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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form **990-EZ**

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

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

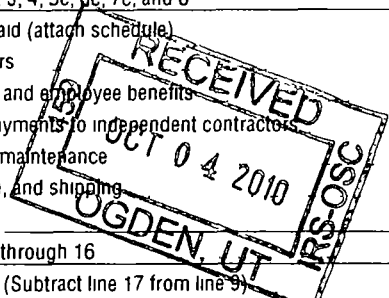
Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning and ending

| | | | |
|--|--|--|--|
| <p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p>Please use IRS label or print or type See Specific Instructions</p> | <p>C Name of organization</p> <p style="font-size: 1.2em;">THE RANCHER'S RIDE, INC.</p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite</p> <p>1800 ST. JAMES PLACE SUITE 210</p> <p>City or town, state or country, and ZIP + 4</p> <p>HOUSTON, TX 77056</p> | <p>D Employer identification number</p> <p style="font-size: 1.2em;">76-0431506</p> <p>E Telephone number</p> <p style="font-size: 1.2em;">713 586 7103</p> <p>F Group Exemption Number</p> |
| <p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)</p> | | <p>G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p> | |
| <p>I Website ▶ NONE</p> | | <p>H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)</p> | |
| <p>J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> | | <p>K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p> | |
| <p>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ</p> | | <p>\$ 140449.</p> | |

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) | | | |
|---|--|--------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 2237. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 31297. |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/> | 6 | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | 106295. |
| | b Less direct expenses other than fundraising expenses | 6b | 67341. |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 38954. | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe ▶ MISCELLANEOUS INCOME) | 8 | 620. | |
| 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 73108. | |
| 10 Grants and similar amounts paid (attach schedule) | 10 | 30450. | |
| 11 Benefits paid to or for members | 11 | | |
| 12 Salaries, other compensation, and employee benefits | 12 | | |
| 13 Professional fees and other payments to independent contractors | 13 | 9792. | |
| 14 Occupancy, rent, utilities, and maintenance | 14 | 3728. | |
| 15 Printing, publications, postage, and shipping | 15 | 1810. | |
| 16 Other expenses (describe ▶ SEE STATEMENT 1) | 16 | 20291. | |
| 17 Total expenses Add lines 10 through 16 | 17 | 66071. | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 7037. | |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 57471. | |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | | |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 64508. | |

| Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ | | | |
|--|--|-----------------------|-----------------|
| (See the instructions for Part II) | | (A) Beginning of year | (B) End of year |
| 22 Cash, savings, and investments | | 43479. | 53911. |
| 23 Land and buildings | | | |
| 24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS) | | 13992. | 10597. |
| 25 Total assets | | 57471. | 64508. |
| 26 Total liabilities (describe ▶) | | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 57471. | 64508. |



5

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| 35b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> 0. | | |
| 37b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | X |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u> N/A | | |
| 39 | Section 501(c)(7) organizations Enter | | |
| 39a | Initiation fees and capital contributions included on line 9 ▶ <u>39a</u> N/A | | |
| 39b | Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u> N/A | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>0.</u> , section 4912 ▶ <u>0.</u> , section 4955 ▶ <u>0.</u> | | |
| 40b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 40c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u> | | |
| 40d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0.</u> | | |
| 40e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed ▶ <u>TX</u> | | |
| 42a | The organization's books are in care of ▶ <u>CORRINE BOROUJERDI</u> Telephone no ▶ <u>713 586 7103</u> Located at ▶ <u>9550 ELLA LEE LN. #315, HOUSTON, TX</u> ZIP + 4 ▶ <u>77063</u> | | |
| 42b | 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | Yes | No |
| 42c | At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____ | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> <input type="checkbox"/> N/A | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

Sign Here section: 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 officer) is based on all information of which preparer has any knowledge. Signature of officer, Date 9-28-10, Type or print name and title.

Paid Preparer's Use Only section: Preparer's signature, Date 9/22/2010, Check if self-employed [X], Preparer's identifying number (See instr.), Firm's name (or yours if self-employed) CHRISTMANN & CO., 770 S. POST OAK LANE, STE 250 HOUSTON, TX 77056-1913, EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 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 IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 3700. | 17900. | 22250. | 25209. | 33534. | 102593. |
| 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 | 128548. | 120880. | 133201. | 130648. | 106295. | 619572. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 132248. | 138780. | 155451. | 155857. | 139829. | 722165. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 722165. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 132248. | 138780. | 155451. | 155857. | 139829. | 722165. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 67. | | 67. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | 67. | | 67. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | 620. | 620. |
| 13 Total support (Add lines 9, 10c, 11, and 12) | 132248. | 138780. | 155451. | 155924. | 140449. | 722852. |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.90 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | 99.99 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | .01 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | .01 % |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through col (c)) | |
|-----------------|----|---|-------------------------|---------------------|---|-----------|
| | | RIDE (event type) | AUCTION (event type) | 2 (total number) | | |
| Revenue | 1 | Gross receipts | 53625. | 31831. | 15069. | 100525. |
| | 2 | Less. Charitable contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 53625. | 31831. | 15069. | 100525. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 52406. | 4516. | 6930. | 63852. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | (63852) |
| | 11 | Net income summary. Combine line 3, column (d), and line 10 | | | | 36673. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col. (c)) |
|-----------------|---|---|---|--|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | 5770. | 5770. |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | 3489. |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | (3489) |
| 8 | Net gaming income summary. Combine line 1, column (d), and line 7 | | | | 2281. |

| | | | | |
|-----|---|---|-----|----|
| 9 | Enter the state(s) in which the organization operates gaming activities | TX | Yes | No |
| a | Is the organization licensed to operate gaming activities in each of these states? | | | X |
| b | If "No," explain ** | THE ORGANIZATION OPERATES AN ANNUAL RAFFLE THAT IS EXEMPT FROM LICENSURE UNDER THE TEXAS CHARITABLE RAFFLE ENABLING | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | X |
| b | If "Yes," explain | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | | X | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | | X |

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

| | |
|------------|----------|
| 13a | 100.00 % |
| 13b | .00 % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ CORRINE BOROUJERDI

Address ▶ 1800 ST. JAMES PLACE, STE. 210, HOUSTON, TX 77056

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a X

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ LEO REICHLER

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ OVERSEES RAFFLE

- Director/officer Employee Independent contractor

17 Mandatory distributions.

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

17a X

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------|--------|
| OFFICE EXPENSE | 9079. |
| DIRECTORS MEETINGS | 2202. |
| PHOTOGRAPHY | 2500. |
| ADMINISTRATIVE | 1150. |
| TROPHIES/AWARDS | 1542. |
| CREDIT CARD FEES | 758. |
| TRASH REMOVAL | 693. |
| LEASED EQUIPMENT | 2367. |
| <hr/> | |
| TOTAL TO FORM 990-EZ, LINE 16 | 20291. |

| | | | |
|-------------|--|-----------|---|
| FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT | 2 |
|-------------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------|--------|
| DEPRECIATION | 3728. |
| <hr/> | |
| TOTAL TO FORM 990-EZ, LINE 14 | 3728. |

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

| CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS | GRANTEE'S RELATIONSHIP | AMOUNT |
|---|------------------------|--------|
| FUNDS FOR SCHOLORSHIP BELLEVILLE FFA PO BOX 1118 FAIRFIELD, TX 75840 | NONE | 5000. |
| FUNDS FOR ORGANIZATION LIPS 15226 HIGHLAND ELM CYPRESS, TX 77433 | NONE | 500. |
| FUNDS FOR ORGANIZATION HJWC 5790 WINDFERN HOUSTON, TX 77041 | NONE | 700. |
| FUNDS FOR ORGANIZATION HOUSTON LIVESTOCK SHOW AND RODEO PO BOX 20070 HOUSTON, TX 77225-0070 | NONE | 1000. |
| FUNDS FOR ORGANIZATION TEXAS CHILDRENS CANCER CENTER 6701 FANNIN CCC 1400.10 HOUSTON , TX 77030 | NONE | 15000. |
| FUNDS FOR ORGANIZATION UNITED CEREBRAL PALSY 4500 BISSONNET # 340 BELLAIRE, TX 77401 | NONE | 3000. |
| FUNDS FOR ORGANIZATION CYSTIC FIBROSIS FOUNDATION 50 BRIAR HOLLOW LANE STE. 310W HOUSTON, TX 77027 | NONE | 3000. |
| FUNDS FOR ORGANIZATION EPILEPSY FOUNDATION 2630 FOUNTAIN VIEW, SUITE 210 HOUSTON, TX 77057 | NONE | 1000. |
| FUNDS FOR ORGANIZATION CHILDRENS MIRACLE NETWORK PO BOX 3000630 HOUSTON, TX 77230-0630 | NONE | 500. |

THE RANCHER'S RIDE, INC.

76-0431506

| | | |
|--|------|------|
| FUNDS FOR ORGANIZATION YOUNG LIFE 2055 S. GESSNER, STE. 220 HOUSTON, TX 77063 | NONE | 500. |
|--|------|------|

| | | |
|---|------|------|
| FUNDS FOR ORGANIZATION LULING - CHRISTMAS FOR SOLDIERS 4726 RICHMOND HOUSTON, TX 77056 | NONE | 250. |
|---|------|------|

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

30450.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 5

| DESCRIPTION | GRANTS | EXPENSES |
|----------------------------------|--------|----------|
| LIPS | 500. | 500. |
| HJWC | 700. | 700. |
| HOUSTON LIVESTOCK SHOW AND RODEO | 1000. | 1000. |
| CYSTIC FIBROSIS FOUNDATION | 3000. | 3000. |
| EPILEPSY FOUNDATION | 1000. | 1000. |
| CHILDRENS MIRACLE NETWORK | 500. | 500. |
| YOUNG LIFE | 500. | 500. |
| LULING- CHRISTMAS FOR SOLDIERS | 250. | 250. |
| TOTAL TO FORM 990-EZ, LINE 31 | 7450. | 7450. |

GENERAL EXPLANATION OVERFLOW

General Explanation Attachment

Name of the organization

THE RANCHER'S RIDE, INC.

Employer identification number

76-0431506

SCHEDULE G, PART III, LINE 9B, EXPLANATION:

THE ORGANIZATION OPERATES AN ANNUAL RAFFLE THAT IS EXEMPT
FROM LICENSURE UNDER THE TEXAS CHARITABLE RAFFLE ENABLING
ACT, EFFECTIVE JANUARY 1, 1990.

Depreciation and Amortization 990-EZ
 (Including Information on Listed Property)

OMB No 1545-0172

2009
 Attachment
 Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

THE RANCHER'S RIDE, INC.

FORM 990-EZ PAGE 1

76-0431506

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount See the instructions for a higher limit for certain businesses | 1 | 250000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 800000. |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

| | | | |
|----|--|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 3728. |

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

| | | | |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | <input type="checkbox"/> |

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | / | | 27.5 yrs | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|---|--------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs | | S/L | |
| c | 40-year | / | 40 yrs | MM | S/L | |

Part IV Summary (See instructions)

| | | | |
|----|---|----|-------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr | 22 | 3728. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use

| | (c) % | (d) Cost or other basis | (e) Basis for depreciation | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|----------|----------------------------|-------------------------------|------------------------|--------------------------|-------------------------------|---------------------------------|
| | % | | | | | | |
| | % | | | | | | |
| | % | | | | | | |

27 Property used 50% or less in a qualified business use

| | (c) % | (d) Cost or other basis | (e) Basis for depreciation | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
|--|----------|----------------------------|-------------------------------|------------------------|--------------------------|-------------------------------|---------------------------------|
| | % | | | | S/L | | |
| | % | | | | S/L | | |
| | % | | | | S/L | | |

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

| | Yes | No |
|--|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2009 tax year | | | | | |
| 43 Amortization of costs that began before your 2009 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

| | | |
|--|--|---|
| Part II Type or print File by the extended due date for filing the return See instructions | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) | |
| | Name of Exempt Organization THE RANCHER'S RIDE, INC. | Employer identification number 76-0431506 |
| | Number, street, and room or suite no. If a P.O. box, see instructions 1800 ST. JAMES PLACE SUITE 210 | For IRS use only |
| City, town or post office, state, and ZIP code For a foreign address, see instructions HOUSTON, TX 77056 | | |

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

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

CORRINE BOROUJERDI

- The books are in the care of **1800 ST. JAMES Place, STE. 210 Houston, TX 77056**
 Telephone No **713 586 7103** FAX No

- If the organization does not have an office or place of business in the United States, check this box
- 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 If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
INFORMATION NEEDED FROM THIRD PARTIES HAS NOT BEEN RECEIVED, THUS, A COMPLETE AND ACCURATE RETURN CANNOT BE FILED BY 8/15/2010.

| | | | | |
|----|---|----|----|-----|
| 8a | 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 | 8a | \$ | |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | \$ | |
| c | Balance Due. Subtract line 8b from line 8a 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. | 8c | \$ | N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *[Signature]* Title *[Title]* Date **9-28-10**