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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
THE RANCHER'S RIDE, INC.

D Employer identification number
76-0431506

E Telephone number
713 586 7103

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **NONE**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **143196.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

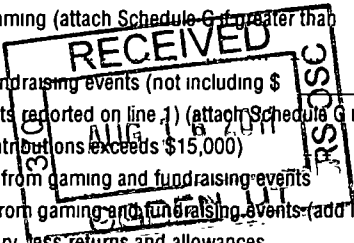
Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														5590.													
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments														34718.													
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)														12260.													
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														90088.													
c	Less: direct expenses from gaming and fundraising events														70758.														
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														31590.														
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O) SEE SCHEDULE O														540.														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														72438.														
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O														40980.													
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors														6694.													
	14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE O														3816.													
	15	Printing, publications, postage, and shipping														2502.													
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O														22705.													
	17	Total expenses. Add lines 10 through 16														76697.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														-4259.													
	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)														64508.													
	20	Other changes in net assets or fund balances (explain in Schedule O)														0.													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														60249.													

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

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JH

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	53911. 22	51301.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	10597. 24	8948.
25 Total assets	64508. 25	60249.
26 Total liabilities (describe in Schedule O)	0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	64508. 27	60249.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? DONATIONS TO CHARITABLE ORGANIZATIONS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TEXAS CHILDRENS CANCER CENTER - FUNDS FOR RESEARCH AND OR OPERATIONS	(Grants \$ 15000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15000.
29 BELLVILLE FFA- FUNDS FOR OPERATIONS, SCHOLARSHIPS	(Grants \$ 5000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5000.
30 DEPARTMENT OF PEDIATRICS BAYLOR COLLEGE OF MEDICINE	(Grants \$ 3000.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	3000.
31 Other program services (describe in Schedule O) SEE SCHEDULE O	(Grants \$ 17980.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	17980.
32 Total program service expenses (add lines 28a through 31a)		32	40980.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LARRY BYARS, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
LEO REICHLER, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
JOEY PEDIGO, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
STEVE WATSON, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
JODY WREN, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
JANIS MORTON, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
LYNN NUNEZ, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
JOE FIDLER, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
TOMMY THOMAS, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
CARON LAMAY, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.
RYAN WASAFF, 1800 ST. JAMES PLACE SUITE 210, HOUSTON, TX 77056	DIRECTOR 5.00	0.	0.	0.

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

Check if the organization used Schedule O to respond to any question in this Part V

X

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34		X
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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, explain in Schedule O why the organization did not report the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

35a		X
-----	--	---

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b	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 Schedule N

36		X
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a 0.

b Did the organization file Form 1120-POL for this year?

37b		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 tax year covered by this return?

38a		X
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

39 Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 0., section 4912 0.; section 4955 0.

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b		X
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c 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

0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

0.

e 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

40e		X
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41 List the states with which a copy of this return is filed TX

42a The organization's books are in care of CORRINE BOROUJERDI

Telephone no 713 586 7103

Located at 1800 St. James Place, Ste. 210

ZIP + 4 77056

b 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)?

	Yes	No
42b		X

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.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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If "Yes," enter the name of the foreign country

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

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b		X
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c Did the organization receive any payments for indoor tanning services during the year?

44c		X
-----	--	---

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d		
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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

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."

(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
NONE				

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" NONE

(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 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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.

Sign Here Signature of officer: *Leo Richter - Director* Date: 8-10-11

Paid Preparer Use Only Print/Type preparer's name: HAROLD F. CHRISTMANN Preparer's signature: *[Signature]* Date: 8/10/2011 Check if self-employed PTIN: _____ Firm's name: CHRISTMANN & CO. Firm's EIN: _____ Firm's address: 770 S. POST OAK LANE, STE 250 HOUSTON, TX 77056-1913 Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **THE RANCHER'S RIDE, INC.** Employer identification number **76-0431506**

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17900.	22250.	25209.	33534.	40308.	139201.
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	120880.	133201.	130648.	106295.	102348.	593372.
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	138780.	155451.	155857.	139829.	142656.	732573.
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)						732573.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	138780.	155451.	155857.	139829.	142656.	732573.
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)	138780.	155451.	155924.	140449.	142656.	733260.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.91 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.01 %

19a 33 1/3% support tests - 2010. 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 - 2009. 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 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) Other events	(d) Total events (add col. (a) through col. (c))	
		RIDE (event type)	AUCTION (event type)	2 (total number)		
Revenue	1	Gross receipts	42515.	29463.	18110.	90088.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	42515.	29463.	18110.	90088.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	48887.	5472.	9265.	63624.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(63624)
	11	Net income summary. Combine line 3, column (d), and line 10				26464.

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		12260.	12260.	
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		7134.	7134.	
	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)				(7134)
	8	Net gaming income summary. Combine line 1, column d, and line 7				5126.

9 Enter the state(s) in which the organization operates gaming activities: TX

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: THE ORGANIZATION OPERATES AN ANNUAL RAFFLE THAT IS EXEMPT FROM LICENSURE UNDER THE TEXAS CHARITABLE RAFFLE ENABLING ACT, EFFECTIVE JANUARY 1, 1990.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE RANCHER'S RIDE, INC.

Employer identification number

76-0431506

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MISCELLANEOUS INCOME

540.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: FUNDS FOR SCHOLARSHIP

GRANTEE NAME: BELLEVILLE FFA

GRANTEE ADDRESS: PO BOX 1118 FAIRFIELD, TX 75840

DATE OF GIFT: 05/04/10

AMOUNT GIVEN:

5000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: MEMORIAL HALL SCHOOL

GRANTEE ADDRESS: 3721 DACOMA ST HOUSTON, TX 77092

DATE OF GIFT: 02/03/10

AMOUNT GIVEN:

1000.

ACTIVITY CLASSIFICATION: FUNDS FOR SCHOLARSHIP

GRANTEE NAME: SPRING BRANCH FFA

GRANTEE ADDRESS: 1905 BRITTMORE HOUSTON, TX 77043

DATE OF GIFT: 02/05/10

AMOUNT GIVEN:

1000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: HOUSTON LIVESTOCK SHOW AND RODEO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Employer identification number

76-0431506

GRANTEE ADDRESS: PO BOX 20070 HOUSTON, TX 77225-0070

DATE OF GIFT: 02/03/10

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: TEXAS CHILDRENS CANCER CENTER

GRANTEE ADDRESS: 6701 FANNIN CCC 1400.10 HOUSTON, TX 77030

DATE OF GIFT: 12/07/10

AMOUNT GIVEN:

15000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: UNITED CEREBRAL PALSY

GRANTEE ADDRESS: 4500 BISSONNET # 340 BELLAIRE, TX 77401

DATE OF GIFT: 11/03/10

AMOUNT GIVEN:

1500.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: CYSTIC FIBROSIS FOUNDATION

GRANTEE ADDRESS: 50 BRIAR HOLLOW LANE STE. 310W HOUSTON, TX 77027

DATE OF GIFT: 11/09/10

AMOUNT GIVEN:

1500.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

DATE OF GIFT: 03/24/10

AMOUNT GIVEN:

240.

SCHEDULE O
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Department of the Treasury
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Employer identification number

76-0431506

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: THE EDUCATION & CHARITIES FUND OF HOUSTON GOLF

CLASSIC

GRANTEE ADDRESS: HOUSTON, TX 77004

DATE OF GIFT: 04/05/10

AMOUNT GIVEN:

1000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: EPILEPSY FOUNDATION

GRANTEE ADDRESS: 2630 FOUNTAIN VIEW STE 210 HOUSTON, TX 77057

DATE OF GIFT: 04/26/10

AMOUNT GIVEN:

2000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: AUSTIN COUNTY

GRANTEE ADDRESS: 888 SODOLAK LN SEALY, TX 77474

DATE OF GIFT: 08/03/10

AMOUNT GIVEN:

240.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: CHANGING MINDS FOUNDATION

GRANTEE ADDRESS: HOUSTON, TX 77024

DATE OF GIFT: 06/09/10

AMOUNT GIVEN:

2500.

ACTIVITY CLASSIFICATION: FUNDS FOR SCHOLORSHIP

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

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Department of the Treasury
Internal Revenue Service

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Employer identification number
76-0431506

GRANTEE NAME: SCHOLARSHIP FUND INC

GRANTEE ADDRESS: HOUSTON, TX 77057

DATE OF GIFT: 08/11/10

AMOUNT GIVEN: 1500.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: MHS

GRANTEE ADDRESS: 935 ECHO LN HOUSTON, TX 77024

DATE OF GIFT: 09/22/10

AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: MY FRIENDS FOUNDATION

GRANTEE ADDRESS: PO BOX 25294 HOUSTON, TX 77265

DATE OF GIFT: 09/23/10

AMOUNT GIVEN: 2000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: DEPT OF PEDIATRICS BAYLOR COLLEGE OF MEDICINE

GRANTEE ADDRESS: HOUSTON, TX 77030

DATE OF GIFT: 10/04/10

AMOUNT GIVEN: 3000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: CAMP FOR ALL

GRANTEE ADDRESS: 10500 NW FWY STE 220 HOUSTON, TX 77092

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SCHEDULE O
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Department of the Treasury
Internal Revenue Service

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2010

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Name of the organization **THE RANCHER'S RIDE, INC.** Employer identification number **76-0431506**

DATE OF GIFT: 10/06/10

AMOUNT GIVEN: 1000.

ACTIVITY CLASSIFICATION: FUNDS FOR ORGANIZATION

GRANTEE NAME: STILL CREEK RANCH

GRANTEE ADDRESS: 6055 HEARNE RD BRYAN , TX 77808

DATE OF GIFT: 10/26/10

AMOUNT GIVEN: 1000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 40980.

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES: AMOUNT:

DEPRECIATION 3816.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

OFFICE EXPENSE 7378.

DIRECTORS MEETINGS 868.

PHOTOGRAPHY 2600.

ADMINISTRATIVE 2140.

TROPHIES/AWARDS 1160.

BANK FEES 2965.

FILING FEES 1400.

LEASED EQUIPMENT 3044.

MISCELLANEOUS 1150.

TOTAL TO FORM 990-EZ, LINE 16 22705.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number
76-0431506

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	10597.	8948.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

MEMORIAL HALL SCHOOL

GRANTS \$ 1000. EXPENSES \$ 1000.

SPRING BRANCH FFA ALUMNI ASSOCIATION

GRANTS \$ 1000. EXPENSES \$ 1000.

HOUSTON LIVESTOCK SHOW AND RODEO

GRANTS \$ 500. EXPENSES \$ 500.

CHANGING MINDS FOUNDATION

GRANTS \$ 2500. EXPENSES \$ 2500.

EPILEPSY FOUNDATION

GRANTS \$ 2000. EXPENSES \$ 2000.

THE EDUCATION & CHARITIES FOUNDATION OF HOUSTON GOLF CLASSIC

GRANTS \$ 1000. EXPENSES \$ 1000.

LARRY BYARS

GRANTS \$ 240. EXPENSES \$ 240.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2010

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THE RANCHER'S RIDE, INC.

Employer identification number

76-0431506

AUSTIN COUNTY

GRANTS \$ 240. EXPENSES \$ 240.

SCHOLARSHIP FUND INC

GRANTS \$ 1500. EXPENSES \$ 1500.

MHS

GRANTS \$ 1000. EXPENSES \$ 1000.

MY FRIENDS FOUNDATION

GRANTS \$ 2000. EXPENSES \$ 2000.

CAMP FOR ALL

GRANTS \$ 1000. EXPENSES \$ 1000.

STILL CREEK RANCH

GRANTS \$ 1000. EXPENSES \$ 1000.

UNITED CEREBRAL PALSY DEVELOPMENT DEPT

GRANTS \$ 1500. EXPENSES \$ 1500.

CYSTIC FIBROSIS FOUNDATION

GRANTS \$ 1500. EXPENSES \$ 1500.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

THE RANCHER'S RIDE, INC.

Employer identification number

76-0431506

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

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

OMB No 1545-0172

2010
Attachment
Sequence No 67

Name(s) shown on return THE RANCHER'S RIDE, INC.	Business or activity to which this form relates FORM 990-EZ PAGE 1	Identifying number 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 instructions)	1	500000.
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	2000000.
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 2009 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 2011. 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	3816.

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 2010	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 2010 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 2010 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	3816.
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, 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

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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: %

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

Table with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Rows 30-36 include questions about miles driven and 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.

Table with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements for employees.

Part VI Amortization

Table with 6 columns: (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 2010 tax year:

43 Amortization of costs that began before your 2010 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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.

Type or print	Name of exempt organization THE RANCHER'S RIDE, INC.	Employer identification number 76-0431506
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1800 ST. JAMES PLACE SUITE 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77056	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CORRINE BOROUJERDI

• The books are in the care of ▶ **9550 ELLA LEE LN. #315 - HOUSTON, TX 77063**
 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 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	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)