## Form 990 (Rev. January 2020) Department of the Treesur

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2019 Open to Public Inspection

Form 990 (2019)

Go to www.irs.gov/Form990 for Instructions and the latest information. and ending For the 2019 calendar year, or tax year beginning D Employer Identification number C. Name of progratization Check if applicable: STRIDER EDUCATION FOUNDATION INC. Address change 81-4580473 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/sun 605-956-3877 2221 N PLAZA DRIVE Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 467,051 RAPID CITY SD 57702 G Gross receipts\$ Amended return Name and address of principal officer. Yes X No Hi(m) is this a group return for subordinels Application pending RYAN MCFARLAND H(b) Are all subordinates included? 2221 N. PLAZA DRIVE If "No." attach a list. (see instructions) SD 57702 RAPID CITY has: X 501(c)(3) 501(c) ( ) 4 (Insert no.) 4947(a)(1) or WWW. STRIDEREDUCATION FOUNDATION.ORG 4947(a)(1) or Tax-exempt status: H(c) Group exemption number L Year of formation: 2016 Mt State of legal domicits: SD Form of organization: X Corporation Trust Association Other Summary Part I 1 Briefly describe the organization's mission or most significant activities: TO DELIVER SUPERIOR BIKES AND A PROVEN CURRICULUM TO ORGANIZATIONS/SCHOOLS Governance THAT WISH TO TEACH CHILDREN HOW TO RIDE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, fine 1s) ell 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 750 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 ....... 301,660 467,024 B Contributions and grants (Part VIII, line 1h) O 9 Program service revenue (Part VIII, line 2g) O 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 27 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 301,660 467,051 115,656 248,232 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 31,546 24,403 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part IX, column (A), line 11e)
b Total fundralsing expenses (Part IX, column (D), line 25) ▶ 15,033 O 65,496 338,131 54,963 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 202,165 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 99,495 128,920 19 Revenue less expenses. Subtract line 18 from line 12 Fnd of Year Beginning of Current Year 176,998 287,364 20 Total assets (Part X, line 16) 41,474 22,920 21 Total liabilities (Part X, line 26) 135,524 264,444 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including eccompanying 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 SECRETARY/TREASURER RYAN MCFARLAND Here Type or print name and title Check if PTIN Print/Type preparer's name Prenarer's signature self-employed P00479382 Paid JEAN SMITH, CPA KETEL THORSTENSON, LLP Firm's EIN 46-0257538 Preparer Firm's name PO BOX 3140 Use Only 605-342-5630 RAPID CITY, SD 57709-3140 Firm's address 🕨 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

	DUCATION FOUND Ogram Service Accor		Page 2
		se or note to any line in this Part III	X
1 Briefly describe the organization		se of flote to ally life #1 this Part III	<b>_</b>
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		** ** ** ** ** ** ** ** ** ** ** ** **	** ** ** *** ***
2 Did the organization undertake	any significant program serv	rices during the year which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
II res, describe mese new sei	vices on Schedule O.		
		changes in how it conducts, any program	
If "Yes," describe these change	on Cahadula O		Yes X No
		nts for each of its three largest program services, as measured	4.
expenses. Section 501(c)(3) and	1 501/cV4) omanizations an	e required to report the amount of grants and allocations to oth	by
the total expenses, and revenue	if env. for each program	produce recorded	919,
a (Code: ) (Expenses \$	319,102 ii	ncluding grants of\$ 248,232 ) (Revenue \$	
SEE SCHEDULE O			
** ** ** ** ** ** **	*****		
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(Code: ) (Expenses \$	in	cluding grants of\$ ) (Revenue \$	
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d Other program services (Describ			
Expenses \$	including grants of		
le Total program service expenses	<b>▶</b> 319,10	4	

Part IV

DAA

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Parl I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .... 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Pert IV 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or In quasi endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ...... X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Parl X x 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 128 X Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes." and if the organization enswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X X 14s Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III ...... X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Form 990 (2019)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	amplement If Illen a complete Calculate (			
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	w routous as or une last day or use year, a lat was issued after December 31, 2002; if 1985, answer ares 240	l.,		
ь	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		-
•	Palmana anni tau avanna da			
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	-	
Z-70	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	1		
	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	-	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	M. Man II annualista Dahadida I. Dad I		1	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	-	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26	-	X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
28	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27	-	X
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b	- Ah	X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28s or 28b? If	200		_
	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	an	х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
	conservation contributions? If "Yes," complete Schedule M	30		ж
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1	-1	
	complete Schedule N, Part II	32		x
33	uid the organization own 100% of an entry disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, end Part V, line 1	34		X
35 <b>a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pē	ort V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V			
	Final Control of the		Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	- 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	10		

3 644	· · · · · · · · · · · · · · · · · · ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 28 2			
b	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a .	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)?	4a		X
b	f "Yes." enter the name of the foreign country ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1 1		
	and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Ж
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		_
9	Sponsoring organizations maintaining donor advised funds.			
8	Did the sponsoring organization make any taxable distributions under section 4986?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources			1
_	against amounts due or received from them.)			l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	19 fild Diddistration applies to our poster, 1744 1711 on h. A.		1	I w
15		15	_	1
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		
	excess parachute payment(s) during the year?	15		X

_	Check if Schedule O contains a response or note to any line in this Part VI	2		X
iec	tion A. Governing Body and Management			_
la	Enter the number of voting members of the governing body at the end of the tax year	_	Yes	No
н	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain on Schedule O.	1		
3	# A 10 1 A 10 10 10 10 10 10 10 10 10 10 10 10 10			
•	Enter the number of voting members included on line 1a, above, who are independent	-		
		I .		
	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct	2		X
	the digardantification divergence tecture over management duces consomming performed by or under the direct	١.		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X	-
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing.		
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
더	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of Interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conficts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? if "Yes,"			_
	describe in Schedule O how this was done	12c	x	
	Did the organization have a written whistleblower policy?	13	X	
	Did the organization have a written document retention and destruction policy?	14	X	_
	Did the process for determining compensation of the following persons include a review and approval by	14		_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	454		
	Other officers or key employees of the oppositorion	15a	X	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).	15b	A	_
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a tayable entity during the year?			99
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	-	X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?			
r:1	ion C. Disclosure	16b		_
*	List the states with which a copy of this Form 990 is required to be filed ▶ NONE		-	_
				٠
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection, indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	AN MCFARLAND 2221 N. PLAZA DRIVE			

DAA

Form 990 (2019) STRIDER EDUCATION FOUNDATION INC. 81-4580473	Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	oloyees, and
Independent Contractors	_
Check if Schedule O contains a response or note to any line in this Part VII	🔲
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.	
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> </ul>	
List all of the grantzation's current key employees, if any. See instructions for definition of "key employee."	
<ul> <li>List the organization's five current highest compensated employees (other than an officer, director, trustise, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.</li> </ul>	
<ul> <li>List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.</li> </ul>	
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List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See Instructions for the order in which to list the persons above.
 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and the	(B) Average hours per week (list any	offic	, unle	85 PB	illon more ison	than o	an I	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual bustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(M-CLIRE-MINOC)	(tru luss missu)	releted organizations
(1) JACK LYNASS VICE PRESIDENT	1.00	x		x				0	o	0
(2) RYAN MCFARLAND	2.00							0	0	0
SECRETARY/TREASURER (3) AL RIEMAN	1.00	X		X						
PRESIDENT (4) MATT SEEBAUM	1.00	X	-	X	-	+		0	0	0
BOARD MEMBER (5) GREG WICK	0.00	x	-	-	-	-		0	0	0
BOARD MEMBER	1.00	x						0	0	0
(6)										
(7)										
(8)					I	T	T			
(9)					İ	1	T			
(10)			-	t		-	$\dagger$			
(11)		-	+	+	+	+	+			
******										000

	(A) Name and title	(B) Average hours per week (list any	offic	, unie		rean direct	is bott ontrus	en tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) mated a of othe mpensa from th	r Son
		hours for related organizations below dotted line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 <sup>3</sup> 10 <del>99 M</del> ISC)	(W-2/1099-MISC)		anization d organ	and
5													
g													
m.,		@ <u>@</u> .g											
c Total f	al . rom continuation sho add lines 1b and 1c)	eets to Part VII,						<b>* * *</b>				VIII.	
2 Total n	umber of individuals (i ble compensation from	including but not	limit	ed t	o the	ose	listed	l ab	ove) who received more	than \$100,000 of			
3 Did the	organization list any t	former officer, d	lirecto	or, t	ruste	e, k	еу е	mpl	pyee, or highest compens	sated			es No
<ul> <li>For any organization</li> <li>Individual</li> </ul>	y individual listed on the cation and related ongoing in the cation and related ongoing in the cation in the catio	ne 1a, is the sur anizations greate	n of the	repo in \$	ortab 150,	le c 000	ompi ? <i>If</i> '	Yes,	tion and other compensa omplete Schedule J fo	tion from the er such		4	x
	y person listed on line vices rendered to the	18 receive or a	ccrue	9 CO	mbe	กรลเ	เดกเ	ていれか	any unitelated arganization	nn or individual		5	x
1 Comple	ndependent Contracted this table for your	five highest com	pens	atec	d ind	epa	nder	ıt co	ntractors that received ma	ore than \$100,000 of			
compe	nsation from the organ	nization. Report ( (A) I dusiness address	comp	ens	ation	for	the	cale	ndar year ending with or	within the organization's (B) or or services	tax year.		C) ensation
	Note on	Guariosa Guariosa							Descript	ion or services		Comp	efisation
						-0.5							
2 Total n	umber of independent	contractors fine	ludin	n hi	ıt no	t lier	ited	to #	nose listed above) who				
receive	d more than \$100,000	of compensation	on fro	m t	he a	rgar	nizati	ion I	MIO IONG GOVE) WIO	0			90 (201

								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
1a	Fe	derated camp	aions		1a						
		embership du			1b						
C	Ft.	indraising eve	nts		1c						
d	Re	elated organiz	ations	3	1d						
		vernment grænts (c			1e					1	
	FAI	other contributions,	gifts, g	rents,						1	
	ant	d similar amounts n	ot Includ	ied above	15	4	167,024				
9	No	ncash contributions	Included	d in lines 1a-1f ,	19 5	<u> </u>					
t	To	otal. Add lines	18-1	lf				467,024			
						1	Business Code				
24	1					14.41					
Ŀ	) IS										
¢	;										
0	j						-				
							-				
				rvice revenue							
				2f							
3				ncluding divide							
Ι.				s)							
4				ent of tax-exem	•	1 proceed	os 💆 ⊨			-	
5	R	oyalties									
				(I) Real	-	(A) F	Personal				
6		ross rents	6 <b>a</b>		-						
l t		ss: rental expenses	_		-						
		ental inc. or (loss)	6c	1						<del> </del>	
		let rental incon loss amount from	ne or	(1088)			Other			-	
II ''	58	des of assets		(i) Securitie	5	(1)	Other				
Ι.		her then inventory	7a			_					
1 6		ess: cost or other	~1	1					ŀ		
		els and sales exps.		-		_				1	
		iain or (loss)	7c							-	-
				Indialan almala	1					<del> </del>	
84		ross income from					- 1		1		
		not including \$ f contributions re			1		1			1	
			•	•	8a		- 1				
Ι.	. I	es ran IV, mie ess: direct ex			8b						
				from fundralsir		te					
		iross income fro			GACII	LG ,, ,,					
3				ang addenda.	9a						
		.ess: direct ex			9b						
1 4				from gaming a			a Þ				
	- 0	Bross sales of								1	
		11 GOIDE GOVIL			10a				1		
	la G		างเอา		10b						
10	ta G	eturns and all		enld							
10	la C n b L	eturns and all	aboo		nventor	·					
10	la C n b L	eturns and all	aboo	from sales of i	nventor	y	Business Code				
10	la C	eturns and all less: cost of g let income or	oods (loss)		nventor	γ	Business Code 900099	27			
10	la C b L c h	eturns and all less: cost of g let income or MISCELLANI	oods (loss)	from sales of I	nventor	y		27			
10	la C	etums and all less: cost of g let income or MISCELLAN	oods (loss)	from sales of l	nventor	<u>y</u>		27			
10	la C b L c N	eturns and all ess: cost of g let income or MISCELLANT	oods (loss)	from sales of l		Y		27			
10	b L c h	eturns and all ess: cost of g let income or MISCELLANT	code (loss)	from sales of l				27			

Sec	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respon	omplete all columns. All onse or note to any line in	other organizations must of this Part IX	complete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other essistance to domestic organizations				
	and domestic governments. See Part IV, fine 21	248,232	248,232		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	22,346	22,346		
8	Pension plan accruais and contributions (include		,		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,057	2,057		
11	Fees for services (nonemployees):				
8	Management	202		202	
b		1,472		1,472	
C	Accounting	1,944		1,944	
d	Lobbying				
e	Professional fundralsing services. See Part IV, line 17				
f	Investment management fees				
8					
	(A) amount, list line 11g expenses on Schedule O.)	30,066	15,033		15,033
12		22,308	22,308		
13	Office expenses	378	5 040	378	
14	Information technology	7,049	7,049		
15	Royalties				
16 17	Occupancy	828	828		
18	Travel Payments of travel or entertainment expenses	040	020		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,249	1,249		
24	Other expenses, Itemize expenses not covered		-		
	above (List miscellaneous expenses on line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
B					
þ					
c					
d					
	All other expenses	226 424	210 100		
25 26	Total functional expenses. Add lines 1 through 24e .  Joint costs, Complete this line only if the	338,131	319,102	3,996	15,033
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
DAA	And the state of t				Form 990 (2019)

	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
La	Cashnon-interest-bearing	121,208	1	259,372
2			2	
		33,072	3	24,806
3	The second secon	21,972	4	
14	Accounts receivable, net Loans and other receivables from any current or former officer, director,			
5	trustee, key employee, creator or founder, substantial contributor, or 35%		- 1	
1			5	
١.	controlled entity or family member of any of these persons  Loans and other receivables from other disqualified persons (as defined		_	
1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7			7	
7			8	
.   •		746	9	3,186
9	11111	,,,,,	-	5/200
10a	Land, buildings, and equipment: cost or other		- 1	
١.	basis. Complete Part VI of Schedule D 10a		10c	
	Less. accommend depression		11	
11			12	
	Investments-other securities. See Part IV, line 11		13	
13			14	
14	111111111111111111111111111111111111111		15	
15		176,998	16	287,364
16		41,474	17	22,920
17		11,1/1	18	22, 32
18			19	
19	Deferred revenue		20	
20	Tax-exempt bond liabilities			
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
<u>1</u>   23			23	
24			24	
25	Other liabilities (including federal income tax, payables to related third		1	
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	41,474	25	22,920
26	Total liabilities. Add lines 17 through 25	71,772	26	44,32
22	Organizations that follow FASB ASC 958, check here X		1 1	
2	and complete lines 27, 28, 32, and 33.	135,524	27	264,444
월   27		133,324	28	204,44
28	Net assets with donor restrictions		26	
ξ	Organizations that do not follow FASB ASC 958, check here		1	
27 28 20 Fund Balances 20 30 30 31 31 31 31 31 31 31 31 31 31 31 31 31	and complete lines 29 through 33.		00	
O 29			29	
g   30			30	
₽ 31	•	135 504	31	254 44
를 32		135,524		264,44
Z 33	Total liabilities and net assets/fund balances	176,998	33	287,36 Form 990 (20

Forn	1 990 (2019) STRIDER EDUCATION FOUNDATION INC. 81-4580473			Pa	ge 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46	57.	051
2	Total expenses (must equal Part IX, column (A), line 25)	2			131
3	Revenue less expenses. Subtract line 2 from line 1	3	12	18,	920
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			524
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	26	4.	444
Pa	iff XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				No
_	Schedule O.		1 1		
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
D	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1 1		
	separate basis, consolidated basis, or both:		1 1		
_	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1.1		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2¢	_	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		1 1	- 1	
20			1 1	- 1	
34	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1.1		
le.	Single Audit Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	••	3a		X
i)	· · · · · · · · · · · · · · · · · · ·				
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	005	
			Form	220	(2019)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt cha

▶ Attach to Form 990 or Form 990-EZ. Open to Public

Go to www.irs.gov/Form990 for Instructions and the latest information.

OMB No. 1545-0047 2019

Inspection

81-4580473 STRIDER EDUCATION FOUNDATION INC. 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 12, check only one box.) A church, convention of churches, or association of churches described in aection 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross

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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type i. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its

organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, ts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

(i) Name of supported organization	(a) EIN	(NV) Type of organization (described on lines 1-10 above (see instructions))		organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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.) Page 2

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			109,223	301,660	467,024	877.907
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			109,223	301,660	467,024	877,907
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)		-				396,700
6	Public support. Subtract line 5 from line 4.		L				491,207
	tion B. Total Support	( ) 0045	D) 0040	T			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			109,223	301,660	467,024	877,907
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 VI.)						
11	Total support. Add lines 7 through 10						877,907
12	Gross receipts from related activities, et					12	
13	First five years. If the Form 990 is for t	he organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	12
Sac	organization, check this box and stop hetion C. Computation of Public	Support Porc	ontano				▶ X
14	Dublic compart persentees for 2040 flies	Casheer (Cali	willaye	h (D)		1	
15	Public support percentage for 2019 (line	o, column (1) divi	line 44	ilumn (1))			%
16a	Public support percentage from 2018 Sc 33 1/3% support test—2019. If the orga	riequie A, Pan II, animation did not a	NINE 14	San 40 and Bou dd	I- 00 4 100	15	%
IVA	box and stop here. The organization qu	anization did not (	check the box on I	ine 13, and line 14	is 33 1/3% of mo	re, check this	
	33 1/3% support test—2018. If the organization qu	rainies as a public poissilos did ost s	ay supported orga	nizavon	- 45 la 00 4004		· 🟲 🗀
~	this box and stop here. The organization			annia a finallia a		-	
17a	10%-facts-and-circumstances test—2	M10 if the omeni	ration did not cha	organization	480 or 48h and	Non dalla	· ····· 🟲 🖳
	10% or more, and if the organization me	ete the "facts and	Leimumetances t	pet chart this hav	and stor hom E	TIRE 1415	
	Part VI how the organization meets the	"facts-and-circum	stances" test. The	organization qualif	fies as a publicly	supported	
ь	10%-facts-and-circumstances test-2	M49 If the amoni	antion did not abo	ak a hay an Esa 40	40a 40b au 47a		🏲 🛴
~	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
18	supported organization  Private foundation. If the organization	did not check a be	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box an	d see	🏲 🗀
	instructions	· 6   3 · • 53 · • • • •		3			▶ 🗀
					Scl	edule A (Form 990	or 990-EZ) 2019

Schedule A | Form 990 or 990-EZ | 2019 | STRIDER | RDUCATION | FOUNDATION | INC. | 81-4580473 |
Part III | Support Schedule for Organizations | Described in Section 509(a)(2)

	(Complete only if you checked the box on line 10 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.)
	Public Support
м.	Public auddors

Sect	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grents, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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					-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disquelified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					1 1	
0	tine 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(0) 20.0	15/ 25:0	3-1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,		3.				
	and 12.) First five years. If the Form 990 is for	the appropriate to	first appeared this	d fourth or fifth t	av vegr ee e eesti	on 501/c)/3\	<u> </u>
14	organization, check this box and stop h		ilirst, second, triil				▶ □
Sar	etion C. Computation of Public	Support Perc	centage	**************			
_		a column (f) die	vided by line 13	column (fi)		15	%
15 16	Public support percentage from 2018 S	chedule A. Part II	I. line 15			4-1-1	%
Sac	ction D. Computation of Invest	ment Income	Percentage				
17	Investment income percentage for 2011	line 10c. colum	n (f), divided by I	ne 13, column (f)	)	17	%
18	Investment income percentage from 20						%
19a	33 1/3% support tests—2019. If the o	rganization did no	t check the box o	n line 14, and line	e 15 is more than	33 1/3%, and line	
	17 is not more than 33 1/3%, check this	s box and stop he	ere. The organiza	ilion qualifies as i	a publiciy supporte	ed organization	
b	33 1/3% support tests-2018. If the o	rganization did no	nt check a box on	line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
-	line 18 is not more than 33 1/3%, check	k this box and sto	op here. The orga	ınization qualifies	as a publicly sup	ported organization	▶ <u>∟</u>
20	Private foundation. If the organization	did not check a l	box on line 14, 19	a, or 19b, check	this box and see i	nstructions	
-						Cabadala A /Farm C	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI whet controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination. under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) DUMDOS98.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action: (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a toan to a disqualified person (as defined in section 4958) not described in line ?? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VL
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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STRIDER EDUCATION FOUNDATION INC. 81-4580473

Page 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting  1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	d on Nov	30 4070 (marie in Con-	110 0
instructions. All other Type III non-functionally integrated supporting organization	ans must r	20, 1970 (explain in Par complete Sections A thm	(VI). See
action A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		+
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(8) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			1 1
instructions for short tax year or assets held for part of year);			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line B, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax Imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2019

instructions)

e Excess from 2019 .. ....

Schedule A								5	T	LI	DE	2	ED	UC	'A'	ΤI	01	1	FO	U	D	AT	IC	N	IN	C.		81	-45	80	473	1-		Pa	e 8
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nspection Employer Identification number 81-4580473 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. STRIDER EDUCATION FOUNDATION INC. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE ! (Form 990)

Open to Public CMB No. 1545-0047 2019

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, LEARN RIDE PROGRAM PROGRAM LEARN RIDE PROGRAM LEARN RIDE PROGRAM LEARN RIDE PROGRAM PROGRAM (h) Purpose of grant 9 X Yes RIDE RIDE LEARN LEARN ...... Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (g) Description of book, FIMA, appraisal, noncesh assistance often BIKES BIKES BIKES BIKES BIKES BIKEB 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ... .. ... ... .. .. 5,719 COST 13,230 COST 13,625 COST 5,512 COST 5,953 COST 21,830 COST ..... (a) Amount of noncash assistance (d) Amount of cash grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \*\*\*\*\*\* \*\*\* \*\* \*\* \*\* \*\* \*\*\*\*\* (c) IRC section (if applicable) 8 200 46-6001273 GOV 71-6021364 GOV PO BOX 30035 NC 28230-0035 56-6001074 GOV 46-6002638 GOV 46-6001338 46-1196944 General Information on Grants and Assistance (D) EIN (6) COMMUNITIES IN SCHOOL OF TENNESSHE TN 37212 SD 57201 ï SD 57301 SD 57719 ..... (3) CHARLOTTE MECKLENBURG SCHOOLS AR 72765 (a) Name and address of organization (4) MITCHRIL SCHOOL DISTRICT : : : (a) ... (b) ... (c) 804 WEST JOHNSON AVE or government 1207 18TH AVE SOUTH (1) SPRINGDALE SCHOOLS 400 PATRIOT DRIVE SCHOOLS 920 N CAPITAL ST (2) DOUGLAS SCHOOLS : 200 9TH ST ME . . . . . (5) WATERTOWN CHAROLOTTE SPRINGDALE BOX BLDER NASHVILLE WATERTOWN MITCHELL Part E 8 6

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the instructions for Form 990. DA

Schedule I (Form 990) (2019)

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Schedule I (Form 990) (201	Th. 14 Phil

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information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  TEPLEMENTAL. INFORMATION WORKSHEET	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncesh assista
Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.  INFORMATION WORKSHERT						
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Schedule | (Form 990) (2019)

SCHEDULE I		Supplemental			2019
(Form 990)	For calendar year 2019, or ta	x year beginning	, ar	d ending	er Identification number
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S	TRIDER EDUCATION	N FOUNDATION	I INC.	81-	4580473
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### SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.ira.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

Part I	Excess Benefit Transac Complete if the organization ans	tions (section 5	01(c)(3), secti	on 5	01(c line	)(4), and 501(c) 25a or 25b, or i	(29) organization	5804 is onl rt V, l	v).	Ob.			
1	(a) Name of disquelified person	(b) Relation	nship between disc organization		d per	son and	(c) Description of to	ensecti	m		-	Corne	_
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2 Enter to under s	he amount of tax incurred by the or section 4958he amount of tax, if any, on line 2,						-	<b>▶</b> 3					_
Part II	Loans to and/or From In Complete if the organization ans			Part '	V, lin	ne 38a or Form	990, Part IV, line	26;	or if ti	16			
	organization reported an amount												
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) to or	from	(e) Original principal amount	(f) Balance due	(g) in	default		percoved	(I) V agree	Vritten
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Part III	Grants or Assistance Be Complete if the organization ans					27.							
	(a) Name of interested person	(b) Relations		ested			(d) Type of assistance		(e)	Purpos	e of ass	Istance	1
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Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of i	interested person	(b) Relationship Interested person	ent bns n	(c) Amount of transaction	(d) Descrip	riion of transaction	(e) S of rever	Sharing org. nues?
			organizati					Yes	No
(1) STRIDER	SPORTS	international	BUSINESS	OWNER	176,294	MANAGEME	ent services		X
(2) STRIDER	SPORTS	INTERNATIONAL	BUSINESS	OWNER	248,232	PRODUCT	PURCHASE		X
(3)									
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Part V

Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION
BIKES, HELMETS, AND KICKSTANDS PURCHASED FROM STRIDER SPORTS INTERNATIONAL
TOTALED \$248,232 (ALL PURCHASES WERE BELOW WHOLESALE COST - ALSO SEE
SCHEDULE O PROGRAM ACCOMPLISHMENTS). THESE PRODUCTS ARE USED FOR
GRANTS TO CARRY OUT OUR EXEMPT PURPOSE. IN THE INITIAL YEARS OF
START-UP AND GROWTH, THE FOUNDATION WILL USE THE SERVICES OF STRIDER SPORTS
INTERNATIONAL FOR PROMOTION AND ADMINISTRATIVE SERVICES IN ORDER TO
MAXIMIZE THE BENEFITS RECEIVED FROM PUBLIC DONATONS. THESE CONTRIBUTED
SERVICES ARE NOT REPORTED ON THE FORM 990, BUT ARE AN INTEGRAL PART OF THE
FOUNDATION'S OPERATIONS. THE SECRETARY/TREASURER, RYAN MCFARLAND IS THE
PRESIDENT/OWNER OF STRIDER SPORTS INTERNATIONAL. STRIDER SPORTS
PRESIDENT/OWNER OF STRIDER SPORTS INTERNATIONAL. STRIDER SPORTS  INTERNATIONAL ANNUALLY DONATES 1% OF ITS GROSS REVENUE FOR PHILANTHROPY AND
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#### SCHEDULE O (Form 990 or 990-EZ)

# 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 2019

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number STRIDER EDUCATION FOUNDATION INC. 81-4580473 FORM 990 - ORGANIZATION'S MISSION OUR MISSION IS TO DELIVER SUPERIOR BIKES AND A PROVEN CURRICULUM TO ORGANIZATIONS/SCHOOLS THAT WISH TO TEACH CHILDREN HOW TO RIDE. OUR VISION IS TO BE THE #1 SOURCE FOR LEARN-TO-RIDE PROGRAMMING IN THE U.S.A. WE BELIEVE THAT LEARNING TO RIDE SHOULD BE SAFE, EASY, FUN AND SOCIAL FOR ALL. RIDING IS A LIFE SKILL THAT PROVIDES NUMEROUS BENEFITS SUCH AS EXERCISE, ADVENTURE, TRANSPORTATION, EXPLORATION, MOBILITY, COMPETITION, INDEPENDENCE, SOCIALIZATION, AND FUN. MOBILITY INSTILLS CONFIDENCE, AND ACTIVE OUTDOOR PLAY BETTERS HEALTH. THE OPPORTUNITY TO RIDE SHOULD BE AVAILABLE TO EVERYONE, REGARDLESS OF THEIR PHYSICAL, MENTAL, OR FINANICAL ABILITIES. FORM 990, PART I, LINE 6 VOLUNTEERS BUILD AND DELIVER BIKES, AND PROMOTE THE MISSION WITHIN THEIR COMMUNITIES. THIS ALL SUPPORTS OUR EFFORTS TO TEACH RIDS TO RIDE! FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT STRIDER EDUCATION FOUNDATION ACCOMPLISHES ITS MISSION OF TEACHING CHILDREN TO RIDE BIKES THROUGH ONE MAIN PROGRAM: - ALL KIDS BIKE IS A NATIONAL MOVEMENT ADMINISTERED BY THE FOUNDATION THAT FOCUSES ON PLACING LEARN-TO-RIDE PROGRAMS INTO PUBLIC SCHOOLS THROUGH THE KINDERGARTEN PE PROGRAM. DONORS CAN CONTRIBUTE TO THIS PROGRAM AND EVEN ADOPT A SCHOOL IN ORDER TO PROVIDE EVERYTHING TEACHERS NEED TO TEACH THEIR

STUDENTS TO RIDE A BIKE. TEACHERS RECEIVE TRAINING AND CERTIFICATION, A

Employer identification number

STRIDER EDUCATION FOUNDATION INC.

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81-4580473

... .... .. .. .. .. .. ... ... ... ... ...

STRUCTURED 8-LESSON CURRICULUM, BIKES, HELMETS, AND A 5-YEAR SUPPORT PLAN. SCHOOLS MUST COMMIT TO MAKING THE KINDERGARTEN PE PROGRAM PART OF THE STRUCTURED YEARLY CURRICULUM.

THE FOUNDATION'S LEARN-TO-RIDE CURRICULUM WAS BUILT AROUND NATIONAL STANDARDS THAT ENSURES EVERY CHILD FINDS SUCCESS. IT INCLUDES A VARIETY OF RESOURCES CREATED TO MAKE LEARNING TO RIDE A BIKE FUN, ENJOYABLE AND EMPOWERING. THE SAFETY LESSONS, CURRICULUM AND ACTIVITIES CAN BE FOLLOWED EXACTLY AS PRESENTED, OR ELEMENTS CAN BE ADDED TO CUSTOMIZE IT. IT CONSISTS OF SESSIONS THAT LEAD TO KIDS HAVING BALANCE AND BIKE HANDLING SKILLS NEEDED TO RIDE ON TWO WHEELS. QUICK ONLINE MODULES MAKE IT EASY FOR EDUCATORS TO BECOME CERTIFIED. WE PROVIDE PRINTABLE LESSON PLANS, MINUTE BY MINUTE ACTIVITIES AND TUTORIALS, PRINTABLE CERTIFICATES OF ACHIEVEMENT, AND OTHER SUPPORT MATERIALS.

RESEARCH SHOWS THAT LEARNING TO RIDE INCREASES CONFIDENCE, SOCIAL SKILLS, INDEPENDENCE, AND CREATES A CAN-DO ATTITUDE FOR LIFE. RIDING A BICYCLE IS A NATURAL MOOD ENHANCER THAT HAS BEEN SHOWN TO IMPROVE MENTAL AND COGNITIVE HEALTH, PREVENT AND TREAT DEPRESSION, AND LESSEN THE EFFECTS OF ADD AND ADHD. WE HAVE WITNESSED FIRST HAND THE LIFECHANGING EFFECT OF PROVIDING THE PROPER BIKE AND A PROVEN METHOD TO RIDE. WE DISTRIBUTE ONLY GENUINE STRIDER BIKES AND STRIDER LEARN-TO-RIDE CURRICULUM AS IT IS PROVEN SUCCESSFUL. EVERY \$10 DONATED TEACHES ONE CHILD TO RIDE. DONATIONS ARE MAXIMIZED BECAUSE OF THE IN-KIND ADMINISTRATIVE SUPPORT PROVIDED BY STRIDER SPORTS INTERNATIONAL. THAT ENTITY ALSO PROVIDES BIKES AND EQUIPMENT TO THE FOUNDATION AT SIGNIFICANTLY REDUCED RATES, AS WELL AS FREE LICENSE TO THE LEARN-TO-RIDE CURRICULUM.

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FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR MONITORING ALL CONFLICT OF

INTEREST SITUATIONS AT EACH BOARD MEETING. ANY DIRECTOR, OFFICER, OR

MEMBER OF A COMMITTEE MUST ADHERE TO THE CONFLICT OF INTEREST POLICY.

ANY INDIVIDUAL WITH A CONFLICT IS RESTRICTED FROM VOTING ON THE MATTER

INVOLVING THE CONFLICT. ALTHOUGH THE FOUNDATION HAS A WORKING RELATIONSHIP

WITH STRIDER SPORTS INTERNATIONAL (SEE SCHEDULE L), A MAJORITY OF THE BOARD

MEMBERS ARE INDEPENDENT. THE BOARD'S POLICY IS TO ENSURE TRANSPARENCY AND

EFFICACY OF DEALINGS WITH STRIDER SPORTS INTERNATIONAL.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

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