}$			
10		·				2,869,	.552	,				\rightarrow			540,868
11					 	31,401,		+	248,521		1,26	8,085			
12	O ther unspent proceeds					7,164,						†			
13	Year of substantial completion	n	-		20:			200	04	2/	005			2005	,
					Yes	No	,	Yes	No	Yes	N	lo	Yes	,	No
14	Were the bonds issued as part	t of a current refundir	ng issue?		Х				Х		×	<u> </u>			Х
15	Were the bonds issued as part	Were the bonds issued as part of an advance refunding issue?						Х		Х					Х
16	Has the final allocation of proc	Has the final allocation of proceeds been made?						Х		Х			Х		
17	allocation of proceeds?	·	nd records to supp	ort the final	х			х		Х			Х		
Pa	rt IIII Private Business U	Jse										—			
		/	Α		P	3		С			D				

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Yes

Χ

No

Χ

Yes

No

Χ

Χ

Yes

Χ

Yes

No

Χ

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Χ Χ Х property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% 1% % 1% 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 result of unrelated trade or business activity carried on by your organization, another section 0% 0 00000% 0 00000% 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0% 1% % 1% Does the bond issue meet the private security or payment test? 7 Χ Χ Χ Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? b Х Χ Χ Х No rebate due? Х c Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

Part IV Arbitrage (Continued)

		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×		×		×
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x	х		Х			х
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		х		Х		Х	

Part V Procedures To Undertake Corrective Action

Yes No Ye

Α

В

С

Part VI Supplemental In	formation. Complete this part to	provide additional information for responses to questions on Schedule K (see instructions).
Identifier	Return Reference	Explanation
	ENTITY 1, COLUMN A, PART I, (F)	BONDS REFUNDED BY SERIES 2012A SERIES 2007C (ISSUED 6/21/07), SERIES 2004A (ISSUED 6/17/04) ENTITY 1, COLUMN B, PART I, (F) BONDS REFUNDED BY HECIF 2006 ISSUER'S HECIF 2000A (ISSUED 3/14/00), HECIF 2000B (ISSUED 3/14/00), HECIF 2002A (11/21/02), HECIF 2004A (ISSUED 4/14/04) ENTITY 1, COLUMN C, PART I, (F) BONDS REFUNDED BY HECIF 2005 HECIF 2002A (ISSUED 11/21/02) ENTITY 1, COLUMNS B, C, D, AMOUNTS IN PART II(3) AND (10) REFLECT ONLY THE AMOUNT RECEIVED BY RIDER UNIVERSITY WITH RESPECT TO ITS PORTION OF THE POOLED BONDS ENTITY 1, COLUMN D, PART II, LINE 1 AMOUNT SHOWN REPRESENTS THE BONDS RETIRED THAT ARE ALLOCABLE TO THE BORROWER'S PORTION OF THE DEBT SERVICE RESPONSIBILITY ENTITY 1, COLUMN D, PART II, LINE 2 AMOUNT SHOWN REPRESENTS THE BONDS DEFEASED THAT ARE ALLOCABLE TO THE BORROWER'S PORTION OF THE TOTAL POOLED ISSUE ENTITY 1, COLUMN A, PART II, LINE 3 AMOUNT LISTED DIFFERS FROM THE ISSUE PRICE LISTED IN PART I(E) DUE TO INVESTMENT EARNINGS ACCRUED ENTITY 1, COLUMN D, PART II, LINE 3 AMOUNT LISTED DIFFERS FROM THE ISSUE PRICE LISTED IN PART I(E) DUE TO INVESTMENT EARNINGS ACCRUED
	ENTITY 1, COLUMN B, PART III, LINE 4	THE AMOUNT LISTED ONLY INCLUDES THE PRIVATE USE PERCENTAGE APPLICABLE TO THE ORGANIZATION'S PORTION OF THE HECIF 2004A BONDS ALL OTHER BONDS REFUNDED BY THE HECIF 2006 ISSUE WERE ISSUED PRIOR TO JANUARY 1, 2003 AND HAVE THEREFORE BEEN EXCLUDED FROM PART III OF THIS SCHEDULE
	ENTITY 1, COLUMN A, PART III, LINE 7	AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE
	ENTITY 1, COLUMN B & D, PART III, LINE 7	ALTHOUGH THE PRIVATE USE PERCENTAGE WITH RESPECT TO BORROWER'S PORTION OF THE BONDS EXCEEDS 5%, THE BORROWER'S PORTION OF THE BONDS REPRESENTS LESS THAN 1% OF THE BONDS ACCORDINGLY, ANY PRIVATE PAYMENTS WITH RESPECT TO THE BORROWER'S PORTION OF THE BONDS WOULD NOT EXCEED 1% OF THE BONDS
	ENTITY 1, COLUMN B, PART IV, LINE 2(C)	THE REBATE COMPUTATION WAS PERFORMED AS OF JUNE 30, 2013
	ENTITY 1, COLUMN C, PART IV, LINE 2(C)	THE REBATE COMPUTATION WAS PERFORMED AS OF JUNE 30, 2013
	ENTITY 1, COLUMN D, PART IV, LINE 2(C)	THE REBATE COMPUTATION WAS PERFORMED AS OF JUNE 30, 2013
	ENTITY 2, PARTS II (3) AND (10)	AMOUNTS IN PART II(3) AND (10) REFLECT ONLY THE AMOUNT RECEIVED BY RIDER UNIVERSITY WITH RESPECT TO ITS PORTION OF THE POOLED BONDS
	ENTITY 2, PARTS III, LINE 7	AS PROVIDED IN TREASURY REGULATION SECTION 1 141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE
	ENTITY 2, PARTS IV, LINE 2(C)	THE REBATE COMPUTATION WAS PERFORMED AS OF JUNE 30, 2013 ALL BOND PROCEEDS WERE SPENT AS OF THE COMPUTATION DATE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

DLN: 93493135041804 OMB No 1545-0047

Open to Public **Inspection**

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization

(Form 990)

Employer identification number

	e of the organization											Employer identification number						
RID	ER UNIVERSITY									21-	-06506	78						
Pa	Tt I Bond Issues			,														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	f) Descriptio	n of purpose	(g) De	feased	beh	On alf of suer		Pool ncing			
					Yes			Yes	No	Yes	No	Yes	No					
A	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	64605NBU7	10-09-2003	5,52			RE SUPPRESSION SYSTEM ISTALLATION			x		x	х				
Pa	TEIII Proceeds				<u> </u>			•										
						4		В				D						
1	A mount of bonds retired																	
	Amount of bonds legally defeas	sed ————————————————————————————————————																
3	Total proceeds of issue					1,525,	,353											
4	Gross proceeds in reserve fund																	
5	Capitalized interest from proce																	
6	Proceeds in refunding escrows																	
7	Issuance costs from proceeds																	
8	Credit enhancement from proce	eeds																
9	Working capital expenditures fr	rom proceeds																
10	Capital expenditures from proc	eeds			1,525,353													
11	Other spent proceeds																	
12	Other unspent proceeds																	
13	Year of substantial completion				20	04												
					Yes	No)	Yes	No	Yes	N	0	Yes	\perp	No			
14	Were the bonds issued as part	of a current refundi	ng issue?			Х												
15	Were the bonds issued as part	of an advance refun	nding issue?			Х												
16	Has the final allocation of proce	eeds been made?			Х													
17	Does the organization maintain allocation of proceeds?	rt the final	Х															
Par	t IIII Private Business Us	se																
						\		В			C			D				
	Was the organization a particip	in a partparahin ar	a mombor of an III	a which owned	Yes	No	·	Yes	No	Yes	N	0	Yes	+	No			
1	Was the organization a partner	., which owned		Х					1			- 1						

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

property financed by tax-exempt bonds?

financed property?

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)		•							
				Α		В		<u>C</u>		D
За	Are there any management or service contracts that may result in private of bond-financed property?	business use	Yes	No X	Yes	No	Yes	No	Yes	No
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			0 00000%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0%		%		9/0		%
6	Total of lines 4 and 5			0%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unconcept Regulations sections 1 141-12 and 1 145-2?		х							
Par	t IV Arbitrage									
	Arbitage	Α			В		С		D	
		Yes	No	Yes	No	Yes	Yes No		Yes No	
1	Has the issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?			•	•	•	•	•		
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	Х								
	If you checked "No rebate due" in line $2c$, provide in Part VI the date the rebate computation was performed			•	•		•			
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									
		•		•	•					

Part IV Arbitrage (Continued)

			A		В		C		l D	
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a contract (GIC)?	guaranteed investment		Х						
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for or value of the GIC satisfied?	establishing the fair market								
6	Were any gross proceeds invested period?	beyond an available temporary		х						
7	Has the organization established w the requirements of section 148?	ritten procedures to monitor	х							
Pa	rt V Procedures To Underta	ake Corrective Action								
			А		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established w that violations of federal tax require and corrected through the voluntar self-remediation is not available ur	ements are timely identified y closing agreement program if	Х							
Pa	art VI Supplemental Infor	mation. Complete this part to pi	rovide additior	<u>ıal ınformatı</u>	<u>on for respor</u>	ises to ques	tions on Sche	edule K (see	instructions)	
	Identifier	Return Reference				Explana	ation			

Schedule K (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493135041804

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization RIDER UNIVERSITY

Employer identification number

	T				21-0650678			
Pā	It I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	((Method of c noncash contri	determi		ts
				1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	37	551,227	MEAN PRICE-GIF	LDATE		
	Securities—Closely held stock .							
.1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
	Qualified conservation							
-	contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
5	O ther ► ()							
26	O ther ►()							
7	O ther ►()							
	O ther ► ()							
9	Number of Forms 8283 received for which the organization comple		-		29			
	Duman the week 1999				1 20 +		Yes	No
sua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangem	ent in Part 1	II					
1	Does the organization have a gif	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	noncash			
	contributions?					32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (a) is checked,			

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	, , , , , , , , , , , , , , , , , , , ,	RIDER UNIVERSITY IS REPORTING THE NUMBER OF CONTRIBUTORS WHO MADE STOCK DONATIONS DURING THE FISCAL YEAR

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041804

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization RIDER UNIVERSITY	Employer identifi	cation number
	21-0650678	

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	990, PART III, LINE 1 - CONTINUED	RIDER'S VISION RIDER UNIVERSITY WILL BE A LEADER IN AMERICAN HIGHER EDUCATION CELEBRATED FOR EDUCATING TALENTED STUDENTS FOR CITIZENSHIP, LIFE AND CAREER SUCCESS IN A DIVERSE AND INTERDET-BIODENT WORLD RIDER WILL ACHIEVE DISTINCTIVENESS BY FOCUSING ON STUDENTS FIRST, BY CULTIVATING LEADERSHIP SKILLS, BY AFFIRMING TEACHING AND LEARNING THAT BRIDGES THE THEORETICAL AND THE PRACTICAL AND BY FOSTERING A CULTURE OF ACADEMIC EXCELLENCE. RIDER'S MISSION RIDER ATTRACTS AND GRADUATES TALENTED AND MOTIVATED STUDENTS WITH DIVERSE BACKGROUNDS FROM ACROSS THE NATION AND AROUND THE WORLD AND PUTS THEM AT THE CENTER OF OUR LEARNING AND LIVING COMMUNITY AS A LEARNER-CENTERED UNIVERSITY DEDICATED TO THE EDUCATION OF THE WHOLE STUDENT; RIDER PROVIDES STUDENTS THE INTELLECTUAL RESOURCES AND BREADTH OF STUDENT LIFE OPPORTUNITIES OF A COMPREHENSIVE UNIVERSITY WITH THE PERSONAL ATTENTION AND CLOSE STUDENT-FACULTY INTERACTIONS OF A LIBERAL ARTS COLLEGE THROUGH A COMMITMENT TO HIGH QUALITY TEACHING, SCHOLARSHIP AND EXPERIENTIAL OPPORTUNITIES, FACULTY ON BOTH CAMPUSES PROVIDE UNDERGRADUATE AND GRADUATE STUDENTS RIGOROUS AND RELEVANT PROGRAMS OF STUDY TO EXPAND THEIR INTELLECTUAL, CULTURAL AND PERSONAL HORIZONS AND DEVELOP THEIR LEADERSHIP SKILLS OUR HIGHLY REGARDED PROGRAMS IN THE ARTS, SOCIAL SCIENCES, SCIENCES, MUSIC, BUSINESS AND EDUCATION CHALLENGE STUDENTS TO BECOME ACTIVE LEARNERS WHO CAN ACQUIRE, INTERPRET, COMMUNICATE AND APPLY KNOWLEDGE WITHIN AND ACROSS DISCHULISE TO FOSTER THE INTEGRATIVE THINKING REQUIRED IN A COMPLEX AND RAPIDLY CHANGING WORLD RIDER ATTRACTS HIGHLY QUALIFIED FACULTY, STAFF AND ADMINISTRATORS WITH DIVERSE BACKGROUNDS WHO CREATE AN BINVIRONMENT WHICH INSPIRES INTELLECTUAL AND SOCIAL ENGAGEMENT, STIMULATES INNOVATION AND SERVICE AND ENCOURAGES PERSONAL AND PROFESSIONAL DEVELOPMENT AS KEY MEMBERS OF OUR UNIVERSITY COMMUNITY, IT IS THEIR COMMITMENT TO OUR VALUES, VISION AND MISSION THAT WILL BISURE RIDER'S SUCCESS THE UNIVERSITY'S INSTITUTIONAL IDENTITY WILL CONTINUE TO REFLECT THE STRENGTHS OF ITS PEOPLE, HIST

ĺ	ldentifier	Return Reference	Explanation
I		FORM 990, PART VI, SECTION A, LINE 2	COLLEEN AND GARY SHAPIRO ARE HUSBAND AND WIFE

Identifier	Return Reference	Explanation
	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 MEETING IN ADDITION, THE FORM 990 AND ALL APPLICABLE SCHEDULES WERE POSTED ON THE UNIVERSITY'S INTRANET FOR THE ENTIRE BOARD OF TRUSTEES TO REVIEW PRIOR TO SUBMISSION

ldentifier	Return Reference	Explanation
F	FORM 990, PART VI, BECTION 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 QUESTIONNAIRE FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST TO ALL INDIVIDUALS SO IDENTIFIED IN 2013, 125 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 SINDINGS - 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 ITS POTENTIAL IMPLEMENTATION NO SUCH RELATIONSHIP CURRENTLY EXISTS - ANY BOARD MEMBER WITH A CONFLICT WILL RECUSE HIMSELF/HERSELF FROM ANY VOTES REGARDING THE MATTER

ldentifier	Return Reference	Explanation
	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 THE UNIVERSITY CONSISTENTLY UTILIZES HIGHER EDUCATION BENCHMARKING DATA TO ASSESS THE REASONABLENESS OF KEY EMPLOYEES' COMPENSATION FACULTY COMPENSATION IS GOVERNED BY A COLLECTIVE BARGAINING AGREEMENT

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF PENSION 1,721,901 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 99,732

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	RIDER UNIVERSITY DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR