



Office of Human Resources  
2083 Lawrenceville Road  
Lawrenceville, NJ 08648-3099  
T 609-896-5140  
www.rider.edu

November 2, 2010

EBSA/P

2010 N

12:52

**CERTIFIED MAIL -RETURN RECEIPT REQUESTED**

EBSA/PUBLIC DISCLOSURE  
2010 NOV -9 PM 12:52

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Re: Rider University 2010 - 457(f) Supplemental Benefit Plan (the "Plan")

Dear Sir or Madam:

The following statement is intended to comply with the alternative form for the reporting and disclosure requirements of Part I, Title I of ERISA as outlined in the Department of Labor Regulations 2520.104-23.

**Name of Employer:** Rider University  
**Address of Employer:** 2083 Lawrenceville Road  
Lawrenceville, NJ 08648-3099

**Employer Identification Number:** 21-0650678

**Declaration:** The University maintains the Plan primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees.

**Number of Deferred Compensation Plans:** The University maintains this Plan and two other nonqualified deferred compensation plans.

**Number of Participants in the Plan:** There is one employee who is eligible to participate in the Plan.

The University will provide a copy of the Plan document to the Department of Labor upon request.

Respectfully submitted,

Mona M. Marder  
Director of Compensation and Benefits



UNIVERSITY OF VIRGINIA  
LIBRARY



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OF THE RETURN ADDRESS FOLD AT DOTTED LINE

**CERTIFIED MAIL**

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