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For the 2015 calendary year or tay year beginning 07 01 2015

DLN: 93493135125097

ارج

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 private foundations)

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

► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

and anding 06 20 2016

OMB No 1545-0047 2015

Open to Public Inspection

			C Name of organization	ig 07-01-2015 , and ending 00-30-20	,10	D Emplo	ver ide	ntification number	
_	ck if appli Idress char		RIDER UNIVERSITY				-		
_	me chang	-	Davis husing				55067	Ö	
	itial return		Doing business as						
FII	nal terminate	_d	Number and street (or P O box if m	suite	E Telepho	one num	nber		
	ended ret		2083 LAWRENCEVILLE ROAD	(609)	(609) 896-5000				
<u> </u>	olication pe		City or town, state or province, coul	ntry, and ZIP or foreign postal code					
			LAWRENCEVILLE, NJ 086483099			G Gross i	receipts	\$ 250,079,794	
			F Name and address of princip	oal officer	H(a) I	s this a group	returr	n for	
			DR GREGORY DELL'OMO 2083 LAWRENCEVILLE ROA	7	1	ubordinates?		☐ Yes 🗸	
			LAWRENCEVILLE, NJ 08648			No Tre all subordi	nates		
I Ta	c-exempt	status	√ 501(c)(3)	insert no) 4947(a)(1) or 527		ncluded?	maces	Yes No	
J W	ebsite: ► WWW RIDER EDU						a list	(see instructions)	
					<u> </u>	Group exempt			
K Forr	n of organ	ization	▼ Corporation Trust Associa	ation Other >	L Year	of formation 18	565 M	State of legal domicile NJ	
Pa	rt I	Sum	mary		l e		'		
			scribe the organization's mission	n or most significant activities F-FOR-PROFIT INSTITUTION FOUN	IDED IN 1	865			
au u	KIDI	LKON	VIVERSITT IS A FRIVATE, NO	I-IOK-FROITI INSTITUTION FOOR	IDED IN I	003			
Governance									
Ĕ									
0 VE	2 Che	eck th	is box ▶ ☐ if the organization di	scontinued its operations or disposed	l of more th	ian 25% of its	net a	ssets	
	3 Nur	mherd	of voting members of the govern	ng body (Part VI, line 1a)		ĺ	3	28	
₹ 0			-	of the governing body (Part VI, line 1b		ŀ	4	27	
Activities &			•	calendar year 2015 (Part V, line 2a)	•	ŀ	5	3,538	
Ę			mber of volunteers (estimate if n		6	590			
⋖			related business revenue from Pa		7a	1,137,271			
			ated business taxable income fro		7b	-224,801			
						Prior Year		Current Year	
	8 (Contri	butions and grants (Part VIII, li		8,341,	328	11,355,337		
Ē	9 F	rogra	am service revenue (Part VIII, I	ne 2g)		206,048,	206,048,514 20		
Ravenue				n (A), lines 3, 4, and 7d)		4,567,	429	2,658,890	
æ	11 (Other	revenue (Part VIII, column (A),	1,748,	735	2,223,562			
		Fotalı 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A), li	ne	220,706,	006	221,274,735	
	13 (Grants	s and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		62,804,	636	67,975,351	
	14 E	3enefi	its paid to or for members (Part 1	X, column (A), line 4)			0	0	
æ		Saları 5–10)		ee benefits (Part IX, column (A), lines		98,169,	98,216,120		
ens	16 a	Profes	ssional fundraising fees (Part IX	, column (A), line 11e)		76,	314	68,506	
Expenses	b 7	Γotal fu	ındraısıng expenses (Part IX, column (D), line 25) ▶1,793,838					
ш			expenses (Part IX, column (A),			57,965,	087	55,970,604	
	18 7	Fotal	expenses Add lines 13–17 (mu	st equal Part IX, column (A), line 25)		219,015,	636	222,230,581	
	19	Reven	ue less expenses Subtract line	18 from line 12		1,690,	370	-955,846	
S of					Beginn	ing of Current	Year	End of Year	
Net Assets or Fund Balances	20 7	Fotal	assets (Part X, line 16)			239,156,	572	228,244,894	
A As			liabilities (Part X, line 26)			97,779,		91,433,205	
ξŽ			ssets or fund balances Subtract			141,377,	175	136,811,689	
Par	t II	Sign	ature Block		•				
my kr	nowledge	and i		amined this return, including accompa nplete Declaration of preparer (other					
		****	× + ×			2017-05-15			
Sign		Signa	ature of officer			Date			
Here	•		E A KARNS TREASURER AND VP FINANCE OF print name and title						
			Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature GARRETT M HIGGINS	Date 2017-05-15	Check I If	PTIN P0054	3209	
Paid	ł				201, 03-13	self-employed			
	parer	<u> </u>	Firm's name PKF O'CONNOR DAVIE Firm's address 665 FIFTH AVENUE	S LLY		Firm's EIN ► 2 Phone no (212			
Use	Only	'				Frione no (212	., 200-2	.000	
			NEW YORK, NY 10022	:					

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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	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			
	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	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	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	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	20 a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait I	25a		No
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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 IV	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
	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	28 c		No
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? <i>If "Yes," complete Schedule R, Pait I </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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	IRS Filinas	and Tax	Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
13	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 35	۵	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	3.8		
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	
	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" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a .	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	6b		
7	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?	7 b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Dıd a donor advısed fund maıntaıned by the sponsorıng organızatıon have excess busıness holdıngs at any tıme durıng the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo additional information the organization must report on Schedule O	r 13a		
	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	_[
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a 28			
	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			
В	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
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	
ь	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
<u>Se</u>	ction B. Policies (This Section B requests information about policies not required by the Internal R	event	Yes	
40-	Did the consequent of head of breaking horself of the consequence of t	40-	res	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15 a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
	AK,CO,KY,MD,MA,MI,NH,NY,	он,с	K,OR	,SC,
18	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			
19	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and record-			

▶JENNIFER POTTER 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483099 (609) 896-5009

Part VII

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

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

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

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

- 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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han d on is	one I both	box, ≀an o	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	`MISC)	organization and related organizations
See Additional Data Table										
			_							
										Form 990 (2015)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Esti amoun compe	(F) Estima mount o compens from !	ated f other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relati organiza	ed
See Additional Data Table												
										+		
1b Sub-Total			<u> </u>	<u> </u>	<u> </u>	<u> </u>						
c Total from continuation s						. ▶						
d Total (add lines 1b and 1c	-				•	•		3,529,427	0			523,018
2 Total number of individual \$100,000 of reportable co							e) w	ho received more th	nan			
									г		Yes	No
3 Did the organization list a on line 1a? <i>If "Yes," compl</i>				tee, •	key •	emplo	yee, •	or highest compen	sated employee	3		No
4 For any individual listed o	n line 1a, is the sum	of repo	rtable	e cor	mpe	nsatioi	n and	d other compensati	on from the			

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Vec	

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

3		No
4	Yes	
5		No

Section B. Independent Contractors

\$100,000 of compensation from the organization ▶ 10

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	·	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ELLUCIAN COMPANY LP	INFORMATION TECHNOLOGY	1,267,840
151 SOUTHHALL LANE		
MAITLAND, FL 32751		
UNIVERSITY ATHLETIC MANAGEMENT	MGMT FEE FOR SRC	418,255
385 OXFORD VALLEY ROAD		
YARDLEY, PA 19067		
L&L CONSTRUCTION LLC	CONSTRUCTION	318,654
5 HOLDER DRIVE		
EWING, NJ 08628		
BRIAN'S TREE SERVICE	LANDSCAPING SERVICES	221,495
174 LINDBERGH ROAD		
HOPEWELL, NJ 08543		
KUKOVICH AND ASSOCIATES	MARKET RESEARCH	218,739
800 PERRY HWY SUITE 1		
PITTSBURGH, PA 15229		
2 Total number of independent contractors (including but not limited to those listed above	e) who received more than	
		1

Part V	/++1	Statement of Revenue									
		Check If Sched	ule O contains a respor	nse or note to any lu	ne in this Part VIII						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
u s	1a	Federated cam	paigns 1a	56,940							
unt m	ь	Membership du	ıes 1b								
Gr.	c	Fundraising ev	ents 1c	184,872							
fts. r A	d	Related organiz	zations 1d								
ij ij		Government grant		4,198,697							
ns, Sin	е	_									
utio er	f	All other contributions of a similar amounts no	ons, gifts, grants, and 1f ot included above	6,914,828							
tributions, Gifts, Grants Other Similar Amounts	g	Noncash contributi 1a-1f \$	ions included in lines	1,426,410		İ					
Contributions, Giffs, Grants and Other Similar Amounts	h		s 1a-1f		11,355,337						
				Business Code							
풀	2a	TUITION AND FEES	S	611310	165,787,423	165,787,423					
₹ ₹	ь	ROOM AND BOARD)	611310	30,595,649	30,595,649					
υ E	С	STUDY TOURS		611310	4,528,020	4,528,020					
ž	d	OTHER PROGRAM	SERVICE REVENUE	611310	4,125,854	4,125,854					
Program Service Revenue	е										
gran	f	All other progra	am service revenue								
Č	g	Total. Add lines	s 2a-2f	▶	205,036,946						
	3		come (including dividen								
		and other simil	aramounts)		1,458,921		-34,329	1,493,250			
	4		stment of tax-exempt bond	proceeds P	67,055			67,055			
	5	Royalties .	(ı) Real	(II) Personal	07,000			0.,000			
	6a	Gross rents	557,873	84,949							
	b	Less rental	0	0							
	"	expenses									
	С	Rental income or (loss)	557,873	84,949							
	d	Net rental inco			642,822		84,949	557,873			
	7a	Gross amount	(ı) Securities	(II) O ther							
	/4	from sales of assets other than inventory	29,831,523								
	ь	Less cost or other basis and	28,631,554								
	c	sales expenses Gain or (loss)	1,199,969								
	d	Net gain or (los	ss)		1,199,969		12,188	1,187,781			
Other Revenue	8a	events (not inc \$184 of contributions	s reported on line 1c)								
ά		See Part IV , lir	ne 18 a	128,660							
the	ь	Less direct ex	penses b	173,505							
ō	С	Net Income or	(loss) from fundraising	events ▶	-44,845			-44,845			
	9a		from gaming activities ne 19 a								
	1		penses b (loss) from gaming activ	vities							
	100	Cross sales of	Inventory less	•							
	10a	Gross sales of returns and allo									
	ь	Less costofa	oods sold b								
			(loss) from sales of inve	entory ▶							
		Mıscellaneou	· · · · · · · · · · · · · · · · · · ·	Business Code							
	11a	BUSINESS CO	NFCENTER	721000	1,476,003		1,059,110	416,893			
	b	FITNESS CEN	TER	713940	47,978		15,353	32,625			
	c	VENDING MAC		722210	34,549			34,549			
	d e	All other reven Total. Add lines	l	▶							
					1,558,530						
	12	iotai revenue.	See Instructions	▶				·			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	103,574	103,574		
2	Grants and other assistance to domestic individuals See Part IV, line 22	67,871,777	67,871,777		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,076,288	938,570	1,689,400	448,318
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	73,317,214	64,487,790	8,398,269	431,155
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,542,778	2,982,786	536,218	23,774
9	Other employee benefits	12,090,589	6,562,789	5,450,001	77,799
10	Payroll taxes	6 100 351	E 121 702	006.667	60.001
	Food for convects (non-employees)	6,189,251	5,131,703	996,667	60,881
11	Fees for services (non-employees)	356,070	356,979		
a	Management	356,979	356,979	350 440	
b	Legal	258,119 144,550		258,119 144,550	
c d	Accounting			8,171	
u e	Lobbying	8,171 68,506		8,171	68,506
f	Investment management fees	267,084		267,084	08,300
q	Other (If line 11q amount exceeds 10% of line 25, column (A)	207,084		207,064	
9	amount, list line 11g expenses on Schedule O)	4,042,398	1,880,116	2,162,282	
12	Advertising and promotion	1,245,650	683,433	516,128	46,089
13	Office expenses	4,224,216	3,171,473	931,731	121,012
14	Information technology	5,647,037	4,211,765	1,285,625	149,647
15	Royalties				_
16	Occupancy	9,809,176	9,710,886	97,544	746
17	Travel	6,084,805	5,765,836	294,124	24,845
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	258,119	126,663	131,456	
20	Interest	1,844,145	1,833,694	10,451	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,410,258	10,085,458	324,800	
23	Insurance	1,070,425	136,887	933,538	
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)				
а	FOOD SERVICE	6,145,498	6,145,498		
b	BOOKS, PERIODICALS, SUB	1,003,991	993,588	7,607	2,796
c	DUES AND MEMBERSHIPS	540,339	236,007	304,332	
d	BAD DEBT	388,426		388,426	
е	All other expenses	2,221,218	693,345	1,189,603	338,270
25	Total functional expenses. Add lines 1 through 24e	222,230,581	194,110,617	26,326,126	1,793,838
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	ťΧ	Check if Schedule O contains a response or note to any line in this Part X			_
		Check it Schedule o Contains a response of note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	26,488	1	25,287
	2	Savings and temporary cash investments	36,984,137	2	28,951,226
	3	Pledges and grants receivable, net	5,655,260	3	6,643,949
	4	Accounts receivable, net	4,294,845	4	4,484,281
	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,	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 Pai II of Schedule L	t	6	
SS	7	Notes and loans receivable, net	5,148,057	7	4,956,215
⋖	8	Inventories for sale or use	0,140,007	8	4,000,210
	9	Prepaid expenses and deferred charges	2,505,857	9	2,256,624
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 258,918,3			2,200,021
	Ь	Less accumulated depreciation 10b 136,965,19	125,683,606	10 c	121,953,122
	11	Investments—publicly traded securities	29,801,493	11	30,862,849
	12	Investments—other securities See Part IV, line 11	27,084,874	12	26,424,461
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,971,955	15	1,686,880
	16	Total assets. Add lines 1 through 15 (must equal line 34)	239,156,572	16	228,244,894
	17	Accounts payable and accrued expenses	21,254,612	17	21,672,755
	18	Grants payable		18	
	19	Deferred revenue	10,065,206	19	9,149,741
	20	Tax-exempt bond liabilities	48,857,541	20	44,604,358
	21	Escrow or custodial account liability Complete Part IV of Schedule D	160,948	21	98.813
iabilities.	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	100,010		00,010
Ē		persons Complete Part II of Schedule L		22	
<u>==</u>	23	Secured mortgages and notes payable to unrelated third parties	1,430,676		1,265,857
	24	Unsecured notes and loans payable to unrelated third parties	1,430,070	24	1,200,007
	25	Other liabilities (including federal income tax, payables to related third parties,		24	
	25	and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
			16,010,414	25	14,641,681
	26	Total liabilities.Add lines 17 through 25	97,779,397	26	91,433,205
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
an	27	Unrestricted net assets	75,910,613	27	76,356,112
Bal	28	Temporarily restricted net assets	26,539,489	28	18,983,454
뒫	29	Permanently restricted net assets	38,927,073	29	41,472,123
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	33,521,413		**,***2,**29
Net Assets or Fund Balances	7.0	complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	444 077 475	32	426 044 000
Z	33	Total net assets or fund balances	141,377,175	33	136,811,689
	34	Total liabilities and net assets/fund balances	239,156,572	34	228,244,894

Form	990 (2015)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		221 °	274,735
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1				230,581
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			955,846
5	Net unrealized gains (losses) on investments	4		141,3	377,175
6	Donated services and use of facilities	5		-3,7	716,888
7	Investment expenses	6			
8	Prior period adjustments	7			
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	107,248
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		136,8	311,689
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				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 revie a separate basis, consolidated basis, or both	ewed o	n		
	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	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2 c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3а	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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h	Yes	

Additional Data

Software ID: Software Version:

EIN: 21-0650678

Name: RIDER UNIVERSITY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 16,815,646 including grants of \$ 103,574) (Revenue \$ 27,185,426)
ACADEMIC SUPPORT (EXPENSES \$15,259,956 INCLUDING GRANTS \$0) (REVENUE \$24,672,809) - GENERAL SUPPORT TO THE
STUDENTS THESE INCLUDE ACADEMIC INFORMATION TECHNOLOGY, DEAN'S OFFICES, LIBRARIES, THEATER, ART GALLERY,
TV STUDIO, AND OTHER SIMILAR ACADEMIC ACTIVITIES RESEARCH (EXPENSES \$1,555,690 INCLUDING GRANTS \$103,574)
(REVENUE \$2,512,617) - RESEARCH PERFORMED BY FACULTY AND STUDENTS

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	tion (han o n is b	ne b ooth	ox, ι an o	ınles s fficer	3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MICHAEL B KENNEDY CHAIR/ADJUNCT LECTURER	10 00	×		×				10,510	0	138
ERNESTINE LAZENBY GAST VICE CHAIR	1 00	х		×				0	0	0
CHRISTOPHER NIKOLICH SECRETARY	1 00	х		×				0	0	0
RALPH J ANDERSON TRUSTEE	1 00	х						0	0	0
ALBERTO BAPTISTE TRUSTEE	1 00	х						0	0	0
LOUISE HALL BEARD TRUSTEE	1 00	х						0	0	0
F CHRISTOPHER CAROTHERS	1 00							_	_	_

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TRUSTEE

ROBERT CHRISTIE

JEFFREY CORNELIUS

E BRUCE DIDONATO

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

0

0

0

0

Compensated Employees, and Inde	pendent Cor	itracto	rs					-	·	•
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	tion (han o n is b	ne b ooth	ox, ι an o /trus	inless fficer tee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
JAIMIE FLACK TRUSTEE	1 00	х						0	0	0
MOLLY O'NEIL FRANK TRUSTEE	1 00	х						0	0	0
JOHN GUARINO TRUSTEE	1 00	Х						0	0	0
MICHAEL J HENNESSY TRUSTEE	1 00	X						0	0	0
THOMAS MARINO TRUSTEE	1 00	X						0	0	0
TERRY MCEWEN	1 00	X						0	0	0

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DONALD MONKS

ELI MORDECHAI

THOMAS M MULHARE

LEWIS PEPPERMAN

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

(F) Estimated amount of other compensation from the organization and related organizations

Compensated Employees, and Inde	pendent Coi	ntracto	rs			•	•			
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more t perso and a	tion (han o n is b	ne b oth	ox, i an o	unles s fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptoyee	Former	2/1099-MISC)	2/1099-MISC)	
DENISE PETITTA TRUSTEE	1 00	х						0	0	
GARY PRUDEN TRUSTEE UNTIL JAN 2016	1 00	×						0	0	
CARL REICHEL TRUSTEE UNTIL OCT 2015	1 00	×						0	0	
WILLIAM M RUE TRUSTEE	1 00	х						0	0	
MIKA RYAN TRUSTEE	1 00	х						0	0	
ROBERT SCHIMEK	1 00							_	_	

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ALAN WEXLER

COLLEEN SHAPIRO

GARY SHAPIRO

ARTHUR J STAINMAN

0

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0

0

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

(F)
Estimated amount
of other
compensation
from the
organization and
related
organizations

42,786

32,315

72,576

75,770

36,735

24,908

21,381

41,753

33,262

79,908

0

0

0

0

0

0

225,903

222,982

189,016

161,931

154,876

151,371

Compensated Employees, and Inde	pendent Cor	ntracto	rs					•	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position a Position or director	ion (nan o n is b	ne b oth ctor,	ox, ı an o /trus	unless fficer stee)	Forme	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)
MORDECHAI ROZANSKI PRESIDENT - RETIRED JULY 31, 2015	50 00			х				789,391	0
GREGORY G DELL'OMO PRESIDENT AS OF AUG 1, 2015	50 00			х				199,793	0
JULIE A KARNS VP FINANCE & TREASURER	50 00			х				276,429	0
DONNAJEAN A FREDEEN PROVOST/VP ACADEMIC AFFAIR	50 00			х				244,624	0
JONATHAN MEER	50 00								

50 00

37 50

37 50

37 50

37 50

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VP UNIVERSITY ADVANCEMENT

VP ENROLLMENT MANAGEMENT

DEAN COLLEGE LIBERAL ARTS

AVP STUDENT AFFAIRS/DEAN O

AVP FINANCE & CONTROLLER

AVP FACILITIES/AUXILIARY S

JAMES P O'HARA

PATRICIA MOSTO

ANTHONY CAMPBELL

JENNIFER M POTTER

MICHAEL F RECA

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) Name and Title Position (do not check Reportable Reportable Average

(F)

Estimated amount

of other

27,899

0

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

hours per

37 50

.

PROFESSOR BIOLOGY

MARKETING/ADVERTISING

LARRY M NEWMAN ASS PROFESSOR

	week (list any hours	perso and a						from the organization (W-	from related organizations (W-	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MARGARET O'REILLY-ALLEN CHAIR, ACCOUNTING	37 50					x		185,152	0	26,093
CYNTHIA NEWMAN ASSOCIATE PROFESSOR, MARKETING	37 50					x		181,275	0	23,584
KEVIN BAGGETT BASKETBALL COACH	37 50					×		181,183	0	29,912
JAMES RIGGS	37 50					x		180,075	0	53,998

Х

more than one box, unless

compensation

174,916

compensation

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

www.irs.gov/form990.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

As Filed Data -

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

OMB No 1545-0043

Open to Public

Inspection

DLN: 93493135125097

Department of the Treasury

RIDER UNIVERSITY

Part I

2

Internal Revenue Service Name of the organization

SCHEDULE A

(Form 990 or

990EZ)

Employer identification number

21-0650678

6	_	170(b)(1)(A)(iv). (Co			described in se	ection 170(b)(1)(A)(v).							
7	<u> </u>		ormally receiv 70(b)(1)(A)(v	ves a substantial part (vi). (Complete Part II	of its support fr)	om a governm	ental unit or from the g	eneral public						
9		receipts from activitie from gross investmen	es related to it it income and i e 30,1975 S	s exempt functions—s unrelated business tax ee section 509(a)(2). (ubject to certa xable income (l (Complete Part	in exceptions ess section 5 III)	ributions, membership, and (2) no more than 3 11 tax) from businesse	331/3% of its support						
11	ļ_	An organization organione or more publicly s	ized and opera upported orga	ited exclusively for the nizations described in	e benefit of, to p section 509(a	oerform the fui)(1) or section	nctions of, or to carry on 509(a)(2) See sectio d complete lines 11e, 1	n 509(a)(3). Check						
a	Γ	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its												
c d	Г	supported organization Type III non-function not functionally integra	n(s) (see instr ally integrate o ated The orga	uctions) You must co d. A supporting organi inization generally mus	mplete Part IV zation operated st satisfy a dist	, Sections A , C I in connectior tribution requi		anization(s) that is						
e f	Foto	(see instructions) You Check this box if the o integrated, or Type III r the number of support	organization re I non-function	ceived a written deter ally integrated suppor	mınatıon from t tıng organızatıc	he IRS that it on	ıs a Type I, Type II, T	ype III functionally						
g	Liitei	Provide the following in	9											
Nam	(i) (ii) EIN (iii) (iv) (v) (vi) Type of Organization (described on lines 1-9 above (see Instructions)) (iii) (iv) (v) Amount of Mount of Organization (see Instructions) (see Instructions)													
					Yes	No								
Total														
						C-+ N- 11	2000							

Pa	rt II Support Schedule for (Complete only if you Part III. If the organize	checked the bo	ox on line 5, 7, o	or 8 of Part I o	r if the organiza	ition failed to	qualify under
Se	ection A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			p. 0 0 0 1 0 1 0 1 1	/
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
	fiscal year beginning in)	(a)2011	(0)2012	(0)2013	(u)2014	(e) 2013	(1)1 Otal
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						
Se	ection B. Total Support			1			
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
(or	fiscal year beginning in) 🟲	(a)2011	(0)2012	(0)2013	(u)2014	(e)2013	(1)1 Otal
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly						
	carried on						
10	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
11	Total support. Add lines 7						
12	through 10 Gross receipts from related activit	Les. etc. (see inst	tructions)			12	
13	First five years.If the Form 990 is			third fourth or i	fifth tax vear as a)(3) organization
	check this box and stop here	_			·		- -
Se	ection C. Computation of Pul	blic Support F	Percentage				
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14	
15	Public support percentage for 2014	4 Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	or more, chec	k this box
b	and stop here. The organization qu. 33 1/3% support test—2014. If the				, and line 15 is 33	1/3% or more	► ☐ , check this
17a	box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	—2015. If the organization meets the fa	anization did not c acts-and-circums	heck a box on lir tances test, chec	k this box and sto	op here. Explai	
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza	nızatıon meets th	e "facts-and-circ	umstances" test	, check this box ar	nd stop here.	
18	supported organization Private foundation. If the organizat	ion did not check	a box on line 13,	. 16a, 16b, 17a, i	or 17b, check this	box and see	▶┌
	instructions						▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6)							
	ction B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)20	15	(f) Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	business activities not included							
	ın lıne 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	١7		18		
	33 1/3% support tests—2015. If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	33 1/3% support tests—2014. If the							•
	18 is not more than 33 1/3%, check	-						
20	Private foundation. If the organization		-	· ·		•	_	▶ □

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V)			
56	ection A. All Supporting Organizations	1	Voc	No.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	1	ı	
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "" describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in Part VI how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in Part VI how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year? 5," describe in Part VI the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test-Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? 5," then in Part VI identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how the organization was responsive to those supported organizations, and how the zation determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? 5," explain in Part VI the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

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

	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 See inst	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete	Sections	A through E	Г
				(B) Current Year
	Section A - Adjusted Net Income		(A) Prior Year	(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- estructions)	integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	auıred)						
6 Other distributions (describe in Part VI) See instru	. ,						
·	30013						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
a							
b							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
a							
c Excess from 2013							
d From 2014							
e From 2015							

DLN: 93493135125097

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public **Inspection**

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

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

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

lf th line	Section 501(c)(3) organizations the organization answered "Yes 35c (Proxy Tax) (see separate Section 501(c)(4), (5), or (6) organization (5)	s" on Form 990, Part IV, Line 5 (Fe instructions), then			
Na	me of the organization DER UNIVERSITY	·		21-0650678	tification number
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganization's direct and indirect poli	tical campaign act	tivities in Part IV	
2	Political expenditures			>	\$
3	V olunteer hours				
Dar	t I-B Complete if the or	ganization is exempt under	r section 501(c)(3)	
1		e tax incurred by the organization u	_		ф
2	·	e tax incurred by organization mana			÷
3	·	ection 4955 tax, did it file Form 47	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
4 a	Was a correction made?	,,	,		Yes No
b	If "Yes," describe in Part IV				165 NO
		ganization is exempt under	r section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to o	other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	20-POL, line 17b ►	¢
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments f amount of political contribution	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	to which the filing unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					

Sch	edule C (Form 990 or 990-EZ) 2015						Page :
Pa	rt II-A Complete if the organization under section 501(h)).	n is ex	empt under	section 501(c)(3) and file	ed Form 5768	(election
	Check Inf the filing organization belongs to expenses, and share of excess lob	bying e	xpenditures)		_	up member's nam	ne, address, EI
В	Check Fifthe filing organization checked b				ply	(a) Filing	(b) Affiliated
	Limits on Lobb (The term "expenditures" n		•			(a) riling organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion	(grass roots				
b	lobbying) Total lobbying expenditures to influence a legis	lative b	ody (direct lobby	/ing)			
c	Total lobbying expenditures (add lines 1a and 1	lb)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines	1 c and 1	.d)				
f	Lobbying nontaxable amount Enter the amount	from th	e following table	ın both columns			
	If the amount on line 1e, column (a) or (b) is:	The I	obbying nontaxal	ole amount is:			
	Not over \$500,000	20%	of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	000					
	Over \$1,000,000 but not over \$1,500,000	0,000					
	Over \$1,500,000 but not over \$17,000,000	000					
	Over \$17,000,000	\$1,00	0,000				
g	Grassroots nontaxable amount (enter 25% of li	•					
h	Subtract line 1g from line 1a If zero or less, en	ter -0-					
i	Subtract line 1f from line 1c If zero or less, ent	ter -0-					
j	If there is an amount other than zero on either I reporting section 4911 tax for this year?	ine 1h c	or line 11, did the	_	Form 4720 Yes No)	
	4-Year A (Some organizations that made a columns below. See	secti	on 501(h) ele		have to con		ne five
	Lobbying Exp	endit	ures During (4-Year Avera	ging Period	_	
	Calendar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
				I	1	1	l

JCIII	Edule 6 (Form 550 of 550 EZ) 2015				Po	19e -
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
or c	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)	,	(b)	
activ			No	,	A moun	t
		Yes		·——		
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?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				8,17
j	Total Add lines 1c through 1i					8,17
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	1		
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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01(c)(5),	or s		n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/-	\ <u>\</u>			
Pal	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
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					
	political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
	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 FUND OF NEW JERSEY (ICFNJ) AMONG OTHER SERVICES, THESE ASSOCIATIONS LOBBY ON BEHALF OF SECTOR NEEDS

DLN: 93493135125097

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE D

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

	me of the organization DER UNIVERSITY		Emple	oyer identification number
KIL	PER UNIVERSITY		21-0	650678
Pa		Advised Funds or Other Similar I	unds o	r Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.		
	Total number at end of year	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	<u> </u>	nor advis	ed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the			· · — —
	conferring impermissible private benefit?	the of the course control lives!	00 F0 400	Yes No
	rt II Conservation Easements. Comple		on Form	1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e g , recreducation)		an histori	cally important land area
	Protection of natural habitat	Preservation of	a certified	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in	the form	of a conservation
	easement on the last day of the tax year			
	Tatal mumban of assaumation assaumate		-	Held at the End of the Year
a	Total number of conservation easements Total acreage restricted by conservation easeme	anto	2a	
b c	Number of conservation easements on a certified		2b 2c	
d	Number of conservation easements included in (, ,		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminal	ted by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons			
5	Does the organization have a written policy regar violations, and enforcement of the conservation of		ndling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing cons	ervation easements during the
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conserva	tion easements during the year
	▶ \$			
В	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of se	ection 17	0 (h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		· · · · · · · · · · · · · · · · · · ·
a r		ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education	, or resea	rch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		
((i) Revenue included on Form 990, Part VIII, line :	L	> \$	
) Assets included in Form 990, Part X			
2	If the organization received or held works of art, I following amounts required to be reported under S		for financ	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of	Art, Histo	rical 1	Treasures,	or Ot	her Similar A	ssets	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other r	ecords, chec	k any of	f the following t	hat ar	e a sıgnıfıcant us	e of its	
а	┌ F	Public exhibition		d	┌ Loa	n or exchange	progra	ams		
b	Γ s	Scholarly research		e	┌ oth	ner				
c	F	reservation for future generations								
4	Provid Part X	le a description of the organization III	's collections and e	xplain how th	ney furtl	her the organız	atıon's	exempt purpose	ın .	
5		g the year, did the organization sol s to be sold to raise funds rather th						sımılar (Ye	s N	0
Pa	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		on Form 99	0, Part	: IV, line 9, o	r repo	orted an amour	nt on For	m 990,
1a		organization an agent, trustee, cu ed on Form 990, Part X?	stodian or other int	ermediary fo	r contrib	outions or othe	rasse	ts not Ye	s 🔽 N	o
b	If"	Yes," explain the arrangement in P	art XIII and compl	ete the follov	ving tabl	le		Am	ount	
c	Beg	inning balance					1 c			
d	Ado	litions during the year					1d			
e	Dis	tributions during the year					1e			
f		ling balance					1f			
2 a		e organization include an amount o	on Form 990 Part X	Line 21 for	escrow	ו or custodial a	ccount	· liability? 🗔 🕶	- F.	_
	Did til	e organization merade an amount	m om sso, raich	., 21, 101	2321011	or castoalar a	count	Tradition of the	s N	О
b	If"Ye	s," explain the arrangement in Par Endowment Funds. Comple								✓
	II C V	Endowment Funds. Comple	(a)Current year	(b)Prior ye		b (c)Two years b	<u>;</u>	I)Three years back	(e)Four ye	ears back
1a	Beain	ning of year balance	56,381,872		10,968	56,355,		51,495,786		54,217,784
b	_	ibutions	2,605,904	1,1	.69,330	3,602,	610	1,609,468		393,521
c	Net in losses	vestment earnings, gains, and	-1,455,717	-	58,850	8,103,	084	5,130,460	-	-1,173,168
d	Grant	s or scholarships • • •	2,065,856	1,6	41,425	1,350,	429	1,154,732		1,251,792
е		expenditures for facilities rograms · · · · · · ·	451,562	9,0	98,151	700,	105	725,174		690,559
f	A dmır	nistrative expenses								
g	End o	f year balance • • • •	55,014,641	56,3	81,872	66,010,	968	56,355,808	i s	51,495,786
2	Provid	le the estimated percentage of the	current year end ba	alance (line 1	Lg, colu	mn (a)) held as				
а	Board	designated or quasi-endowment >	10 930 %							
b	Perma	nent endowment ► 89 070 %								
С		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	0 %	/o						
3 a		ere endowment funds not in the po	•		it are he	eld and adminis	tered	for the		
-4		zation by							Yes	No
	(i) uni	related organizations							a(i)	No
		lated organizations							(ii)	No
ь		s" on 3a(II), are the related organiz				١٠			3b	
4 •=	rt VI	the in Part XIII the intended uses Land, Buildings, and Equip		s endowment	ı runds					
Pa	LL AT	Complete if the organization		5 Form 990	, Part I	IV, line 11a.S	ee Fo	rm 990. Part X	(, line 10	
		Description of property		Cost o	(a) r other ba	(b) asis Cost or other	r basıs	Accumulated (c)depreciation		k value
12	Land			l (inv	3,330,	<u> </u>) 253,359		+	3,583,359
	Building	gs			3,330,		515,044	94,582,982		91,032,062
r	 Leaseh	old improvements		.		103,0	,13,044	57,302,302		. 1,032,002
	Equipm	·		·		21 "	599,616	10,477,058	3 1	1,122,558
	Other			-			,		 	,,
						49	20 300	31 905 153	7 1	6 215 143

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

121,953,122

Schedule D (Form 990) 2015			Page 3
Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the orga	anization answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	,	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests (3)Other			
(A) ALTERNATIVES PRIVATE EQUITY		4,380,216	F
(B) ALTERNATIVES DOMESTIC EQUITY		1,933,561	F
(C) ALTERNATIVES INTERNATIONAL EQUITY		5,297,150	F
(D) ALTERNATIVES FIXED INCOME		2,392,479	F
(E) ALTERNATIVES PRIVATE REAL ASSETS		2,647,966	F
(F) ALTERNATIVES INFLATION HEDGING		907,008	F
(G) ALTERNATIVES FLEXIBLE CAPITAL		8,105,047	F
(H)OTHER ALTERNATIVES		761,034	F
· ·		,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	26,424,461	
Part VIII Investments—Program Related. Complete if the organization answered	d 'Yes' on Form 99	90, Part IV, line 11c.	Form 990 Part V line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities. Complete if the org		ed 'Yes' on Form 990, Pa	art IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book valu	e	
<u> </u>			
Federal Income taxes		 	
See Additional Data Table			
		504	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provided the second	14,641 de the text of the foo		financial statements that reports the

Par	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	149,625,761
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -3,716,888		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)]	
		1 1	
е	Add lines 2a through 2d	2e	-3,510,113
3	Subtract line 2e from line 1	3	153,135,874
4	A mounts 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 267,084	-	
b	Other (Describe in Part XIII)	1 1	
c	Add lines 4a and 4b	4c	68,138,861
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	221,274,735
Pari	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	es per R	eturn.
1	Total expenses and losses per audited financial statements	1	154,191,247
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)	,	
e	Add lines 2a through 2d	2e	99,527
3	Subtract line 2e from line 1	3	154,091,720
4	A mounts 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 267,084		
b	Other (Describe in Part XIII) 4b 67,871,777	-	
c	Add lines 4a and 4b	4c	68,138,861
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	222,230,581
Dar	t XIII Supplemental Information	•	
	• •	\ I.	
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 5 V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part		anv additional
	rmation	F. C	
	Return Reference Explanation		
See A	additional Data Table		

Page 5		chedule D (Form 990) 2015				
	ormation <i>(continued)</i>	Supplemental Info	Part XIII			
	Explanation	Return Reference	Ret			
		•				

Additional Data

Software ID: Software Version:

EIN: 21-0650678

Name: RIDER UNIVERSITY

Form 990, Schedule D, Part VII - Investments Other Securities	Form 9	990.	Schedule	D.	Part VII -	Investments	Other	Securities
---	--------	------	----------	----	------------	-------------	-------	-------------------

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)O ther		
(A) ALTERNATIVES PRIVATE EQUITY	4,380,216	F
(3) O ther		
(A) ALTERNATIVES DOMESTIC EQUITY	1,933,561	F
(B) ALTERNATIVES INTERNATIONAL EQUITY	5,297,150	F
(C) ALTERNATIVES FIXED INCOME	2,392,479	F
(D) ALTERNATIVES PRIVATE REAL ASSETS	2,647,966	F
(E) ALTERNATIVES INFLATION HEDGING	907,008	F
(F) ALTERNATIVES FLEXIBLE CAPITAL	8,105,047	F
(G) OTHER ALTERNATIVES	761,034	F

Form 990, Schedule D, Par	t X, - Other Liabilities	
1 (a) De	scription of Liability	(b) Book Value
US GOVERNMENT GRANTS REF	JNDABLE	4,076,077
ASSET RETIREMENT OBLIGATI	0 N	4,797,472
EMPLOYEE AND RETIREE MEDI-	CAL SELF-INSURED LIABILITY	3,276,852
STUDENT DEPOSITS AND CREE	IT BALANCES	978,041
ANNUITIES PAYABLE		812,021
BUSINESS CONFERENCE DEPO	SITS	195,094
UNCLAIMED CHECKS	90,849	
CAPITAL LEASE	211,344	
NEW JERSEY SALES TAX PAYAB	LE	13,924
PNC LINE OF CREDIT		154,267
OTHER LIABILITIES		35,740
Supplemental Information		
Return Reference	Explana	
PART IV, LINE 2B	THE UNIVERSITY IS A CUSTODI ACCO UNTS PRIMARILY RELATE TO ST FUNDS FO	

Return Reference

Explanation

PART IV,
LINE 2B

THE UNIVERSITY IS A CUSTODIAN OF SEVERAL AGENCY ACCOUNTS TOTALING \$98,813 THE AGENCY
ACCO
UNTS PRIMARILY RELATE TO STUDENT ORGANIZATIONS FOR WHICH THE UNIVERSITY HOLDS THE
FUNDS FO
R EACH ORGANIZATION UNTIL SUCH TIME AS A CHECK REQUEST IS SUBMITTED BY THE ORGANIZATION
FO
R REIMBURSEMENT THIS AMOUNT IS RECORDED AS A LIABILITY ON THE UNIVERSITY'S BALANCE
SHEET

Supplemental Information	
Return Reference	Explanation
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

	Return Reference	Explanation
	PART X, LINE 2	THE UNIVERSITY IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENU
		E CODE (THE CODE) AND THEREFORE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) O
		F THE CODE ACCORDINGLY, THE UNIVERSITY IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTEN
		T IT HAS TAXABLE INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE THE UNIVERSITY RE
l		COGNIZES THE EFFECTS OF INCOME TAX PROVISIONS ONLY IF THOSE PROVISIONS ARE MORE LIKELY

N NOT OF BEING SUSTAINED NO PROVISION FOR INCOME TAXES WAS REQUIRED IN 2016 AND 2015

Supplemental Information

THA

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF PENSION 206,775						

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER	SCHOLARSHIP ALLOWANCE - TUITION AND FEES 67,520,949 SCHOLARSHIP ALLOWANCE - AUXILIARIES 350.828

Committee and a late of the committee of

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST 89,987 WRITE-OFF OF CONTRIBUTION RECEIVABLE 9,540

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	SCHOLARSHIP ALLOWANCE - TUITION AND FEES 67,520,949 SCHOLARSHIP ALLOWANCE - AUXILIARIES 350,828

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135125097

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE E (Form 990 or 990-EZ)

Service

Schools

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

Department of the Treasury
Internal Revenue

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization RIDER UNIVERSITY

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?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5 c		Νo
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	<u></u>	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.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide

any other additional information (see instructions)						
Return Reference	Explanation					
SCHEDULE E, PART I, LINE 3	A GENERAL STATEMENT OF NON-DISCRIMINATION IS INCLUDED IN ALL ADVERTISEMENTS, IN NEWSPAPERS OF GENERAL CIRCULATION, AND OTHER PRINTED MEDIA RELATING TO THE RECRUITMENT OF STUDENTS AND EMPLOYEES					
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 \$37,201,137 FEDERAL PELL GRANT PROGRAM \$5,237,559 FEDERAL PERKINS LOAN PROGRAM \$7,112,361 FEDERAL WORK-STUDY \$492,191 FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT \$335,438 FEDERAL STUDENT SUPPORT SERVICES \$40,371 TOTAL FEDERAL STUDENT FINANCIAL ASSISTANCE \$50,419,057 STATE OF NEW JERSEY NJ - TUITION AID GRANT \$7,802,810 NJ - GOVERNOR'S URBAN SCHOLARS \$9,500 NJ - STARS II \$48,750 NJ - EDUCATIONAL OPPORTUNITY FUND \$611,667 TOTAL STATE OF NEW JERSEY STUDENT FINANCIAL ASSISTANCE \$8,472,727 TOTAL STUDENT FINANCIAL ASSISTANCE \$58,891,784					

efil	e GRAPHIC pri	nt - DO NOT	PROCESS	As Filed Da	ta -	DLN:	93493135125097	
	EDULE F n 990)	Stat		ment of Activities Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.				
	ment of the Treasury I Revenue Service	► Informati	on about Schedu		o Form 990. and its instructions is at w	ww.irs.gov/form990.	Open to Public Inspection	
	of the organizatio R UNIVERSITY	n				Employer ident 21-0650678	tification number	
Par					he United States. orm 990, Part IV, line	14b.		
1	_	tance, the gra	antees' eligibil		s to substantiate the nts or assistance, and		☐ Yes ☐ No	
2	assistance outs	ide the United	d States		rocedures for monitori		ts and other	
	(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 AMERI CARIBBEAN	ICA AND THE	0		INVESTMENTS		8,267,072	
	NORTH AMERIC	A	0	0	INVESTMENTS		572,117	
	Sub-total Total from continu	uation sheets	0				8,839,189 0	
	to Part I Totals (add lines perwork Reduction		0	<u> </u>		No 50082W Sched	8,839,189 ule F (Form 990) 2015	

				,

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

Schedule F (Form 990) 2015

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

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

Schedule F (Form 990) 2015

		., -	
D-	4 Dafa-a		

this part to provide any additional information (see instructions).

Explanation Return Reference

OF THE BOARD OF TRUSTEES. AS WELL AS BY RIDER'S INVESTMENT MANAGER

PART I. LINE 3 INVESTMENTS ARE REVIEWED BY THE INVESTMENT SUBCOMMITTEE OF THE BUSINESS AFFAIRS COMMITTEE

Return Reference Explanation

COLUMN S. A. IN S.

SCHEDULE F, PART IV, LINE 1, LINE 3, LINE 4

AND LINE 5

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 AND FORM 8621 BECAUSE IT

DOES NOT MEET

THE APPLICABLE FILING THRESHOLD REQUIREMENT AND/OR OWNERSHIP REQUIREMENT

DLN: 93493135125097

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ

▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Inspection

Name of the organization RIDER UNIVERSITY

Department of the Treasury

Internal Revenue Service

Employer identification number

21-0650678

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
 - Solicitation of non-government grants
 - ▼ Internet and email solicitations
- ▼ Solicitation of government grants

▼ Phone solicitations

▼ Special fundraising events

- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
WILSON-BENNETT TECHNOLOGY INC 140 PROFESSIONAL DRIVE SUITE 2 CABOT, AR 720238675	CONSULTS ON PHONATHON PROGRAM	Yes	No No	250,767	68,506	182,261
_						
_						
_						
Total	1	1		250,767	68,506	182,261

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

AL, AK, 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,

Part II	Fundraising	Events
4.12.77.7	i ullulaisillu	FACIIC3

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

	receipts greater than \$5,000.	•			
		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		RACQUET AND TENNIS (event type)	READINGS/CAROLS (event type)	(total number)	(add col (a) through
Reversie	1 Gross receipts	79,060 55,300	65,547 43,037	168,925 86,535	313,532
	3 Gross income (line 1 minus line 2)	23,760	22,510	82,390	
	4 Cash prizes			12,975 8,356	12,975
Expenses	7 Food and beverages	28,972	16,390	68,131	113,493
Direct Expo	8 Entertainment	4,927	22,244	11,510	38,681
ā	10 Direct expense summary Add lines 4	through 9 in column (d)	•	173,505
	11 Net income summary Subtract line 1	0 from line 3, column (d)		-44,845
Pai	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue	_	(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
a a b	3 Noncash prizes				
Direc	4 Rent/facility costs				
	5 Other direct expenses	0/	D was 9/		
	6 Volunteer labor	Yes % No No	├ Yes%	☐ Yes%_	
	7 Direct expense summary Add lines 2	through 5 ın column (d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizat				T Yes N o
b	If "No," explain				
10a	Were any of the organization's gaming li	censes revoked, susper	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

SCHE	dule G (Form 990 or 990-EZ) 2	015		Page
11	Does the organization conduct	gaming activities with nonmem	bers?	Yes No
12	Is the organization a grantor, b	peneficiary or trustee of a trust o	or a member of a partnership or other	entity
	formed to administer charitable	e gamıng?		Yes No
13	Indicate the percentage of gam	ning activity conducted in		
а	The organization's facility			13a 9
b	An outside facility			13b
14	Enter the name and address of	the person who prepares the or	ganızatıon's gamıng/specıal events l	books and records
	Name ▶			
	Address ►			
15a			hom the organization receives gami	
	revenue?			Yes No
b	If "Yes," enter the amount of g	aming revenue received by the	organization 🕨 \$	and the
	amount of gaming revenue reta	nined by the third party $ hildsymbol{ hinspace}$ \$		
c	If "Yes," enter name and addre	ess of the third party		
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation	n ▶ \$		
	Description of services provide	ed		
	Director/officer	Employee	☐ Independent contracto	r
17	Mandatory distributions			
а	Is the organization required un	ider state law to make charitable	e distributions from the gaming proce	eeds to
	retain the state gaming license	e?		□Yes □No
b	Enter the amount of distributio	ns required under state law dist	ributed to other exempt organization	· · ·
	in the organization's own exem	pt activities during the tax year	> \$	
Par		10b, 15b, 15c, 16, and 17b,	anations required by Part I, line as applicable. Also complete th	
		(5555557.		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135125097 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number RIDER UNIVERSITY 21-0650678 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

(a) Type of grant or assistance

Schedule I (Form 990) 2015

(f)Description of non-cash assistance

Part III can be duplicated if additional space is needed (c)A mount of

(b) Number of

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	, , ,
FEDERAL AMERICORPS EDUCATION (1) AWARDS	23	28,052			
FEDERAL BUILDING TEACHER (2) LEASERSHIP CAPACITY	21	43,725			
(3) FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT	641	335,438			
(4) FEDERAL STUDENT SUPPORT SERVICES PROGRAM	30	40,371			
N J - EDUCATIONAL OPPORTUNITY (5) FUND	146	662,494			
RESTRICTED AID USED FOR (6) SCHOLARSHIPS	646	5,963,254			
RIDER UNIVERSITY ATHLETIC, MERIT (7) AND NEED-BASED FINANCIAL AID	3786	60,798,443			
Part IV Supplemental Information	n. Provide the ir	nformation required in	Part I, line 2, Part I	II, column (b), and any othe	er additional information.

(d)A mount of

(e)Method of valuation (book.

(7) AND NEED-BASED FINANCIAL AID			

Explanation Return Reference 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 EXTERNAL AUDIT PERFORMED IN ACCORDANCE WITH TITLE 2 U.S. CODE OF FEDERAL REGULATIONS PART 200 (UNIFORM GUIDANCE) AND NEW JERSEY OFFICE OF MANAGEMENT AND BUDGET CIRCULAR 15-08 THE UNIVERSITY HAS PROCEDURES AND CONTROLS IN PLACE OVER THE AWARDING, DISBURSING, AND MONITORING

OF SUBAWARDS MADE TO ORGANIZATIONS. THESE INCLUDE REVIEWING THE ANNUAL FINANCIAL STATEMENT AND SINGLE AUDIT REPORTS OF THE ORGANIZATION AND REVIEWING ALL SUPPORTING DOCUMENTATION INCLUDING INVOICES RECEIVED BY THE

ORGANIZATION

Additional Data

PRINCETON, NJ 08540

Software ID: **Software Version:**

EIN: 21-0650678

Name: RIDER UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of

organization or government	(=, ==	ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY-RBHS-RWJMS 3 RUTGERS PLAZA ASB III FL 2 OFFICE OF RSP NEW BRUNSWICK, NJ 08901	46-2354111	STATE OF NJ	25,305				RESEARCH
PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 446	21-0634501	501(C)(3)	78,269				RESEARCH

(h) Purpose of grant

Schedule J

Compensation Information

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

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

2015

OMB No 1545-0047

DLN: 93493135125097

Employer identification number

Open to Public Inspection

Department of the Internal Revenue Service

Name of the organization

(Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

RID	ER UNIVERSITY		21-0650678			
Pai	rt I Questions Regarding Compensation	1	21-0630676			
	Queenene negaranig compensation	<u> </u>			Yes	No
La	Check the appropriate box(es) if the organization provided Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	√	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			1
	Tax idemnification and gross-up payments	✓	Health or social club dues or initiation fees			1
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de	_	1 , 3 31 ,	1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all thused by a related organization to establish compensation.	at apply	Do not check any boxes for methods			
	✓ Compensation committee	Γ	Written employment contract	ļ	Į l	ļ
	✓ Independent compensation consultant	▽	Compensation survey or study	ļ	Į l	!
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
1	During the year, did any person listed on Form 990, lor a related organization	Part VII	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control p	paymen	t?	4a		No
b	Participate in, or receive payment from, a supplemen	ntal none	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased cor	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	ist complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6 a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		No
3	Were any amounts reported on Form 990, Part VII, ρ subject to the initial contract exception described in in Part III			8		No
į		e rebutta	able presumption procedure described in Regulations	9		140

Selledales (Form 550) 2015					r age 🕳			
Part III Officers, Directors,	art II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(i) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

FORM 990, SCHEDULE J

Page **3**

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

BUSINESS PURPOSES ON BEHALF OF JONATHAN MEER THIS AMOUNT IS NONTAXABLE TO THE RECIPIENT PART I, LINE 1A, PART II. $oxed{\mathsf{COLUMN}}$ (D) THE NONTAXABLE BENEFITS AMOUNT OF \$24.399 OF PRESIDENT GREGORY G $\,$ DELL'OMO INCLUDES THE MARKET VALUE OF THE UNIVERSITY RESIDENCE PROVIDED TO THE PRESIDENT. THE MARKET VALUE OF THE UNIVERSITY RESIDENCE IS APPROXIMATELY 50% OF NONTAXABLE BENEFITS. THE PRESIDENT 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 \$7,061 IN SOCIAL CLUB MEMBERSHIP DUES FOR UNIVERITY BUSINESS PURPOSES ON BEHALF OF PRESIDENT GREGORY G DELL'OMO THIS AMOUNT IS NONTAXABLE TO THE RECIPIENT PART I, LINE 1A, PART II, COLUMN (D) THE NONTAXABLE BENEFITS AMOUNT OF \$31,494 OF IANTHONY CAMPBELL INCLUDES THE MARKET VALUE OF THE UNIVERSITY RESIDENCE PROVIDED TO THE ASSOCIATE VP STUDENT AFFAIRS/DEAN OF STUDENTS THE MARKET VALUE OF THE UNIVERSITY RESIDENCE IS APPROXIMATELY 91% OF NONTAXABLE BENEFITS THE ASSOCIATE VP OF STUDENT AFFAIRS/DEAN OF STUDENTS OF THE UNIVERSITY IS REQUIRED TO ACCEPT LODGING AND LIVE ADJACENT TO THE LAWRENCEVILLE CAMPUS AS A CONDITION OF HIS EMPLOYMENT PART I, LINE 4B, PART II, COLUMN (B)(III) PRESIDENT MORDECHAI ROZANSKI PARTICIPATED IN A SUPPLEMENTAL NONOUALIFIED RETIREMENT PLAN (457(F) PLAN) OTHER REPORTABLE COMPENSATION OF \$524,996 INCLUDED A 457(F) DISTRIBUTION UPON HIS RETIREMENT (7/31/2015) OF \$441,418 PART II, COLUMN F THE AMOUNT OF \$456,784 FOR PRESIDENT MORDECHAI ROZANSKI REPRESENTS DEFERRED COMPENSATION AWARDS THE AWARDS WERE PREVIOUSLY REPORTED ON FORM 990S AS DEFERRED INCENTIVE COMPENSATION NOT TAXABLE IN THE YEAR AWARDED PART II, COLUMN (D) APPROXIMATELY 83% OF JULIE A KARNS' NONTAXABLE BENEFITS AMOUNT OF \$54,533 REPRESENTS TUITION REMISSION PART II, COLUMN (D) APPROXIMATELY 64% OF DONNAJEAN A FREDEEN'S NONTAXABLE BENEFITS AMOUNT OF \$60,533 REPRESENTS TUITION REMISSION PART II, COLUMN (D) APPROXIMATELY 97% OF MICHAEL F RECA'S NONTAXABLE BENEFITS AMOUNT OF \$69,972 REPRESENTS TUITION REMISSION PART II, COLUMN (D) APPROXIMATELY 68% OF JAMES RIGGS' NONTAXABLE BENEFITS AMOUNT OF \$43,184 REPRESENTS TUITION REMISSION PART II, COLUMN (D) NONTAXABLE BENEFITS, EXCLUSIVE OF THE ITEMS NOTED ABOVE, REPRESENT THE VALUE OF HEALTH CARE BENEFITS WHICH VARY BY INDIVIDUAL BENEFIT ELECTIONS Schedule J (Form 990) 2015

PART I, LINE 1A, PART II, COLUMN (D) RIDER UNIVERSITY HAS PAID \$9,415 IN SOCIAL CLUB MEMBERSHIP DUES FOR UNIVERSITY

Software ID: Software Version:

EIN: 21-0650678

Name: RIDER UNIVERSITY

Form 990, Schedule J, Pa (A) Name and Title								/E) Componentian ::
		(i) Base Compensation	W-2 and/or 1099-MI: (ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1MORDECHAI ROZANSKI PRESIDENT - RETIRED JULY	(1)	251,895	12,500	524,996	21,631	21,155	832,177	456,784
31, 2015	(11)	0	0	0	0		- 0	0
1GREGORY G DELL'OMO PRESIDENT AS OF AUG 1,	(1)	194,934	0	4,859	7,916	24,399	232,108	0
2015	(11)	0	0	0	0			0
2JULIE A KARNS VP FINANCE & TREASURER	(1)	268,407	0	8,022	18,043	54,533	349,005	0
	(11)	0	0	0	0			0
3DONNAJEAN A FREDEEN PROVOST/VP ACADEMIC AFFAIR	(1)	219,615	25,009	0	15,237	60,533	320,394	0
AFFAIR	(11)	0	0	0	0	-	- 0	0
4JONATHAN MEER VP UNIVERSITY	(1)	218,953	0	6,950	14,706	22,029	262,638	0
ADVANCEMENT	(11)	0	0	0	0	- 0		0
5JAMES P O'HARA VP ENROLLMENT	(1)	221,182	0	1,800	14,782	10,126	247,890	0
MANAGEMENT	(11)	0	0	0	0			0
6PATRICIA MOSTO DEAN COLLEGE LIBERAL ARTS	(1)	189,016	0	0	11,646	9,735	210,397	0
DEAN COLLEGE EDEAN EARTH	(11)	0	0	0	0			0
7ANTHONY CAMPBELL AVP STUDENT AFFAIRS/DEAN	(1)	159,831	0	2,100	10,259	31,494	203,684	0
0	(11)	0	0	0	0			0
8JENNIFER M POTTER AVP FINANCE & CONTROLLER	(1)	154,876	0	0	11,064	22,198	188,138	0
	(11)	0	0	0	0			0
9MICHAEL F RECA AVP FACILITIES/AUXILIARY S	(1)	150,671	0	700	9,936	69,972	231,279	0
	(11)	0	0	0	0			0
10 MARGARET O'REILLY-ALLEN	(1)	185,152	0	0	10,247	15,846	211,245	0
CHAIR, ACCOUNTING	(11)	0	0	0	0	-		0
11CYNTHIA NEWMAN ASSOCIATE PROFESSOR,	(1)	181,275	0	0	9,594	13,990	204,859	0
MARKETING	(11)	0	0	0	0			0
12KEVIN BAGGETT BASKETBALL COACH	(1)	179,708	0	1,475	15,738	14,174	211,095	0
BASKET BALL COACH	(11)	0	0	0	0			0
13JAMES RIGGS	(1)	180,075	0	0	10,814	43,184	234,073	0
PROFESSOR BIOLOGY	(11)	0	0	0	0			0
LARRY M NEWMAN ASS	(1)	174,916	0	0	13,898	14,001	202,815	0
14PROFESSOR MARKETING/ADVERTISING	(11)	0						0
				Ĭ	o l	0	0	0

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.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493135125097 OMB No 1545-0047

2015

Internal Revenue Service

Department of the Treasury

Schedule K

(Form 990)

Employer identification number

	e of the organization									Emp	loyer id	entifica	tion nur	mber	
KID	ER UNIVERSITY									21-	06506	78			
Pa	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f)) Descriptio	n of purpose	(g) De	feased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	64605NBU7	10-09-2003	5,52		1	SUPPRESS ALLATION	ION SYSTEM		X		×	×	
В	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	64605LZ43	10-26-2006	12,03			ANCE REFU LED FINAN		×		Х	Х		
c	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	6460652M3	04-04-2012	55,20		UNIV AND	CAPITAL IMPROVEMENTS TO UNIVERSITY'S FACILTIES AND REFUNDING OF PRIOR BONDS			Х		×		x
D	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	646066DG2	04-29-2014	200,97		1	ANCE REFU LED FINAN			Х		X	×	
Pa	rt III Proceeds														
						A		ı	3		С			D	
1	A mount of bonds retired					184	1,894		24,728		10,98	5,000			13,157
	A mount of bonds legally defe	ased													
3	Total proceeds of issue					1,525	5,353		1,482,186	55,305,596			96 1		176,230
4	Gross proceeds in reserve fu	nds													
5	Capitalized interest from proc	ceeds													
6	Proceeds in refunding escrow	/s													
7	Issuance costs from proceed	s								570,340					
8	Credit enhancement from pro	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds				1,525	5,353				10,03	7,181			
11	Other spent proceeds								1,482,186		44,69	8,075			176,230
12	Other unspent proceeds			•											
13	Year of substantial completio	n			20	04				2	015				
					Yes	N	0	Yes	No	Yes	N	lo	Yes	:	No
14	Were the bonds issued as par	rt of a current refundı	ngıssue?	•		X	(×	Χ					X
15	Were the bonds issued as par	rt of an advance refur	ndıng ıssue?			Х	(Х		Х			Х		
16	Has the final allocation of pro	ceeds been made? .			Х			Х			 	×	Х		
17	Does the organization mainta allocation of proceeds?			ort the final	х			х		х			Х		
Pa	rt IIII Private Business (•					_			'	
						A		. E		.,	<u>C</u>			D	
					Yes	No	0	Yes	No	Yes	N	lo	Yes	<u> </u>	No

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 bondΧ

Χ

Х

Χ

Х

D

		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		×	Х		Х		Х	
b	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			Х		X		Х	
prope									
С	Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		×
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 100 %		59 600 %		0 700 %		59 600 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		2 100 %		0 %		1 600 %		0 %
6	Total of lines 4 and 5		2 200 %		59 600 %		2 300 %		59 600 %
7	Does the bond issue meet the private security or payment test?		×		×		X		×
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		х		х		×		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 sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	×		Х		×		×	
Par	t IV Arbitrage								
	A			В		С		D	
	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	×		×			х		×
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?	Х		Х	X			Х	
b	Exception to rebate?	Х		Х	X				X
С	No rebate due?		Х				Х		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed			•					
3	Is the bond issue a variable rate issue?	Х		Х			Х		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		х			Х		×
b	Name of provider								
с	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
	<u> </u>	•	·			1	Sched	ıle K (Form	990) 2015

Α

В

С

contract (GIC)?

Were gross proceeds invested in a guaranteed investment

No

Χ

D

Yes

Contract (GTC)									
b Name of provider .									
c Term of GIC									
	afe harbor for establishing the fair market sfied?								
6 Were any gross proce period?	eds invested beyond an available temporary		x		×	x			×
7 Has the organization the requirements of s	established written procedures to monitor ection 148?	Х		х		×		х	
Part V Procedures	To Undertake Corrective Action								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?				×		×		х	
Part VI Suppleme	ental Information. Provide additional inform	ation for res	ponses to qu	estions on S	chedule K (s	ee instructio	ns).		
Return Reference		Explanation							
ENTITY 1, BOND A (A) ISSUER NAME NJ EDUCATIONAL FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE FIRE SUPPRESSION SYSTEM INSTALLATION ENTITY 1, BOND B (A) ISSUER NAME NJ EDUCATIONAL FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE ADVANCE REFUND PRIOR POOLED FINANCINGS ENTITY 1, BOND C (A) ISSUER NAME NJ EDUCATIONAL FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE CAPITAL IMPROVEMENTS TO UNIVERSITY'S FACILITIES AND REFUNDING OF PRIOR BONDS ENTITY 1, BOND D (A) ISSUER NAME NJ EDUCATIONAL FACILITIES AUTHORITY (F) DESCRIPTION OF PURPOSE ADVANCE REFUND PRIOR POOLED									

No

Х

Yes

FINANCINGS ENTITY 2, BOND A (A) ISSUER NAME NJ EDUCATIONAL FACILITIES AUTHORITY (F)

DESCRIPTION OF PURPOSE REFUND PRIOR POOLED FINANCINGS

В

No

Χ

Yes

С

No

Χ

Yes

Return Reference	Explanation
FORM 990, SCHEDULE K	ENTITY 1 BOND B, PART I (F) BONDS REFUNDED BY THE SERIES 2006 HECIF SERIES 2000A (ISSUE D 07/31/00), SERIES 2000B (ISSUED 12/20/00), SERIES 2002A (ISSUED 11/21/02), AND SERIES 20 04A (ISSUED 04/14/04) BOND C, PART I (F) BONDS REFUNDED BY SERIES 2012A SERIES 2007C (ISSUED 6/21/07), SERIES 2004A (ISSUED 04/03/02) BOND D, PART I (F) THE BONDS REFUND THE BORROWER'S HECIF SERIES 2004A (ISSUED 04/14/2014) BOND A, B, D, AMOUNTS IN PART II REFLECT ONLY THE AMOUNT RECEIVED BY RIDER UNIVERSITY WITH RESPECT TO ITS PORTION OF THE POOLED BONDS BOND B, PART II, LINE 1 AMOUNT SHOWN REPRESENTS THE BONDS RETIRED THAT ARE ALLOCABLE TO THE BORROWER'S PORTION OF DEBT SERVICE RESPONSIBILITY BOND D, PART II, LINE 2 AMOUNT SHOWN REPRESENTS THE BONDS DETIRED THAT ARE ALLOCABLE TO THE BORROWER'S PORTION OF DEBT SERVICE RESPONSIBILITY BOND D, PART II, LINE 2 AMOUNT SHOWN REPRESENTS THE BONDS DEFEASED THAT ARE ALLOCABLE TO THE BORROWER'S PORTION OF THE TOTAL POOLED ISSUE BOND C, PART II, LINE 3 AMOUNT LISTED D IFFERS FROM THE ISSUE PRICE LISTED IN PART I, (E) DUE TO INVESTMENT EARNINGS ACCRUED BOND B, PART III, LINE 4 THE AMOUNT LISTED ONLY INCLUDES THE PRIVATE USE PERCENTAGE APPLICABLE TO THE BORROWER'S PORTION OF THE REFUNDED SERIES 2004A ALL OTHER BONDS REFUNDED BY THE SERIES 2006 HECIF WERE ISSUED PRIOR TO JANUARY 1, 2003 AND HAVE THEREFORE BEEN EXCLUDED FROM PART III OF THIS SCHEDULE BOND A, C, PART III, LINE 7 AS PROVIDED IN TREASURY REQULAT ION SECTION 1 1141-4(C)(2)(1)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNTRELATED IN PART III, LINE 6 THE ORGANIZATION HAS NOT UNDERTA KEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNTRELATED THE BORROWER'S PORTION OF THE BONDS SUSED AFTER DECEMBER 31, 2002 ERPRESENTS LESS THAN 5% OF THE BUNDS SUSUED AFTER DECEMBER 31, 2002 ERPRESENT

Return Reference	Explanation
FORM 990, SCHEDULE K	WAS PERFORMED AS OF SEPTEMBER 1, 2014 ENTITY 2 BOND A, PART I(F) BONDS REFUNDED BY THE SERIES 2005 HECIF SERIES 2002A (ISSUED 11/21/02) BOND A, PART II, LINE 1 AMOUNT SHOWN REPRESENTS THE BONDS RETIRED THAT ARE ALLOCABLE TO THE BORROWER'S PORTION OF DEBT SERVICE RESPONSIBILITY BOND A, PART II, LINES 3 AND 6 THE AMOUNT REFLECTS ONLY THE AMOUNT RECEIV ED BY RIDER UNIVERSITY WITH RESPECT TO ITS PORTION OF THE POOLED BONDS BOND A, PART IV, LINE 2(C) THE REBATE COMPUTATION WAS PERFORMED AS OF JUNE 30, 2010

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

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.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

DLN: 93493135125097

Open to Public Inspection

Internal Revenue Service

Department of the Treasury

(Form 990)

Nam	nal Revenue Service e of the organization									Emp	loyer id	entifica	tion nur	nber	
RID	ER UNIVERSITY									21-	06506	78			
Pā	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	orice	(f)) Descriptio	n of purpose	(g) De	feased	beh	On alf of uer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	NJ EDUCATIONAL FACILITIES AUTHORITY	22-1829511	64605LWX2	08-10-2005	16,42	0,869		IND PRIOR NCINGS	POOLED		×		X	Х	
Pa	rt III Proceeds														
					-	4			В		С			D	
1	A mount of bonds retired					287	,682								
2	A mount of bonds legally defe	ased													
3	Total proceeds of issue					1,648	3,393								
4	Gross proceeds in reserve ful	nds													
5	Capitalized interest from proc	ceeds													
6	Proceeds in refunding escrow	/s				380	,308								
7	Issuance costs from proceed														
8	Credit enhancement from pro	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds													
11	Other spent proceeds				1,268,085										
12	Other unspent proceeds			•											
13	Year of substantial completio	on													
					Yes	No	0	Yes	No	Yes	ı	No.	Yes		No
14	Were the bonds issued as par	rt of a current refundi	ngıssue ⁷	•		Х									
15	Were the bonds issued as par	rt of an advance refun	ding issue?		×										
16	Has the final allocation of pro	ceeds been made?.			Х										
17	Does the organization mainta allocation of proceeds?	•	•	ort the final	х										
Dai															
1841	THE THEOLOGICS					\		E	.	С					
					Yes	No		Yes	No	Yes		lo	Yes		No
1	Was the organization a partne property financed by tax-exe														_

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

D

		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	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	!							
prope									
С	Are there any research agreements that may result in private business use of bond- financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		•				•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
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 sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								
Par	t IV Arbitrage								
	A			В		С		D	
	Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	х							
2	If "No" to line 1, did the following apply?	•		<u>'</u>				<u>'</u>	
a	Rebate not due yet?	Х							
b	Exception to rebate?	Х							
С	No rebate due? χ								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
_	<u> </u>							ule K (Form 9	

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В

С

b	Name of provider								
С	Term of GIC								
d	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?	×							
7	Has the organization established written procedures to monitor the requirements of section 148?	x							
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure								

that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if

self-remediation is not available under applicable regulations?

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

Schedule K (Form 990) 2015

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DLN: 93493135125097

SCHEDULE M

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the Treasury

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 2015

> Open to Public Inspection

Inter	nal Revenue Service							
	ne of the organization R UNIVERSITY				Employer identificat	ion nu	mber	
KIDL	N ON VERSITY				21-0650678			
Pā	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı	_	ts
_	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests				_			
4	Books and publications Clothing and household				+			
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	17	1,426,410	MEAN PRICE-GIFT	DATE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles				1			
	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy				+			
22 23	Scientific specimens				-			
	Archeological artifacts				-			
	Other ► ()				+			
	Other ▶ ()				-			
	Other ► ()							
	Other ▶ ()							
	Number of Forms 8283 received	by the orga	inization during the tax yea	r for contributions				
	for which the organization comple	eted Form 8	283, Part IV, Donee Acknowledge	owledgement	29			0
							Yes	No
30a	During the year, did the organiza			•	= '			
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used			
	for exempt purposes for the enti	re holding p	period?			30a		Νo
ь	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	•	-	to solicit, process, or sell	noncash	32a		No
Ь	If "Yes," describe in Part II					J2a		INU
33		an amount	ın column (c) for a type of	property for which column	(a) is checked,			

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE 0** (Form 990 or

990-EZ)

Treasury

Service

Department of the

RIDER UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

DLN: 93493135125097 OMB No 1545-0047

> 2015 Open to Public

Inspection

21-0650678

Internal Revenue Name of the organization **Employer identification number**

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 INTERDEPENDENT WORLD RIDER WILL ACHIEVE DISTINCTIVENESS BY FOCUSING ON STUDENTS FIRST, BY CULTIVATING LEADERSHIP SKILLS, BY AFFIRMING TEACHING AND LEARNING THAT BRIDGE 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 LINING 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 OP PORTUNITIES OF A COMPREHENSIVE UNIVERSITY WITH THE PERSONAL ATTENTION AND CLOSE STUDENT-FA CULTY INTERACTIONS OF A LIBERAL ARTS COLLEGE THROUGH A COMMITMENT TO HIGH QUALITY TEACHING, SCHOLARSHIP AND EXPERIENTIAL OPPORTUNITIES, FACULTY ON BOTH CAMPUSES PROVIDE UNDERGRADU ATE AND GRADUATE STUDENTS RIGOROUS AND RELEVANT PROGRAMS OF STUDY TO EXPAND THEIR INTELLEC TUAL, CULTURAL AND PERSONAL HORIZONS AND DEVELOP THEIR LEADERSHIP SKILLS OUR HIGHLY REGAR DED PROGRAMS IN THE ARTS, SOCIAL SCIENCES, SCIENCES, MUSIC, BUSINESS AND EDUCATION CHALLEN GESTUDENTS TO BECOME ACTIVE LEARNERS WHO CAN ACQUIRE. INTERRET, COMMUNICATE AND APPLY KNOWLEDGE WITHIN AND ACROSS DISCIPLINES TO FOSTER THE INTEGRATIVE THINKING REQUIRED IN A COMPLEX AND RAPIDLY CHANGING WORLD RIDDER ATTRACTS HIGHLY QUALIFIED FACULTY, STAFF AND ADMINISTRATION WITH DIVERSE BACKGROUNDS WHO CREATE AN ENVIRONMENT THAT INSPIRES INTELLECTUAL AND SOCIAL ENGAGEMENT, STIMULATES INNOVATION AND SERVICE, AND ENCOURAGES PERSONAL AND PROFESS IONAL ENGAGEMENT, STIMULATES INNOVATION AND SERVICE, AND ENCOURAGES PERSONAL AND PROFESS IONAL ENGAGEMENT, STIMULATES INNOVATION FOR FERSON SUCCESS THE UNIVERSITY'S INSTITUTIONAL DAND SHARED VALUES, VISION AND MISSION THAT WILL ENSURE RIDER'S SUC
1	F THEIR COMMUNITIES, THE NATION AND THE WORLD

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. COLLEEN AND GARY SHAPIRO HAVE A FAMILY RELATIONSHIP PART VI. SECTION A. LINE 2

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE BOARD OF TRUSTEES REVISED THE BY-LAWS OF THE UNIVERSITY AT THE JUNE 2016 MEETING TO ES. PART VI. TABLISH THE GOVERNANCE COMMITTEE AND TO EXPAND AND/OR REVISE COMMITTEE RESPONSIBILITIES. SECTION A. LINE 4

Return Explanation

FORM 990, THE AUDIT AND ENTERPRISE RISK COMMITTEE OF THE UNIVERSITY'S BOARD OF TRUSTEES PERFORMED A

PART VI,

REVIEW OF THE FORM 990 AND ALL APPLICABLE SCHEDULES PRIOR TO SUBMISSION AS PART OF AN AUDI
SECTION B,

LINE 11

DULES WERE POSTED ON THE UNIVERSITY'S INTRANET FOR THE ENTIRE BOARD OF TRUSTEES TO REVIEW

PRIOR TO SUBMISSION

990 Schedule O, Supplemental Information
Return

Reference FORM 990.

PART VI.

SECTION B.

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

EMBER WITH A CONFLICT WILL RECUSE HIMSELF/HERSELF FROM ANY VOTES REGARDING THE MATTER

UNITS WHO SHOULD PARTICIPATE IN THE ANNUAL REPORTING AND REVIEW PROCESS. ANY INDIVIDUAL WH

Explanation

LINE 12C O IS CONSIDERED TO HAVE SIGNIFICANT RESPONSIBILITY FOR INSTITUTIONAL OPERATIONS OR PURCHAS ING IS INCLUDED THE POLICY REQUIRES THAT PERSONS INVOLVED IN DECISION MAKING DISCLOSE FIN ANCIAL 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 QU ESTIONNAIRE FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST TO ALL INDIVIDUALS SO IDENTI FIED IN 2016, 136 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 CONFL ICT COMMITTEE UNDER THE UNIVERSITY'S BY LAWS THE HUMAN RESOURCES COMMITTEE REPORTS ITS FIN DINGS TO THE BOARD OF TRUSTEES, WHICH IS RESPONSIBLE FOR ACTING ON THE COMMITTEE'S FINDING S - IN PARTICULAR ON ANY CONFLICT THAT MIGHT BE IDENTIFIED BY POLICY, ANY PROPOSED BUSINE SS RELATIONSHIP BETWEEN A TRUSTEE OR THEIR RELATED ENTITY MUST BE EVALUATED AND ACTED ON P RIOR TO ITS POTENTIAL IMPLEMENTATION NO SUCH RELATIONSHIP CURRENTLY EXISTS - ANY BOARD M

990 Schedule O, Supplemental Information Return

ARGAINING AGREEMENT

SECTION B.

LINE 15

Reference FORM 990. THE SENIOR COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES ENGAGES AN INDEPENDENT CONSULTI PART VI. NG FIRM TO UNDERTAKE A REASONABLENESS REVIEW OF TOP MANAGEMENT COMPENSATION TOP MANAGEMEN.

Explanation

INCLUDES THE INSTITUTION'S PRESIDENT AND VICE PRESIDENTS. THE REASONABLENESS REVIEW INCL

UDES CONSIDERATION OF COMPARABILITY DATA PREPARED BY THE CONSULTANTS WHICH IS PROVIDED TO

BLENESS OF KEY EMPLOYEES' COMPENSATION FACULTY COMPENSATION IS GOVERNED BY A COLLECTIVE B.

ALL COMMITTEE MEMBERS AND TO ALL MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES. THE BENCHM ARK DATA CONSIDERED INCLUDES BOTH SALARY AND TOTAL COMPENSATION INFORMATION CONTEMPORANEO US MINUTES ARE MAINTAINED FOR BOTH THE SENIOR COMPENSATION COMMITTEE OF THE BOARD AND FOR THE FULL BOARD OF TRUSTEES MEETINGS. THIS PROCESS WAS LAST UNDERTAKEN IN OCTOBER 2016. THE UNIVERSITY CONSISTENTLY UTILIZES HIGHER EDUCATION BENCHMARKING DATA TO ASSESS THE REASONA

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE UNIVERSITY'S GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY. AND FINANCIAL STATEMENTS ARE MADE PART VI. AVAILABLE TO THE PUBLIC UPON REQUEST SECTION C. LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. CHANGE IN VALUE OF PENSION 206.775 CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TR PART XI. LINE UST -89.987 WRITE-OFF OF CONTRIBUTION RECEIVABLE -9.540

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. RIDER UNIVERSITY DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR. PART XII. LINE