

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2012

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For cal	lendar year 2012, or tax year beginning	, 2012	, and ending	,	
	RIDER FAMILY FUND		A	Employer identification nui 76-0349036	
	NSBY DRIVE ESTON, TX 77551		В	Telephone number (see the 409-763-3531	instructions)
		<u> </u>	c	If exemption application is	pending, check here
G Ch	eck all that apply:     Initial return	Initial return of a form	ner public charity	1 Foreign organizations, chec	ck here . ►
<del></del>	Address_change	Name change		2 Foreign organizations meet here and attach computation	ting the 85% test, check
	Section 4947(a)(1) nonexempt charitable t		private foundation   E	If private foundation status	
1 Fa	for an Occasion and a first to the second to	counting method: XC	ash Accrual F	under section 507(b)(1)(A)  If the foundation is in a 60	
<b>►</b> \$	671,582. (Part 7,	, column (d) must be or		under section 507(b)(1)(B)	
Part.	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and expenses, per books	(b) Net investment	(c) Adjusted net income	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a) (see instructions))			l lineonine	purposes (cash basis only)
	Contributions, gifts, grants, etc, received (att sch)	56,245.			<b>亚维尔维尔理</b> 图
	2 Ck Inf the foundn is not req to att Sch B 3 Interest on savings and temporary				
	cash investments	9,720. 14,234.	9,720. 14,234.	9,720. 14,234.	
	5a Gross rents	14,234.	14,234.	14,234.	Ser 10 10 10 10 10 10 10 10 10 10 10 10 10
	b Net rental income or (loss) .  6 a Net gain/(loss) from sale of assets not on line 10	42,879.			
REVEN	b Gross sales price for all 82 621	42,879.			
Ě	7 Capital gain net income (from Part IV, line 2)		42,879.	1000000	
U	8 Net short-term capital gain . 9 Income modifications .			42,879.	Addition of the second
20 E	10 a Gross sales less returns and allowances				
<b>~</b> ങ	b Less Cost of goods sold.				
6	c Gross profit/(loss) (att sch)	7,00	STANDARY SAFETY		CARSON CONTROL OF
<u>م</u>	11 Other income (attach schedule) .  See Statement 1	-901.			
SE	12 Total. Add lines 1 through 11.	122,177.	66,833.	66,833.	
ANNED	Compensation of officers, directors, trustees, etc.  14 Other employee salaries and wages.	0.			
Ž	15 Pension plans, employee benefits				
& A	16 a Legal fees (attach schedule)				
$\bigcirc$ $\mathbb{M}$	b Accounting fees (attach sch) c Other prof fees (attach sch) See St .2	118.	118.	118.	<del></del>
SOPERAT	17 Interest				
E T	18 Taxes (attach schedule)(see instrs) See Stm 3   19 Depreciation (attach	476.		<del> </del>	
1 1	sch) and depletion				<b>中部等权的</b> 等。
N V G E	21 Travel, conferences, and meetings	1,125.	1,125.	1,125.	
A E N X D P	22 Printing and publications 23 Other expenses (attach schedule)				
D P	See Statement 4	2,246.	2,246.	2,246.	
Š	24 Total operating and administrative expenses. Add lines 13 through 23	3,965.	3,489.	3,489.	
5	25 Contributions, gifts, grants paid Part XV	29,695.	\delta \del	THE PERSON WINE THE	29,695.
	-26—Total expenses and disbursements. ↑ CAdd lines 24 and 25	33,660.	3,489.	3,489.	29,695.
100	'27 Subtract line 26 from line 12:	1 14 - 18 8 - 1		ACCOUNTS OF THE SECOND	
AU	a Excess of revenue over expenses ஓ and dispursements	88,517.			
AU	Net investment incôme (if negative, enter -0-) .	· 数性 逐 數學院	63,344.	· · · · · · · · · · · · · · · · · · ·	
		<b>(2) 图 (2)</b>	<b>经工程的</b>	63,344.	5 000 PE (2012)

Page 2

Par	<del>1 H</del>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
<u> </u>	24.8	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	684.	1,415.	1,415.
	2	Savings and temporary cash investments	5,865.	1,656.	1,656.
	3	Accounts receivable ▶		Harris Maria	TARREST STATE
	ł	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable	·被告人人 医疗的		HOUSE AND THE SE
		Less: allowance for doubtful accounts		<u></u>	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)	J 1 3/ 1 3/ 1 3/7/		
Α	'	Less: allowance for doubtful accounts	Carl Carl		
A S S E T	8	Inventories for sale or use			
Ĕ	9	Prepaid expenses and deferred charges			<u> </u>
T S	1 -	· · · · · · · · · · · · · · · · · · ·			
3		a Investments — U.S. and state government obligations (attach schedule)			160 060
		b Investments — corporate stock (attach schedule) Statement 5	304,750.	351,308.	468,962.
	'	c Investments — corporate bonds (attach schedule) Statement 6	130,509.	72,929.	93,465.
	11	Investments — land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)	28,072.	57,289.	106,084.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation (attach schedule)	a desira i mantani isid danna kanja dahara kanyan pirana bermusik ada.		
	15	Other assets (describe ► )			<del></del>
	16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)	469,880.	484,597.	671,582.
Ļ	17	Accounts payable and accrued expenses			
Ä	18	Grants payable			
B	19	Deferred revenue			
I I	20	Loans from officers, directors, trustees, & other disqualified persons .			
Ĩ	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe ► )			
Ė					
<u>s</u>	23	Total liabilities (add lines 17 through 22)	0.	<u> </u>	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	469,880.	484,597.	
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
ASSETS BALAN		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĚĹ	27	Capital stock, trust principal, or current funds .			
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund .			
OÉ	29	Retained earnings, accumulated income, endowment, or other funds			
R S	30	Total net assets or fund balances (see instructions)	469,880.	484,597.	的复数人名科尔兰
	31	Total liabilities and net assets/fund balances (see instructions)	469,880.	484,597.	
Par	EIII	Analysis of Changes in Net Assets or Fund Balance		404,337.	23.7 1-28 to 380 44 14 14
<u> </u>			<del></del>	area with	
1	end-	I net assets or fund balances at beginning of year – Part II, colu of-year figure reported on prior year's return)	inin (a), tine 50 (must a)	gree with . 1	469,880.
2		r amount from Part I, line 27a		2	88,517.
3		increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3		4	558,397.
5		ases not included in line 2 (itemize) See Statement	7	5	73,800.
6	Total	net assets or fund balances at end of year (line 4 minus line 5)		ine 30 . 6	484,597.

.` (a) List and d	escribe the kind(s) of property sold (e.g., rirehouse, or common stock, 200 shares MU	eal estate,	How acquired — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a See Statement 8	<del></del>				<del></del>
b	)		· · · · · · · · · · · · · · · · · · ·	ļ <u>.</u>	
c		<del></del>	<del></del>	<del> </del>	
d				<del> </del>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					
С					
d					
e					<del> </del>
Complete only for asset	s showing gain in column (h) and owned b	y the foundation on 12/31/69		(I) Gains (Coli	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	g tha	ain minus column (k an -0-) <b>or</b> Losses (fr	), but not less
a					
b					
С					
d					
е					
2 Capital gain net income	or (net capital loss).   If gain, also if (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		42,879.
· -	ain or (loss) as defined in sections 1222(5) rt I, line 8, column (c) (see instructions). If				
in Part I, line 8	Under Section 4940(e) for Reduce		3		42,879.
If 'Yes,' the foundation does n	leave this part blank.  The section 4942 tax on the distributable an ot qualify under section 4940(e) Do not concount in each column for each year, see the	mplete this part.		Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution imn (b) divided l	
2011	20,925.	545	757.	<del></del>	0.038341
2010	27,846.	470,			0.059186
2009	26,793.	423,			0.063286
2008	28,681.	534,			0.053611
2007	30,008.	617,			0.048624
2 Total of line 1, column (			2		0.263048
3 Average distribution ration number of years the four	o for the 5-year base period — divide the to	otal on line 2 by 5, or by the 5 years	3		0.052610
4 Enter the net value of no					623,576.
5 Multiply line 4 by line 3			5		32,806.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		633.
7 Add lines 5 and 6			7		33,439.
8 Enter qualifying distribut	ions from Part XII, line 4		8		29,695.
If line 8 is equal to or grePart VI instructions.	eater than line 7, check the box in Part VI,	line 1b, and complete that par	t using a 1%	tax rate. See th	ne

Forn	990-PF (2012) THE RIDER FAMILY FUND	76-0349		Pa	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948			<del> </del>	হণ তথ্য
Ιā	a Exempt operating foundations described in section 4940(d)(2), check here \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				2.4
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	- [ ]		1,2	<u>67.</u>
	check here ▶ and enter 1% of Part I, line 27b	\$ \$ \$ \$.		r (List)	
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	<u> </u>	WE ZEE	1	\$ A
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	1 (			
_	foundations only Others enter -0-)	. 2			0.
3	Add lines 1 and 2	3		1,2	<del>67</del> .
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	0-) . 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		1,2	
6	Credits/Payments:	38/13		E Wall	W. 23
	a 2012 estimated tax pmts and 2011 overpayment credited to 2012 . 6a				1
		<b></b>  * `}}			
	: Tax paid with application for extension of time to file (Form 8868)				於到
	Backup withholding erroneously withheld				<u>Ľ</u>
7	Total credits and payments Add lines 6a through 6d	7			<u>0.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here $X$ if Form 2220 is attached	. 8			<u>10.</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	► 9		1,3	<u>06.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. • 10			
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax	<b>►</b> 11			
Par	t.VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	l it	1 a	Yes	No X
E	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
	(see the instructions for definition)?	• •	1 b	2027.02	X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	d		X	
c	Did the foundation file Form 1120-POL for this year?		1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		34 - N 86 - 35		
	(1) On the foundation $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		0.		
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
	foundation managers • \$0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	•• •• ••	. 2	1	X
	If 'Yes,' attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
-	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	es	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		. 4a		X
t	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		. 4b	N/	A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 5	$\Box$	X
	If 'Yes,' attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or		5		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conf with the state law remain in the governing instrument?</li> </ul>	ict	6		X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	-	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>			20
	N/A				
H	off the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			200	
_	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	X	
9		(3) or 49424	١/5١ 🕸	# 1 1 1 M	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' contains the second of the sec		XIV .9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nan and addresses	ies	. 10		<u>x</u> _

BAA

. **10** X Form **990-PF** (2012)

	# 990-PF (2012) THE RIDER FAMILY FUND		034903	56		age
Fai	ttVII-A Statements Regarding Activities (continued)			<del></del>	_	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified per advisory privileges? If 'Yes,' attach statement (see instructions).	son had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address	n applica	tion?.	13	Х	Ì .
14	The books are in care of ► G. WILLIAM RIDER Telephon	e no. ►	406-7	63-3	531	
• •	Located at ► 2 DANSBY DRIVE GALVESTON TX ZIP + 4 •			<u> </u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		~	N/Ā		
	and enter the amount of tax-exempt interest received or accrued during the year	<b>►</b> L	15		·	N/P
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	over a		16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of foreign country •	the				
Pai	Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			<b>4</b>	Yes	No
1 a	During the year did the foundation (either directly or indirectly):					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	□Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	Yes	XNo			
t	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions	— )? .		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•	П		4	70
ć	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2012?	,		1 c	<u>. H</u>	X
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d					
	and 6e, Part XIII) for tax year(s) beginning before 2012?.	Yes	X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20, 20					
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see instructions)	(a)(2) to		2 b	N	/A
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years		•	19.18	\$20g/m	54 A.
	20, 20, 20, 20					
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
			<u> </u>			
t	olf 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or	ed				
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)		•	3ь	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	-		4 a	======	Х
				· · · · · · · · · · · · · · · · · · ·	100	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			A L		X
DAA	the tax year beginning in 2012?	·	· -	rm 990	DE (	
BAA				コココ フプし	o~1 f (	

Form 990-PF (2012) THE RIDER FAMILY			76-03	49036 Page <b>6</b>
Part VII-B: Statements Regarding Activit		1 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incu	ur any amount to:			
(1) Carry on propaganda, or otherwise attempt	pt to influence legislatio	n (section 4945(e))?	. Yes X	No S
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?			No S
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?.	∐ Yes X	No S
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, oi i 4940(d)(2)? (see instri	rganization described uctions) .	. Yes X	No A
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes X	No J
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?			utions	5b N/A
Organizations relying on a current notice rega	irding disaster assistanc	ce check here	▶∐	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant? .		N/A. Yes	No S
6 a Did the foundation, during the year, receive at on a personal benefit contract?			s . Yes X	No 2
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene		6b X
If 'Yes' to 6b, file Form 8870.  7 a At any time during the tax year, was the found	dation a narty to a prob	ihited tay shelter transa	action? Yes X	No Barrier
<b>b</b> If 'Yes,' did the foundation receive any proces				I/A 76
Part VIII Information About Officers, D				'/
and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>,</b> , <b>.</b>	
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	
(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 and deferred compensation	(e) Expense account, other allowances
G. WILLIAM RIDER	PRESIDENT	0.	0.	0.
_2_DANSBY_DRIVE GALVESTON, TX 77551	1.00			
GAIL RIDER	SEC/TREASURE	0.	0.	0.
2 DANSBY DRIVE	1.00			
GALVESTON, TX 77551				
KNOX RIDER	VICE-PRESIDE	0.	0.	0.
4402 CROFTER GLEN	0.25			
FRIENDSWOOD, TX 77546				
TIFFANY RIDER PARMENTER	VICE-PRESIDE	0.	0.	0.
1664 VINE STREET	0.25			
DENVER, CO 80206  2 Compensation of five highest-paid employees (of	that than those included	on line 1 — see instruction	ns) If none enter 'NONE	,
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allowances
None				
		<del></del>		
		·	<del></del>	<del></del>
~				
			<del></del>	
		ĺ	ĺ	
Total number of other employees paid over \$50,000		•		0
BAA	TEEA0306L 12	2/25/12		Form 990-PF (2012)

Form	990-PF (2012) THE RIDER FAMILY FUND 76-	0349036 Page <b>7</b>
Par	t:VIII: Information About Officers, Directors, Trustees, Foundation Managers, Highly Pai and Contractors (continued)	d Employees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
<u>Non</u>	e	
Total	number of others receiving over \$50,000 for professional services	<b>•</b> 0
Part	Summary of Direct Charitable Activities	
List the	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	GIFTS TO 501(C)(3) CHARITIES IN THE GALVESTON COUNTY AREA	
		29,695.
2		
		<b></b>
3		
4		
Part	X-B Summary of Program-Related Investments (see instructions)	
	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
	N/A	
2		
All ot	her program-related investments. See instructions	
3		
	Add lines 1 through 3	0.
BAA		Form <b>990-PF</b> (2012)

#### Part XII Qualifying Distributions (see instructions)

4 Recoveries of amounts treated as qualifying distributions

Deduction from distributable amount (see instructions)

Add lines 3 and 4

3 Distributable amount before adjustments. Subtract line 2c from line 1

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

<ul> <li>Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:</li> <li>Expenses, contributions, gifts, etc – total from Part I, column (d), line 26</li> </ul>	1 a	29,695.
<b>b</b> Program-related investments – total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes .	2	
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	29,695.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	29,695.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

BAA

Form 990-PF (2012)

29,912.

29,912.

29,912.

3

4

5

6 7

23.63.6

#### Part XIII. Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
1 Distributable amount for 2012 from Part XI, line 7				29,912.
<ul> <li>Undistributed income, if any, as of the end of 2012:</li> <li>a Enter amount for 2011 only</li> </ul>	<b>建</b>		5,782.	
<b>b</b> Total for prior years: 20 , 20 , 20		0.	3,762.	Programme of the control of the cont
3 Excess distributions carryover, if any, to 2012:				
a From 2007 .				
<b>b</b> From 2008 .		A Think		
<b>c</b> From 2009 .				
<b>d</b> From 2010				
e From 2011 .				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from Part		1. 经上海 · 1. 多种,		
XII, line 4: ► \$ 29,695.				
a Applied to 2011, but not more than line 2a .			5,782.	
<ul> <li>Applied to undistributed income of prior years (Election required – see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
<b>d</b> Applied to 2012 distributable amount	教育を対する。	が終める。例れば終い	1799	23,913.
e Remaining amount distributed out of corpus	0.	的复数形式 计数据		<b>L</b> 数据 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
,				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.	FAXOUNI GRADING TOOL		The Research Control
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions.		0.	ALL STATES AND	
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount — see instructions.	× A A		0.	
f Undistributed income for 2012. Subtract lines				
4d and 5 from line 1. This amount must be				E 000
distributed in 2013 .  7 Amounts treated as distributions out of	STATE OF THE STATE			5,999.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
, ,		4 10 40		
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	<b>建筑之。通道在</b>	· 然 洗液 [樣]	生 生产生活 多个性	17·4/11 40 40 40 40 40 40 40 40 40 40 40 40 40
a Excess from 2008			1、 管 , 选择即到	
<b>b</b> Excess from 2009		1 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of	
c Excess from 2010	医经验 羅克沃爾	第7章	2.	<b>学</b> (基本)
d Excess from 2011			The same of the sa	
e Excess from 2012	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	遊戏神生	(18) 秦 (18) 秦 (18) [18] [18] [18] [18] [18] [18] [18] [18]	第二公學 二字學 [1
BAA				Form <b>990-PF</b> (2012)

Form 990-PF (2012) THE RIDER FAMILY	FUND			76-0349036	Page <b>10</b>
Part XIV: Private Operating Founda					N/A
1 a If the foundation has received a ruling or det is effective for 2012, enter the date of the	ruling		•	<u>.</u> ▶Į	1 4040(1)(5)
<b>b</b> Check box to indicate whether the founda		erating foundation of		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	4 0 0000	4-> <b>-</b> 4-1
investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
<b>b</b> 85% of line 2a			<u></u>		
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1				
3 Complete 3a, b, or c for the alternative test relied upon:			Ì		
a 'Assets' alternative test — enter:	1	j	j	j	
(1) Value of all assets		<del></del>	ļ		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		<u></u>			<del>-</del>
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income.					
Part XV Supplementary Information assets at any time during the	(Complete this le year – see in	part only if the structions.)	foundation had	\$5,000 or more	in 
1 Information Regarding Foundation Mana				11 f 3-3 b-4-	U
a List any managers of the foundation who hav close of any tax year (but only if they hav	e contributed more the contributed more	ian 2% of the total co than \$5,000), (See	ontributions received b section 507(d)(2) )	y the foundation befo	re the
See Statement 10					
b List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporatio 0% or greater intere	n (or an equally large est.	portion of the owners	hip of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only ma requests for funds If the foundation make	kes contributions to	preselected charitable	e organizations and d	pes not accept unsolu	cited
complete items 2a, b, c, and d					
a The name, address, and telephone number o	r e-mail of the persor	to whom application	ns should be addresse	d	
<b>b</b> The form in which applications should be	submitted and infor	nation and materia	Is they should includ	e:	
c Any submission deadlines:	····				
	<del></del>			<del></del>	
d Any restrictions or limitations on awards,	such as by geograp!	nicai areas, charital	ole tielas, Kinds of In	stitutions, or other f	actors:

TEEA0310L 12/23/12

BAA

Form **990-PF** (2012)

Page 11

3 Grants and Contributions Paid During the Ye	it			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
See Statement 11				
		]		ļ
	ĺ			
			1	
				J
	}	}		}
		,		
				[
				}
	}			
Total			) ► 3a	29,695.
<b>b</b> Approved for future payment	i -	<u>·</u>		237030.
.,				
	1			
	1	ļ		
	]			
<del></del>	l		 <del> </del>	
Total			► 3b	

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	by section 512, 513, or 514			
1 Process	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)		
1 Program service revenue			code				
a	<del></del>		-		<del></del>		
b	<del>-                                    </del>		<u> </u>		<del></del>		
d	<del></del>	<u> </u>	<del>  .</del>				
е			<del> </del>				
f	+						
g Fees and contracts from government agencies			<del>  -</del>				
2 Membership dues and assessments			<del> </del>				
3 Interest on savings and temporary cash investments			14	9,720.			
4 Dividends and interest from securities	<del>-</del>		14	14,234.			
5 Net rental income or (loss) from real estate							
a Debt-financed property							
<b>b</b> Not debt-financed property							
6 Net rental income or (loss) from personal property							
7 Other investment income				-901.			
8 Gain or (loss) from sales of assets other than inventory			18	42,879.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:			& Y.		BY ALL LINE TO THE		
a							
b							
С			L				
d							
e		<del></del>	and the Control				
12 Subtotal. Add columns (b), (d), and (e)		<del></del>	<b>3</b>	65,932.			
13 Total. Add line 12, columns (b), (d), and (e)	A	•		13 _	65,932.		
See worksheet in line 13 instructions to verify calcula		<del></del>			<del></del>		
Rart XVI-B Relationship of Activities to the	ne Accompl	ishment of Exemp	t Purpo	oses			
Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	income is rep	orted in column (e) of F	art XVI-	A contributed important	ly to the		
▼ accomplishment of the foundation's exemp	ot purposes (o	ther than by providing f	unds for	such purposes). (See ir	nstructions)		
N/A							
					<del></del>		
<u> </u>							
	<del></del>						
					<del></del>		
				<del> </del>	<del></del>		
<del></del>							
<del></del>				<del></del>			
	<del></del>						
					<del></del>		
	<del></del>						
				<del></del>			
	<del></del>						
· · · · · · · · · · · · · · · · · · ·	·····			<del></del>			

# Form 990-PF (2012) THE RIDER FAMILY FUND 76-0349036 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

d <sub>1</sub>	escribe	organization directly d in section 501(c) o to political organizat	of the Code (o	engage in any of ther than section	the following wing 501 (c)(3) organ	th any of nizations	ther organizatı ) or ın section	on 527,		Yes No
	_	s from the reporting		a noncharitable	exempt organiz	ation of:				
	) Cash					•				1 a (1) X
(2	2) Othe	r assets .								1 a (2) X
ЬÖ	ther tra	insactions:								
ď	) Sale:	s of assets to a non	icharitable exe	empt organization	n					1 b (1) X
		hases of assets from		. –						1 b (2) X
		al of facilities, equip		-			•			1 b (3) X
		ibursement arrange				• •		• •	•	1 b (4) X
•	•	s or loan quarantee		•	•	•			•	1 b (5) X
•	•	-						•		
•	•	ormance of services		•			•	• •	,	1 b (6) X
c S	naring (	of facilities, equipme	ent, mailing lis	its, other assets,	, or paid employ	₃es	•	•	•	1c   X
<b>d</b> If th ar	the ans le goods ny trans	swer to any of the a s, other assets, or ser saction or sharing ar	bove is 'Yes,' vices given by rrangement, s	complete the fol the reporting foun how in column (	llowing schedule dation. If the four <b>d)</b> the value of th	. Columindation re ne goods	n (b) should all ceived less tha , other assets,	ways show to n fair market or services	he fair n value in receive	narket value of d.
(a) Line	no.	(b) Amount involved	(c) Name (	of noncharitable exem	npt organization	(d)	Description of train	nsfers, transact	ions, and s	sharing arrangements
N/A										
								•		
								<u> </u>		
			<del> </del>	<del></del>				·		
			<del></del>		<del></del>					
	-		<del>                                     </del>							
			<del> </del>			<del></del>				
			<del>                                     </del>			<del> </del> -			<del></del>	
		<del></del>	<del></del>	<del></del>	<del></del>	<del> </del>	<del>-</del>			
			<del></del>			<del></del>				
	_	<del></del>	<u> </u>			<del></del>				<del></del>
		<del></del>	<del> </del>			ļ				
								<del></del>		
					-					
d€	escribed 'Yes,' d	ndation directly or ind d in section 501(c) o complete the following	of the Code (of ng schedule	ther than section	501(c)(3)) or in	section	527?			Yes X No
37.7-	(a)	Name of organization	on	<b>(b)</b> Type	of organization		(c	) Descriptio	n or rela	uonsnip
N/A		<del></del>						<del></del>		
			00							
			$\mathcal{L}$							
_										
Sigri	Under pe correct, a	nalties of perjury, I declare and complete Declaration of	that I have exami of preparer (other t	ined this return, includ than taxpayer) is base	ing accompanying sch d on all information of	edules and which pre	statements, and to parer has any know	the best of my ledge	knowledge	and belief, it is true,  May the IRS discuss
Here		0-14		!	18/9/13	▶ -				this return with the preparer shown below
nere	- Connt					— ´ <u>P</u>	resident	<del></del>		(see instructions)?
	Signati	Print/Type preparer's nam		Preparer's s	Date		Date	<del></del>		Yes No
	ľ	,			///		[	Check		
Paid	,	EDWARD J. WA		EDWARI		<u>JR.</u>	7-31-1			P01204721
Prepa	rer				sociates_			Firm's EIN	76-06	25995
Use O	nly	Firm's address P	.O. Box 5		7					
		Ga	alveston,	TX 77583-	<b>05</b> 38			Phone no	(409)	763-4626
BAA										Form 990-PF (2012)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2012

Employer identification number							
THE RIDER FAMILY FUND		76-0349036					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable tr	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation	n					
	4947(a)(1) nonexempt charitable tr	rust treated as a private foundation					
	501(c)(3) taxable private foundation	n					
Check if your organization is covered by	y the General Rule or a Special Rule						
<b>Note.</b> Only a section 501(c)(7), (8), or	(10) organization can check boxes for both the $\mathfrak C$	General Rule and a Special Rule. See instructions.					
General Rule							
X For an organization filing Form 990, 9	90-EZ, or 990-PF that received, during the year, \$5,	,000 or more (in money or property) from any one					
contributor. (Complete Parts I and	11)						
Special Rules							
$509(a)(1)$ and $170(b)(1)(A)(v_1)$ and	n filing Form 990 or 990-EZ that met the 33-1/3% received from any one contributor, during the ye 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1.	ear, a contribution of the greater of (1) \$5,000 or					
total contributions of more than \$1.	ganization filing Form 990 or 990-EZ that received fi 000 for use <i>exclusively</i> for religious, charitable, so nor animals. Complete Parts I, II, and III.	rom any one contributor, during the year, scientific, literary, or educational purposes, or					
•	•	from any one contributor, during the year,					
contributions for use exclusively for re	ganization filing Form 990 or 990-EZ that received fi ligious, charitable, etc, purposes, but these contribu otal contributions that were received during the year	utions did not total to more than \$1,000.					
purpose. Do not complete any of the	parts unless the <b>General Rule</b> applies to this organiz	eation because it received nonexclusively					
religious, charitable, etc, contribution	ons of \$5,000 or more during the year .						
Caution: An organization that is not covered by the answer 'No' on Part IV, line 2, of its Form 990, meet the filing requirements of Schedu	e General Rule and/or the Special Rules does not file Schedule or check the box on line H of its Form 990-EZ or on Part I le B (Form 990, 990-EZ, or 990-PF)	B (Form 990, 990-EZ, or 990-PF) but it <b>must</b> I, line 2, of its Form 990-PF, to certify that it does not					
BAA For Paperwork Reduction Act No or 990-PF.	otice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2012					

Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part er identification number
_	IDER FAMILY FUND		349036
Partil	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	ed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	G WM RIDER PC 2200 MARKET STREET	\$ 25,868.	Person Payroll Noncash X
	GALVESTON, TX 77551	_	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MR & MRS G. WILLIAM RIDER  2 DANSBY DRIVE  GALVESTON, TX 77551	\$30,377.	Person  Payroll  Noncash X  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is

Page

1 to

1 of Part II

Name of organization

THE RIDER FAMILY FUND

Employer identification number

76-0349036

Partill Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date receive
1	290 SHARES OF EXXON MOBIL CORP			
		\$_	25,868.	12/11/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date receive
2	419 SHARES OF MEDCO HEALTH SOLUTIONS			
		\$_	30,377.	4/02/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$_		
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$_		
a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date receive
				<del></del>
		\$_		
	<u> </u>	Schedula	<b>B</b> (Form 990, 990-EZ,	or 990 PE\ /20

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2012)		Page	1 to 1 of Part III
Name of organ	DER FAMILY FUND			Employer identification number 76-0349036
	Exclusively religious, charitable, etcorganizations that total more than \$ For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional sections)	<b>51,000 for the year.</b> Complet otal of <i>exclusively</i> religious, charenter this information once. Se	te columns (a) through (e) a	(7), (8) or (10)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) ription of how gift is held
	N/A			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) ription of how gift is held
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) ription of how gift is held
	Transferee's name, address	Relationship of t	transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desci	(d) ription of how gift is held
		(e)		
		Transfer of gift		

BAA Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

2012	Federal Statements	Page <sup>2</sup>
Client 6699	THE RIDER FAMILY FUND	76-034903
7/31/13		11:18A
Statement 1 Form 990-PF, Part I, Line 11 Other Income		
	(a) (b) Net Revenue Investme <u>per Books Income</u>	nt Adjusted
Other Investment Income .	Total \$ -901. 	0.\$ 0.
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees		
MERRILL LYNCH	(a) (b) Net (c)  Expenses Investment Adjus  per Books Income Net In  \$ 118. \$ 118. \$  Total \$ 118. \$ 118. \$	ted Charitable
Statement 3 Form 990-PF, Part I, Line 18 Taxes		
	(a)       (b) Net       (c)         Expenses       Investment       Adjus         per Books       Income       Net In         \$       27.       449.         Total       \$       476.       \$       0.       \$	ted Charitable
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses		
K-1 EXPENSES	Expenses Investment Adjustment Books Income Net Income S 2,246. \$ 2,246. \$ 2	

. 201<sub>2</sub>

### **Federal Statements**

Page 2

Client 6699

#### THE RIDER FAMILY FUND

76-0349036

7/31/13

11·18AM

Statement 5 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

1400 EXXON CORP	Corporate Stocks	Valuation <u>Method</u>	Book Value	Fair Market Value
678 EXPRESS SCRIPTS HLDG CO  535 KRAFT FOODS GROUP INC  Cost  Cost  24,205.  36,612.  Cost  Total \$ 351,308. \$ 468,962.	1400 EXXON CORP 250 ELI LILLY CO. 500 SCANA CORP VANGUARD WINDSOR FUND 400 SHS BAXTER INTERNATIONAL 60 SHS CITIGROUP 300 SHS GLAXO WELCOME 500 EMERSON ELECTRIC 2030 NEWSCORP INC. 43 ST PAUL'S TRAVELERS 43 ST PAUL'S TRAVELERS 750 BANK OF AMERICA 350 JOHNSON & JOHNSON 500 CENTURYLINK INC 750 VERIZON COMMUNICATIONS 250 MICROSOFT CORP 400 WISCONSIN ENERGY CORP 678 EXPRESS SCRIPTS HLDG CO	Cost Cost Cost Cost Cost Cost Cost Cost	\$ 38,181. 14,476. 13,150. 19,920. 13,700. 22,497. 18,038. 17,310. 27,256. 702. 1,104. 34,443. 20,385. 17,789. 24,848. 6,729. 11,802. 24,205. 24,773.	\$ 121,170. 12,330. 22,820. 18,512. 26,664. 2,374. 13,041. 26,480. 51,785. 3,088. 3,088. 8,708. 24,535. 19,560. 32,452. 6,677. 14,740. 36,612. 24,326.

Statement 6 Form 990-PF, Part II, Line 10c Investments - Corporate Bonds

Corporate Bonds	Valuation <u>Method</u>	 Book Value	r Market Value
6000 FORD DEBENTURES 9.375% 13000 CSX CORP DEBENTURE 8.625% VANGUARD LT CORP BOND FUND 2000 TORCHMARK NOTES 10000 MERRILL LYNCH BONDS 13000 ASSOCIATES CORP NOTES 2000 AMERITECH CAP FUNDING 3000 BOEING COMPANY BONDS	Cost Cost Cost Cost Cost Cost Cost Cost	\$ 6,258. 12,483. 26,767. 1,814. 9,009. 12,543. 1,644. 2,411. 72,929.	\$ 7,763. 17,934. 31,705. 2,073. 11,658. 15,660. 2,442. 4,230. 93,465.

Statement 7 Form 990-PF, Part III, Line 5 Other Decreases

Prior Period Adjustments . . . . .

.... \$ 73,800. Total \$ 73,800.

2012 Federal Stat			eral State	ements			1	Page 3
Client 6699 THE RIDER FAMI			LY FUND			76	-0349036	
7/31/13							11:18AM	
Statement 8 Form 990-PF, Par Capital Gains and	rt IV, Line 1 d Losses for Tax	on Investme	nt Income		•			
Thom	(a) Dec			(b)		c) Date		Date Sold
2 12,000 K 3 20,000 M 4 CASH IN 5 419 MEDC 6 140 EXXO	SE PRODUCTS INDER MORGAN ASCO CORP LIEU EXPRESS O HEALTH SOLU N MOBIL CORP N MOBIL CORP	ENERGY PAR SCRIPTS IN	TNERS	Purch Purch Dona Purch Dona	ased ased ted ased	Various Various Various Various Various Various Various Various	12/ 3/ 7/ 4/ 4/	31/2012 15/2012 16/2012 25/2012 03/2012 04/2012
(e) Gross <u>Item Sales</u>	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i)-(i)		(1) Gain Loss)
1 82 2 12,00 3 20,00 4 2	9. 0. 0. 3.	0. 12,850. 20,361. 0.	829. -850. -361. 23.				\$	829. -850. -361. 23.
5 12,06 6 11,83 7 25,86	5.	0. 2,798. 3,733.	12,067. 9,037. 22,134.			Total		12,067. 9,037. 22,134. 42,879.

1,277.

19. 10. 1,306.

Total \$

Statement 10 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

G. WILLIAM RIDER GAIL RIDER

Tax Due

Statement 9 Form 990-PF, Part VI, Line 9 Tax Due

Late Payment Penalty
Late Interest

2012	Federal Sta		Page 4		
Client 6699	THE RIDER FAM		76-0349036		
7/31/13					11:18AM
Statement 11 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee Relationship	Found- ation Status	Purpose Grant	of	Amount _
FIRST PRESBYTERIAN CHURCH 1903 CHURCH GALVESTON, TX 77550	NONE	PUBLIC	GENERAL	\$	10,100.
GRAND 1894 OPERA HOUSE 2018 POSTOFFICE GALVESTON, TX 77550	NONE	PUBLIC	GENERAL		6,500.
SALVATION ARMY 2228 BROADWAY GALVESTON, TX 77550	NONE	PUBLIC	GENERAL		5,220.
VARIOUS SMALL DONATIONS VARIOUS IN GALVESTON GALVESTON, TX 77550	NONE	PUBLIC	GENERAL		1,275.
UNIV OF TEXAS MEDICAL BRANCH 700 UNIVERSITY BLVD. GALVESTON, TX 77550	NONE	PUBLIC	GENERAL		2,000.
RAINBOW CONNECTION PO BOX 17176 GALVESTON, TX 77551	NONE	PUBLIC	GENERAL		2,500.
JUNIOR LEAGUE OF GALVESTON 210 22ND STREET GALVESTON, TX 77550	NONE	PUBLIC	GENERAL		400.
ST. VINCENT'S HOUSE 2817 POST OFFICE STREET GALVESTON, TX 77550	NONE	PUBLIC	GENERAL		100.
UNITED WAY OF GALVESTON 2200 MARKET STREET STE 850 GALVESTON, TX 77550	NONE	PUBLIC	GENERAL		1,100.
LIGHTHOUSE CHARITY TEAM 3502 FM 528 FRIENDSWOOD, TX 77546	NONE	PUBLIC	GENERAL		500.
				Total 🛐	29,695.

----

. >

ı

2012	Federal Supporting Detail	Page 1
Client 6699	THE RIDER FAMILY FUND	76-0349036
7/31/13  Balance Sheet Other (Form 990-PF)[O]  ENTERPRISE PRODUCTS PA MAGELLAN MIDSTREAM PAR PLAINS ALL AMERICAN PI LINN ENERGY LLC	TNERS LP	14,591. 13,311. 11,396. 17,991. 57,289.

## (Rev January 2013)

#### Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X 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 extention 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. 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. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print THE RIDER FAMILY FUND 76-0349036 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 2 DANSBY DRIVE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions GALVESTON, TX 77551 Enter the Return code for the return that this application is for (file a separate application for each return) 04 Application Is For Return Return Application Code Code 07 Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 08 02 Form 1041-A 09 Form 4720 (individual) 03 Form 4720 10 Form 990-PF 04 Form 5227 11 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 12 Form 8870 Form 990-T (trust other than above) The books are in the care of ▶ G. WILLIAM RIDER Telephone No. ► 406-763-3531 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, ▶ and attach a list with the names and EINs of all members check this box lef it is for part of the group, check this box the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 12 or \_\_\_\_\_, 20 \_\_\_\_, and ending tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial 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. 3 a |\$ 1,267. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3 b S payments made Include any prior year overpayment allowed as a credit 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.

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.

1,267.

3 c | \$

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	rnal Revenue Service
•	If you are filing

nternai	Revenue Service		i no a separate approach for each retain		
			<u></u>		 
<ul><li>If</li></ul>	you are filing	for an a	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 extention on a previously filed Form 8868.

request an Associated	filing (e-file). You can electronically file Form 886 or required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which in filing of this form, visit www.irs.gov/efile and click	ot automation t I or Part II : nust be sen	c) 3-month extension of time. You can eli- with the exception of Form 8870, Information It to the IRS in paper format (see instruct	ectronically file For n Return for Transfe	m 8868 10 rs				
Partu	Automatic 3-Month Extension of Time	. Only su	ibmit original (no copies needed)						
A corporat	ion required to file Form 990-T and requesting an	automatic (	6-month extension — check this box and	complete Part I on	ily ► 📋				
All other c	orporations (including 1120-C filers), partnerships,	REMICs, a	and trusts must use Form 7004 to reques	t an extension of ti	me to file				
income tax	c returns.		Enter filer's identi	fying number, see	instructions				
	Name of exempt organization or other filer, see instructions.  Employe								
Type or print									
print	THE RIDER FAMILY FUND	76-0349036 Social security number (SSN)							
File by the due date for	Number, street, and room or suite number. If a P O box, see	Social security number (SSN)							
filing your return See	2 DANSBY DRIVE City, town or post office, state, and ZIP code. For a foreign add	<del></del>	<del></del>						
instructions	GALVESTON, TX 77551	31050, 500 1150							
Enter the F	Return code for the return that this application is fo	or (file a se	parate application for each return)		04				
Application Is For	1	Return Code	Application Is For		Return Code				
Form 990 or	r Form 990-EZ	01	Form 990-T (corporation)		07				
Form 990-E		02	Form 1041-A		08				
Form 4720 (		03	Form 4720		09				
Form 990-F		04	Form 5227		10				
	(section 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-1	(trust other than above)	06	Form 8870		12				
Telepho  If the or  If this is check the extended the extended the control of the	ne No. • 406-763-3531  rganization does not have an office or place of but of for a Group Return, enter the organization's four his box. • • . If it is for part of the group, of ension is for est an automatic 3-month (6 months for a corporation 8/15 , 20 13 , to file the exempt organization is for the organization's return for.  It calendar year 20 12 or tax year beginning , 20  tax year entered in line 1 is for less than 12 monthing in accounting period	FAX No siness in the digit Group theck this be required to the anization resident, and ending	e United States, check this box	this is for the whol	e group,				
3 a 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									
payme	application is for Form 990-PF, 990-T, 4720, or 60 ents made. Include any prior year overpayment all	owed as a	credit	3 b \$	0.				
c Baland EFTPS	c <b>e due.</b> Subtract line 3b from line 3a. Include your 5 (Electronic Federal Tax Payment System), See i	payment w	with this form, if required, by using	3c S	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.