

Form **990-T**Department of the Treasury
Internal Revenue Service (77)**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No. 1545-0687

2007Open to Public Inspection
for 501(c)(3) Organizations OnlyFor calendar year 2007 or other tax year beginning 07/01, 2007, and
ending 06/30, 2008 See separate instructions.A ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions)D **Employer identification number**
(Employees' trust see instructions for Block D
on page 9)**B Exempt under section**☒ 501(c)(3) ☐ 220(e)
☐ 408(e) ☐ 530(a)
☐ 408A ☐ 529(a)Print
or
Type**RIDER UNIVERSITY**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions

2083 LAWRENCEVILLE ROAD

City or town, state, and ZIP code

LAWRENCEVILLE, NJ 08648-3099**21-0650678**E **Unrelated business activity codes**
(See instructions for Block E on page 9)**541700 900000****721000 713900**C Book value of all assets
at end of year**217,710,594.**

F Group exemption number (See instructions for Block F on page 9) ▶

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Describe the organization's primary unrelated business activity ▶ **SEE STATEMENT 1**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶J The books are in care of ▶ **WILLIAM ROELL**Telephone number ▶ **609-896-5009****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales 768,030.			
b Less returns and allowances c Balance ▶	1 c 768,030.		
2 Cost of goods sold (Schedule A, line 7)	2 419,844.		
3 Gross profit Subtract line 2 from line 1c	3 348,186.		348,186.
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 169.	STMT 2	169.
6 Rent income (Schedule C)	6 31,223.		31,223.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See page 11 of the instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12.	13 379,578.		379,578.

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	116,224.
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See page 14 of the instructions for limitation rules)	20	
21 Depreciation (attach Form 4562).	21 94,591.	
22a Less depreciation claimed on Schedule A and elsewhere on return	22a	
22b 94,591.	22b	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	32,888.
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 3	28	489,028.
29 Total deductions. Add lines 14 through 28	29	732,731.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-353,153.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32	-353,153.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-353,153.

JANUARY 14 2009

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Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15Controlled group members (sections 1561 and 1563) check here ☐ See instructions and**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)(1) (2) (3) **b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750)

(2) Additional 3% tax (not more than \$100,000)

c Income tax on the amount on line 34**35c****36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16 Income tax onthe amount on line 34 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041)**36****37 Proxy tax.** See page 16 of the instructions**37****38 Alternative minimum tax****38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies**39****Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)**40a****b** Other credits (see page 17 of the instructions)**40b****c** General business credit Check here and indicate which forms are attached☐ Form 3800☐ Form(s) (specify) **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827)**40d****e** **Total credits.** Add lines 40a through 40d**40e****41** Subtract line 40e from line 39**41****42** Other taxes Check if from ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)**42****43** **Total tax.** Add lines 41 and 42**43****44a** Payments A 2006 overpayment credited to 2007**44a****b** 2007 estimated tax payments**44b****c** Tax deposited with Form 8868**44c****d** Foreign organizations Tax paid or withheld at source (see instructions)**44d****e** Backup withholding (see instructions)**44e****f** Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other

Form 2439

Form 4136

44fTotal **45** **Total payments.** Add lines 44a through 44f**45****46** Estimated tax penalty (see page 4 of the instructions) Check if Form 2220 is attached ☐**46****47** **Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed**47**

NONE

48 **Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid**48**

NONE

49 Enter the amount of line 48 you want **Credited to 2008 estimated tax** ☐ **Refunded** ☐Refunded ☐**49**

NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)**1** At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1 If YES, enter the name of the foreign country here

Yes No

X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file

Yes No

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year **Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ☐**1** Inventory at beginning of year**1****2** Purchases**2**

419,844.

3 Cost of labor**3****4a** Additional section 263A costs (attach schedule)**4a****b** Other costs (attach schedule)**4b****5** **Total.** Add lines 1 through 4b**5**

419,844.

6 Inventory at end of year**6****7** **Cost of goods sold.** Subtract line 6 from line 5 Enter here and in Part I, line 2**7**

419,844.

8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

X

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Signature of officer *Dulita A. Yarus*Date *4-13-09*Title *VP Finance*May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**Preparer's signature *Mark C. Herten*Date *4/13/2009*Check if self-employed ☐

Preparer's SSN or PTIN

P00193304

Firm's name (or yours if self-employed), address, and ZIP code

WTAS LLC
452 FIFTH AVENUE, 23RD FLOOR
*NEW YORK, NY 10018*EIN *33-1197384*
Phone no *646-213-5100*

Form 990-T (2007)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 20)

1 Description of property(1) **VENDOR TABLES**(2) **SCIENTIFIC EQUIPMENT**

(3)

(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	10,695.	
(2)	20,528.	
(3)		
(4)		
Total	Total 31,223.	

Total income Add totals of columns 2(a) and 2(b). Enter

here and on page 1, Part I, line 6, column (A) ▶

31,223.

Total deductions. Enter here and on page 1, Part I, line 6, column (B) . . . ▶**Schedule E - Unrelated Debt-Financed Income** (see instructions on page 20)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

Total dividends-received deductions included in column 8 ▶**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions on page 22)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
Total. Enter here and on page 1, Part II, line 14			

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

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ATHLETIC SUMMER CAMP/FITNESS CENTER/EQUIPMENT RENTAL
PARTNERSHIP INCOME

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

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COMMONFUND CAPITAL PARTNERS III (37-1509257)	395.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII (21-0650678)	-1.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII (51-0605779)	-225.

INCOME (LOSS) FROM PARTNERSHIPS	169.
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FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

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OPERATING EXPENSES - BUSINESS CONFERENCES	188,746.
OPERATING EXPENSES - FITNESS CENTER	33,403.
OPERATING EXPENSES - RENTAL	14,368.
FACILITIES - BUSINESS CONFERENCES	252,511.

PART II - LINE 28 - OTHER DEDUCTIONS	489,028.
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RIDER UNIVERSITY
FORM 990T
SUMMARY OF PRIOR YEAR LOSSES CARRIED FORWARD
FOR THE FISCAL YEAR ENDED JUNE 30, 2008
TAX YEAR 2007
EIN #21-0650678

<u>Return Year</u>	<u>Fiscal Year</u>	<u>Unrelated Business Taxable Income</u>
1992	7/1/92 - 6/30/93	(199,628)
1993	7/1/93 - 6/30/94	(26,972)
1994	7/1/94 - 6/30/95	(26,410)
1995	7/1/95 - 6/30/96	(31,026)
1996	7/1/96 - 6/30/97	(13,931)
1997	7/1/97 - 6/30/98	(14,381)
1998	7/1/98 - 6/30/99	(48,359)
1999	7/1/99 - 6/30/00	(1,665)
2000	7/1/00 - 6/30/01	(27,630)
2001	7/1/01 - 6/30/02	(936)
2002	7/1/02 - 6/30/03	0
2003	7/1/03 - 6/30/04	(93,117)
2004	7/1/04 - 6/30/05	(10,400)
2005	7/1/05 - 6/30/06	(110,956)
2006	7/1/06 - 6/30/07	(245,881)
TOTAL LOSS CARRYOVER		<u>(851,292)</u>
AMOUNT USED TO OFFSET IN 2002-03		18,709
LOSS TO CARRYOVER FOR 2007-08		<u>(353,322)</u>
REMAINING LOSS CARRYOVER		<u><u>(1,185,905)</u></u>

Form **8868**

(Rev. April 2008)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **1**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☒ **1**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Rider University	Employer identification number 21 0650678	
	Number, street, and room or suite no. If a P.O. box, see instructions. 2083 Lawrenceville Road		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lawrenceville, NJ 08648-3099		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **William Roell**

Telephone No. ► (**609**) **896-5009** FAX No. ► (**609**) **896-5371**

- If the organization does not have an office or place of business in the United States, check this box ☐ **2**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ **3** . If it is for part of the group, check this box ☐ **4** and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **May 15**, 20**09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20____ or
- ☒ tax year beginning **July 1**, 20**07**, and ending **June 30**, 20**08**.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Cat No. 27916D

Form **8868** (Rev. 4-2008)