Form <b>990-T</b> Department of the Treasury Internal Revenue, Service	Exempt Organization Bus (and proxy tax und For calendar year 2010 or other tax year beginning JUL 1	der se	ction 6033(e))		n 2010 0 1 1 Open to Public Inspection 501(c)(3) Organizations On					
A Check box if address changed	Name of organization ( Check box if name changed and see instructions )  Demployer identification number (Employees' trust, see Instructions )									
	B Exempt under section   Print   RIDER UNIVERSITY									
X 501(C)(3)	•	21-0650678  E Unrelated business activity cod (See instructions)								
408(e) 220(e)	Tung I									
408A530(a)	LAWRENCEVILLE, NJ 086	548-	3099		900000 72100					
C Book value of all assets at end of year	F Group exemption number (See instructions )	<u> </u>								
219,164,022.	G Check organization type ► X 501(c) corporatio	on L	501(c) trust	401(a) trus	t Other trust					
	on's primary unrelated business activity	SEE	STATEMENT 1							
I During the tax year, was	s the corporation a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?	<b>&gt;</b>	Yes X No					
	and identifying number of the parent corporation				<u> </u>					
	f ► WILLIAM ROELL  dd Trade or Business Income		(A) Income	one number  (B) Expens	609-896-5009 es (C) Net					
1a Gross receipts or sal	0.00 0.01	т	(A) income	(b) Expens	65 (0) 1661					
b Less returns and allo		10	863,961.							
2 Cost of goods sold (	<del></del>	2	471,579.							
3 Gross profit Subtrac	•	3	392,382.		392,382					
4 a Capital gain net inco	me (attach Schedule D)	4a		·····						
* ' '	n 4797, Part II, line 17) (attach Form 4797)	4b								
c Capital loss deductio		4c	-14,305.	TMT	2 _14 205					
<ul><li>5 Income (loss) from p</li><li>6 Rent income (Sched)</li></ul>	partnerships and S corporations (attach statement)	5	67,994.	91011	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	ced income (Schedule E)	7	0173310		0,755					
	oyalties, and rents from controlled organizations (Sch. F)	8								
~	of a section 501(c)(7), (9), or (17) organization									
(Schedule G)		9								
	tivity income (Schedule I)	10								
Advertising income (		11								
12 Other income (See in	nstructions, attach schedule )	12	446,071.		446,071					
Part II Deduction	ons Not Taken Elsewhere (See instructions fo	<del>, , , , , , , , , , , , , , , , , , , </del>	·		440,071					
(Except for	contributions, deductions must be directly connecte			s income.)	·					
	fficers, directors, and trustees (Schedule K)				14					
Salaries and wages					15 110,289 16					
16 Repairs and mainte	nance				17					
18 Interest (attach sch	edule)				18					
19 Taxes and licenses					19					
20 Charitable contribut	tions (See instructions for limitation rules)	4			20					
21 Depreciation (attach	1	<del></del>	21	117,252						
	laimed on Schedule A and elsewhere on return		22a		22b 117,252					
23 Depletion	MAY 2 1 2012	147			23					
24 Contributions to def 25 Employee benefit pi	ferred compensation plans	~!^``			25 36,386					
26 Excess exempt expe	■ N 2 - 1 - 1 - 1	i			26					
27 Excess readership of					27					
28 Other deductions (a			SEE STAT	EMENT 3	28 451,345					
	s. Add lines 14 through 28				29 715,272					
	taxable income before net operating loss deduction. Subtract	ct line 29	9 from line 13		30 -269,201					
	deduction (limited to the amount on line 30)	luame Icc	20		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	taxable income before specific deduction. Subtract line 31 fi (Generally \$1,000, but see instructions for exceptions.)	rom line	30		$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	ess taxable income. Subtract line 33 from line 32. If line	33 is ar	eater than line 32, enter t	he smaller						
of zero or line 32		22 /0 gr			34  $-269,201$					
023701 LLIA For Day	I Do I also Add Alasta a contrata allocations				∠ Form 000 T /20:					

Pa	art III	Tax Computation			·	
	35 0	irganizations Taxable as Corporations. See instructions for tax computation.				
	C	controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions an	d			
	аE	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r)			
	(*	1) [\$ (2) [\$ (3) [\$				
		inter organization's share of (1) Additional 5% tax (not more than \$11,750)				
	(2	2) Additional 3% tax (not more than \$100,000)				
		ncome tax on the amount on line 34		•	35c	0.
	36 T	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 34 from			
	Γ	Tax rate schedule or Schedule D (Form 1041)		•	. 36	
	37 P	roxy tax. See instructions		•	37	
		Iternative minimum tax			38	
		otal Add lines 37 and 38 to line 35c or 36, whichever applies			39	0.
P		Tax and Payments			<del></del>	
		oreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a			
		Other credits (see instructions)	40b		1	
		ieneral business credit. Attach Form 3800	40c		1	
			40d		-	
		redit for prior year minimum tax (attach Form 8801 or 8827)  otal credits. Add lines 40a through 40d	1 400		40e	
		•			41	0.
		subtract line 40e from line 39 Other taxes: Check if from Form 4255 Form 8611 Form 8697 Form 88	ee Tothar	-44		
			OO Other (	attach schedule		0.
		otal tax. Add lines 41 and 42	1445		43	
		layments A 2009 overpayment credited to 2010	44a		-	
		010 estimated tax payments	44b		-	
		ax deposited with Form 8868	44c		-	
		oreign organizations Tax paid or withheld at source (see instructions)	44d	<del></del>	-	
		lackup withholding (see instructions)	44e		-	
		redit for small employer health insurance premiums (Attach Form 8941)	441		-	
	g O	other credits and payments Form 2439				
	L	Form 4136	44g		-	
		otal payments Add lines 44a through 44g			45	
		stimated tax penalty (see instructions) Check if Form 2220 is attached			46	
		ax due If line 45 is less than the total of lines 43 and 46, enter amount owed			47	0.
		iverpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	1		48	0.
		nter the amount of line 48 you want Credited to 2011 estimated tax		unded P	49	
PE	art V					
1		time during the 2010 calendar year, did the organization have an interest in or a signature or o				Yes No
		, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 9		f Foreign Ban	k and	,,
2	Financ	cial Accounts If YES, enter the name of the foreign country here the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trusee instructions for other forms the organization may have to file	ist?			X
-			.50			X
3		the amount of tax-exempt interest received or accrued during the tax year ►\$				
Sc	hedu	lle A - Cost of Goods Sold. Enter method of inventory valuation ► N/A		<del> </del>		
1	Invent	tory at beginning of year 1 0. 6 Inventory at end of year			6	0.
2	Purch	•				471 570
3	Cost	of labor 3 from line 5 Enter here			7	<u>471,579.</u>
4 a	Addıtı	onal section 263A costs 4a B Do the rules of section	263A (with resp	ect to		Yes No
þ	Other	costs (attach schedule) 4b property produced or a	acquired for resa	le) apply to		
_5_	Total	Add lines 1 through 4b 5 471, 579. the organization?				X
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and so correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	statements, and to t	he best of my ki ae.	nowledge and	pellef, it is true,
Sig		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepar	ER AND	VP [	May the IRS d	Iscuss this return with
He	re	( ) y 1 1 7 am   5.14.12   FINANCE				hown below (see
		Signature of officer Date Title			instructions)?	X Yes No
		Print/Type preparer's name Preparer's signature , Dat	te	Check 🔲	ıf PTIN	
Da	aid	ha install	11.	self- employe		
		MARK A. HERTLEIN Was O'A leller	10/2012			0193304
	epar	Firm's name O'CONNOR DAVIES MUNNS & DOBBINS,	LLP	Firm's EIN	<b>▶</b> 13	-3385019
US	se On	60 EAST 42ND STREET				
		Firm's address ► NEW YORK, NY 10165		Phone no	212-	286-2600
_			·	_	-	

548440\_1

Form 990-T (2010) RIDER UN Schedule C - Rent Incom	NIVERSITY ne (From Rea		y and	l Personal	Proper	ty Lease	21-06 ed With Real P		
1. Description of property	· -								
(1) VENDOR TABLES									
(2) SCIENTIFIC EQU	IPMENT								
(3)							<del></del>		
(4)		· · · · · · · · · · · · · · · · · · ·				<u> </u>			
[4]	2. Rent rece	ved or accrued							- · · · · · · · · · · · · · · · · · · ·
(a) From personal property (if the rent for personal property is 10% but not more than	more than	(b) Fro	ent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50%	centage or if			nnected with the income in (b) (attach schedule)
	3076)	<del> </del>	ulo reni	is based on pront		,768.			· · ·
(1)		<u> </u>				,226.			·
		<del>                                     </del>				,			
(3)	•								
Total	0.	Total			67	,994.	-		
(c) Total income. Add totals of colurr here and on page 1, Part I, line 6, colu	nns 2(a) and 2(b) E					,994.	(b) Total deductions Enter here and on page Part I, line 6, column (8)	1, .	0
Schedule E - Unrelated D		d Income	(see I	nstructions)	<u>_</u>	, , , , ,	r art i, iiio o, colattii (b)		
Jonedale E Jinclated E	CDL TITIONIOC	<u>u 111001110</u>	(300)	listractions)			3. Deductions directly	connect	ted with or allocable
				2. Gross inc			to debt-fir		
1. Description of del	bt-financed property			or allocable financed		(a)	(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 acquisition of or all debt-financed debt-financed		e adjusted basis allocable to anced property ch schedule)	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)					c	%			
(2)						%			
(3)						%	•		
(4)						%			
Totals Total dividends-received deduction	s included in colum	n 8					nter here and on page 1, art I, line 7, column (A)	0.	Enter here and on page 1, Part I, line 7, column (B)
Schedule F - Interest, An	nuities, Roya	lties, and	Ren	ts From C	ontrolle	ed Organ	nizations (see in	nstruc	
		· · · · · · · · · · · · · · · · · · ·		t Controlled O					·
Name of controlled organization	Employer id	lentification iber	Net un (loss) (s	3. 4. unrelated income (see instructions) Total of specifi payments made		of specified			6. Deductions directly connected with income in column 5
(1)				·· <del>·</del>	T				
(2)						· · · · · · · · · · · · · · · · · · ·			
(3)									
(4)									
Nonexempt Controlled Organizati	ions								
	8. Net unrelated incor (see instruction		<b>9</b> . Tot	al of specified pays made	ments	in the cont	olumn 9 that is included rolling organization s ross income		Deductions directly connected with income in column 10
(1)									
(2)				•					
(3)									
(4)			•					<u> </u>	
		<u>.</u> l				Enter here	olumns 5 and 10 and on page 1, Part I, 8, column (A)	Ente	Add columns 6 and 11 er here and on page 1, Part I, line 8, column (B)
fotale							0 -		0 .

Schedule G - Investm	ent Income of a tructions)		501(c)(7	), (9), or (17) Org	janizat	tion		
1. Des	scription of income			2. Amount of income	directly	ductions connected schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								
(2)	<del></del>							
(3)								
(4)				Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1 Part I, Ilne 9, column (B)
Totals				0.				0.
Schedule I - Exploited		ty Income	, Other		g Inco	me	. 173 - 111144, 11 - 1114	l
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly cor with prod of unrel business i	nnected uction ated	4 . Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	from act	s income tivity that inrelated s income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(4)		ļ		anough 7				
(1)		<del></del>						
(2)								
(3)								
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Parti,				<del></del>	Enter here and on page 1, Part II, line 26
T. 4.1.	0	1	ο.					0.
Totals Paradia	<u> </u>							
Schedule J - Advertis Part I Income From	Periodicals Re			solidated Basis				
1. Name of periodical	2. Gross advertising income	, , ,	Direct Ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		irculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_				
(2)								
(3)								
(4)				1				
		_						
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0.					0.
Part II Income From columns 2 throug	Periodicals Re h 7 on a line-by-line t		a Sepa	rate Basis (For ea	ach perio	odical listed in	Part II, fill in	
1. Name of penodical	2. Gross advertising income	.   0.	Direct Ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		rculation come	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)							-	
(3)								
(4)		*						
(5) Totals from Part I	<del> </del>	0.	0.	<del></del>	I			0.
	Enter here and page 1, Part line 11, col (	on Enter h	nere and on 1, Part I, 1, col (B)					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) Schedule K - Comper	reation of Office				nstructio	ons)		
		ers, Direc	1015, 211	2. Title	istractio	3. Percent of time devoted to		ensation attributable related business
<del></del>	Name			£. 1100		business	% to un	related Dualifess
(1)			<b></b>			<del>                                     </del>		
_(2)			<del>                                     </del>			<del>                                     </del>	%	
(3)						ļ	%	
(4)				<del></del> .		<u></u>	%	
Total Enter here and on page 1	Part II line 14	_				1	<b>▶</b>	0.

023731

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
ATHLETIC SUM	MMER CAMPS / FITNESS CENTER / EQUIPMENT RENTAL		
TO FORM 990-1	r, PAGE 1		
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
DESCRIPTION		AMOUNT	
INCOME/LOSS E	FROM PARTNERSHIPS	-14,30	05.
TOTAL TO FORM	4 990-T, PAGE 1, LINE 5	-14,30	05.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
OPERATING EXI	PENSES	284,8° 166,4°	
TOTAL TO FORM	4 990-T, PAGE 1, LINE 28	451,34	45.

RIDER UNIVERSITY
FORM 990T
SUMMARY OF PRIOR YEAR LOSSES CARRIED FORWARD
FOR THE FISCAL YEAR ENDED JUNE 30, 2011
TAX YEAR 2010
EIN #21-0650678

Return Year	Fiscal Year	Unrelated Business Taxable Income			
1000	<b>-</b> 11100 0100	(100.000)			
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	-			
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)			
2007	7/1/07 - 6/30/08	(353,153)			
2008	7/1/08 - 6/30/09	(278,389)			
2009	7/1/09 - 6/30/10	(286,770)			
TOTAL LOS	S CARRYOVER	(1,769,604)			
AMOUNT US IN 2002-03	18,709				
,					
LOSS TO CA FOR 2010-1	(269,201)				
REMAINING	LOSS CARRYOVER	(2,020,096)			

## Form **8868**

(Rev. January 2011)

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						
•	are filing for an Additional (Not Automatic) 3-Month Ex	-		form)		
-	complete Part II unless you have already been granted a					
	nic filing (e-file). You can electronically file Form 8868 if t					oration
	to file Form 990-T), or an additional (not automatic) 3-mo					
	o file any of the forms listed in Part I or Part II with the ex-					
	ll Benefit Contracts, which must be sent to the IRS in paper		(see instructions). For more details on the	ie elec	ctronic filing of this i	om,
	w.irs.gov/efile and click on e-file for Chanties & Nonprofits		book amagaal (aa aantaa aaadad)			
Part I				- nloto		
	ration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and corr	ibiete	_	X
Part I or	•		70044	4		A
	corporations (including 1120-C filers), partnerships, REM come tax returns.	iiCs, and t	rusts must use Form 7004 to request an	exter	ision of time	
	<u> </u>			F		
Type or	Name of exempt organization			Emp	loyer identification	number
print	DIDED UNIVEDCIMY			2	1-0650678	
File by the	RIDER UNIVERSITY				1-0030076	
due date fo	1	ee instruc	tions.			
return See						
instruction			lress, see instructions.			
	LAWRENCEVILLE, NJ 08648-30	199				
_						07
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 7
						T
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99		01	Form 990-T (corporation)		· · · · · ·	07
Form 99	0-BL	02	Form 1041-A			80
Form 99	0-EZ	01	Form 4720			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
	WILLIAM ROELL					
	books are in the care of   2083 LAWRENCEV.	ILLE 1	RD - LAWRENCEVILLE,	NJ	<u>08648-3099</u>	
Telep	shone No. ► 609-896-5009		FAX No. 🕨			
<ul><li>If the</li></ul>	organization does not have an office or place of business	s in the Ur	nited States, check this box		<b>•</b>	
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If thi	s is fo	r the whole group, c	heck this
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of all	memb	ers the extension is	for.
1   in	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time unt	ıl		
_	MAY 15, 2012 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension	
IS	for the organization's return for:					
<b>&gt;</b>	calendar year or					
<b>&gt;</b>	X tax year beginning JUL 1, 2010	, an	d ending JUN 30, 2011		_ •	
2 If 1	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 🔲 Fina	ıl retur	n	
	Change in accounting period					
3a If t	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
no	onrefundable credits. See instructions.			3a	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	timated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	. If you are going to make an electronic fund withdrawal v			8879-	EO for payment inst	ructions.
	For Paperwork Reduction Act Notice, see Instructions				Form <b>8868</b> (Re	

LHA