# Form 990

Department of the Treasury Internal Revenue Service

### **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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

For the 2021 calendar year, or tax year beginning . and ending D Employer identification number C Name of organization 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/suite E Telephone number 605-956-3877 2221 N PLAZA DRIVE Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated RAPID CITY SD 57702 924,235 G Gross receipts \$ Amended return Name and address of principal officer: Yes X No H(a) Is this a group return for subordinates? Application pending LISA WEYER H(b) Are all subordinates included? 2221 N PLAZA DRIVE SD 57702 If "No." attach a list. See instructions RAPID CITY X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or Tax-exempt status: WWW.ALLKIDSBIKE.ORG Website: H(c) Group exemption number L Year of formation: 2016 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Governance 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, line 1a) රේ 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 **Activities** 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 120 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 894,942 658,696 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,196 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 658,696 911,138 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 366,500 646,175 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) 0 46,113 55,529 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 78,635 141,051 150,725 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 553,664 852,429 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 105,032 58,709 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 438,384 510,250 20 Total assets (Part X, line 16) 140,774 10,199 21 Total liabilities (Part X, line 26) 369,476 428,185 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign EXECUTIVE DIRECTOR LISA WEYER Here Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check Paid self-employed P00479382 JEAN SMITH, CPA KETEL THORSTENSON, 46-0257538 Firm's EIN Preparer Firm's name **Use Only** PO BOX 3140 605-342-5630 RAPID CITY, SD 57709-3140 Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

m 990 (2021) STRIDER ED			81-4580473		Page
	gram Service Accor				F
	O contains a respons	se or note to any lin	e in this Part III		
Briefly describe the organization's	s mission:				
SEE SCHEDULE O					
·		.0.25		.naman.com	
Did the organization undertake a	ny significant program serv	rices during the year wh	ich were not listed on the		
prior Form 990 or 990-EZ?					Yes X
If "Yes," describe these new serv	rices on Schedule O.				
Did the organization cease condu	ucting, or make significant	changes in how it cond	ucts, any program		
services?				3535	Yes X
If "Yes," describe these changes	on Schedule O.				
Describe the organization's progr	am service accomplishmer	nts for each of its three	largest program services,	, as measured by	
expenses. Section 501(c)(3) and	501(c)(4) organizations are	e required to report the	amount of grants and allo	ocations to others,	
the total expenses, and revenue,	if any, for each program s	service reported.			
(Code: ) (Expenses \$	750,619	including grants of \$	646,175	) (Revenue \$	16,19
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Other program services (Describ	e on Schedule Ω \				
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	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			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			v
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	445		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		-
d	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		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
٠.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			_
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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 1? If "Yes," complete Schedule I, Parts I and II	21	X	

_Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	20		v
	Part IX, column (A), line 2? 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	23		x
24-	employees? If "Yes," complete Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	. 23		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defence any tay avampt hands?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	.		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	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			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part 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		х
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•	"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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity 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, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			$\sqcup$
	4 1	_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	.   1c	1	1

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	,		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	6			
b	If 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.		100		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "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 autho	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "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				
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
			6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	xt?	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 88		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	he			
		ST1895 T181 to 1898 W 1998 W 1	8		
9	Sponsoring organizations maintaining donor advised funds.				
а		a	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	s i i is barerta austre i ere i	9b		
10	Section 501(c)(7) organizations. Enter:	I			
а	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				
11	Section 501(c)(12) organizations. Enter:	Ĩ			
а	Gross income from members or shareholders		5 147		
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)		12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		IZa		
b	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.  Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		150		
h	Enter the amount of reserves the organization is required to maintain by the states in which				
b	the organization is licensed to issue qualified health plans  13t	1	-,		
_		-			
140	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		14a		х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
15	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?	16		x
16	If "Yes," complete Form 4720, Schedule O.		-		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
**	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
-					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
			v		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	_1b_	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	20.00	a1 (Shakara 1313)			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		he following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte			de.)		
	1				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	5115	0575511115755			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	8			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to c	onflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
С				12c	x	
13	Did to the state of the state o			13	X	
	District the state of the state	177	81.811.618.	14	X	
14	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official			15a	x	
a	Office the second second second section	.v., SH		15b		Х
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	×:		130		
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a				16a		х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	50		108		- 43
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				46h		
_	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	NTV N	C OD CC I	ייז זאין	r	
17	List the states with which a copy of this Form 990 is required to be filed AK, AR, CA, CO, CT, MO, NJ,			.14,0		a
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	ection	ου τ(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest p	olicy, and			
	financial statements available to the public during the tax year.					
20_	State the name, address, and telephone number of the person who possesses the organization's books and reco	oras 🟲				
	ISA WEYER 2221 N PLAZA DRIVE	12	605	0.5	<i>c</i> 2	077
R	APID CITY SD 577	<i>3 4</i>	005	-95	U - 5	o / /

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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.
- 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.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.
- 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 the 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 title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NIEC)	from the organization and related organizations
(1) LISA WEYER EXECUTIVE DIRECTOR	40.00			x				2,380	0	0
(2) JACK LYNASS	0.00	$\vdash$		^				2,360		<u> </u>
(-,	2.00									
VICE PRESIDENT	0.00	X	_	X	_			0	0	0
(3) RYAN MCFARLAND	4 50									
SECRETARY/TREASURER	4.50 0.00	x		x				0	0	0
(4) AL RIEMAN										
	2.00									
PRESIDENT	0.00	X	-	X	_		_	0	0	0
(5) GREG WICK	2.00									
BOARD MEMBER	0.00	X						0	0	0
(6) ROD WOODRUFF										
BOARD MEMBER	2.00	x						0	О	0
(7)										
F2										
(8)										
(9)		T	T							
(10)			$\vdash$							
8.341.652.82.82.8										
(11)				Τ						

<u>Pa</u>	(A)	(B)	(C) Position (do not check more than on box, unless person is both a					one	(D)	(E)		(F)		
	Name and title	Average hours per week (list any hours for related organizations below dotted line)		icer a			is both Highest compensated employee	tee)	Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	of oth compens from t ganizatio	ation the	s
	0000													
	5550													
7 10 - 11														
1 30 43														
3 10-13														
	A000-9													
,														
1b	Subtotal							<b>P</b>	2,380					
ď	Total from continuation she Total (add lines 1b and 1c)						SHIOK 	<b>&gt;</b>	2,380					
2	Total number of individuals (ir	cluding but not l	limite	d to			ted a	abov	ve) who received more than	\$100,000 of				
	reportable compensation from	the organization		_									Yes	No
3	Did the organization list any fee employee on line 1a? If "Yes,									d		3		x
4	For any individual listed on lin organization and related orga individual	e 1a, is the sum nizations greater	of r	epor	table 50,00	cor 00?	npen If "Ye	ısati əs,"	on and other compensation complete Schedule J for su	from the		4		х
5	Did any person listed on line for services rendered to the d	1a receive or ac	crue	com	pens	satio	n fro	m a	ny unrelated organization o	r individual		5		x
Sect	ion B. Independent Contract	ors										_		
1	Complete this table for your fi compensation from the organi	ive highest comp	ens	ated	inde	pend for t	dent	con	tractors that received more	than \$100,000 of	ear			
		(A) 1 business address	Omp	01100	0011	101 (	,,,,		Descrip	(B) tion of services		Co	(C) impensat	tion
2	Total number of independent received more than \$100,000								ose listed above) who	0				

Pa	rt V	III Stateme Check if	ent o	f Revenue edule O cont	ains a r	esponse or note t	o any line in this	Part VIII		
		OHOOK II	COIN	<u> </u>		9991100 01 11010	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats its	1a	Federated camp	paigns		1a					
Srar our	b	Membership due	es		1b					
s, ( Am	Ċ	Fundraising eve	nts		1c					
퍨	d	Related organiz	ations		1d					
Simis	e	Government grants (o			1e					
er S	1	All other contributions, and similar amounts no			1f	894,942				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions								
on the		lines 1a-1f		20 10 10 10			904 043			
O m	h	Total. Add lines	1a-1f				894,942			
						Business Code				
Program Service Revenue	2a			o -scassossc- ci						
Sen	b			39.000000000000000000000000000000000000						
E See	C C			· 000000 meno e						
9	u a									
4	f	All other program		rice revenue						
	U.	Total. Add lines								
	_	Investment inco	_							
		other similar am	ounts)	)		<b>&gt;</b>				
	4	Income from inv	estme	nt of tax-exemp	t bond p	oceeds				
	5	Royalties		<u> </u>	. in 10 mgs					
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	ь	Less: rental expenses	6b							
		Rental inc. or (loss)	6c							
		Net rental incom Gross amount from	e or (							
	/ a	sales of assets		(i) Securitie	s	(ii) Other				
		other than inventory	7a							
une	b	Less: cost or other	l l							
eVel		basis and sales exps.	7b							
æ		Gain or (loss)								
Other Revenue		Net gain or (loss			7	St. 233245				
Ō	oa	Gross income from								
		(not including \$ of contributions rea	ortod (	on line						
		1c). See Part IV, li			8a					
	Ь.	Less: direct exp			8b					
		Net income or (								
		Gross income fi		_						
		activities. See P			9a					
	Ь	Less: direct exp			9b					
	c	Net income or (	loss) f	from gaming ac	tivities					
	10a	Gross sales of i	nvento	ory, less						
		returns and allo	wance	es	10a	29,293				
		Less: cost of go			10b	13,097				
_	С	Net income or (	loss) f	from sales of inv	ventory .		16,196	16,196	)	
2						Business Code				
Miscellaneous Revenue	11a	0.000				1 1				
lar	Ь	Fig. 1 (2) 1 (2) 1 (2) 1 (3) 1 (4) 1 (4)								
Sce	C									
Σ	d	All other revenue Total. Add lines								
		Total revenue					911,138	16,196	O	0 0

### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	onse or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21	646,175	646,175		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,380	2,380		
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	49,212	33,734		15,478
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2 025	0.750		7 101
10	Payroll taxes	3,937	2,756		1,181
11	Fees for services (nonemployees):				
a	Management	6,060		6,060	
b	Legal	3,503		3,503	
C	Accounting	3,303		3,303	
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	37,179			37,179
12	Advertising and promotion	49,092	43,803		5,289
13	Office expenses	7,859		7,859	
14	Information technology	13,773	10,502		3,271
15	Royalties				
16	Occupancy				
17	Travel	20,669	9,386		11,283
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50		50	
20	Interest	5,703		5,703	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 000	1 002		
23	Insurance	1,883	1,883		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)  EVENTS	4,954			4,954
a b	. 6	1,001			1,551
C	<u> </u>				
d	<u> </u>				
e	All other expenses				
25	Total functional expenses, Add lines 1 through 24e	852,429	750,619	23,175	78,635
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
DAA	IOHOWING OUT 30-2 (AOO 300-120)				Form 990 (2021

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2021)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 508,939 1 436,126 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 510 Accounts receivable, net 4 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 1,311 1,748 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 510,250 438,384 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 4,074 10,199 17 17 Grants payable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 23 Secured mortgages and notes payable to unrelated third parties 23 136,700 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 140,774 26 10,199 Total liabilities. Add lines 17 through 25 ..... Organizations that follow FASB ASC 958, check here ▶ X or Fund Balances and complete lines 27, 28, 32, and 33. 194,204 369,476 Net assets without donor restrictions 27 27 233,981 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31

> 438,384 Form 990 (2021)

428,185

369,476

510,250

32

33

Net

Form	990 (2021) STRIDER EDUCATION FOUNDATION INC. 81-4580473			Pa	e 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	S			$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,	
2	Total expenses (must equal Part IX, column (A), line 25)				129
3	Revenue less expenses. Subtract line 2 from line 1			58,	709
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	59,4	476
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	0			
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	42	28,:	185
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		W. W. W. W.		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	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	ende Middeler			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Va	Single Audit Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required quidit or audite, cycloin why on Schedule O and describe any steris taken to underrin such audits		3h		

Form **990** (2021)

# SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047 **2021** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization STRIDER EDUCATION FOUNDATION INC.

Employer identification number 81-4580473

			221111111111111										
P	art I	Reaso	on for Public Charity	Status. (All organizations	s must c	omplete	this part.) See instruction	ns.					
Γhe	orgai	nization is not	a private foundation because	e it is: (For lines 1 through 12,	check only	one box.	)						
1	$\Box$	A church, cor	ention of churches, or asso	ociation of churches described	in section	170(b)(1	)(A)(i).						
2	П			A)(ii). (Attach Schedule E (Fori									
3	H			e organization described in se		(b)(1)(A)(i	ii).						
4	Н			in conjunction with a hospital				ospital's name.					
•	ш	city, and state	a.	,				,					
5		•		f a college or university owned			vernmental unit described in	- 68 -3 10-000-16 -					
3	ш		•		or operat	ou by a go	Transfer and described in						
			(b)(1)(A)(iv). (Complete Part		section 17	/0/b\/1\/A\	νω						
0	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  X An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
7			section 170(b)(1)(A)(vi). (Co		oni a gove	minenta	unit or nom the general public	•					
				170(b)(1)(A)(vi). (Complete Par	+ 11 )								
٥	Н	•		cribed in section 170(b)(1)(A)		ad in coni	unction with a land-grant collection	ne.					
9	ш			of agriculture (see instructions).				ge .					
		university:	-		Litter the	name, on	y, and state of the conlege of						
10			on that normally receives (1)	more than 33 1/3% of its sup	nort from	contributio	ns membershin fees and aro						
10	Ш	receints from	activities related to its exem	pt functions, subject to certain	exceptions	: and (2)	no more than 331/3% of its	33					
		support from	gross investment income an	d unrelated business taxable i	ncome (les	s section	511 tax) from businesses						
		acquired by the	ne organization after June 30	), 1975. See section 509(a)(2	). (Comple	te Part III.	)						
11				exclusively to test for public sa									
12	Н			exclusively for the benefit of, to				ses of					
	ш	one or more	publicly supported organizati	ons described in section 509(	a)(1) or se	ction 509	(a)(2). See section 509(a)(3).	Check					
		the box on lin	es 12a through 12d that des	scribes the type of supporting of	organizatio	and com	plete lines 12e, 12f, and 12g.						
	а	Type I. A	supporting organization ope	erated, supervised, or controlle	d by its su	pported o	rganization(s), typically by givi	ng					
				er to regularly appoint or elect									
		supporting	g organization. You must co	omplete Part IV, Sections A a	and B.								
	b	Type II. A	A supporting organization sup	pervised or controlled in conne	ction with	its suppor	ted organization(s), by having						
		control or	management of the suppor	ting organization vested in the	same pers	ons that	control or manage the support	ed					
		~		Part IV, Sections A and C.									
	С	Type III its suppo	functionally integrated. A s rted organization(s) (see ins	upporting organization operate structions). You must complete	d in conne Part IV,	ction with Sections	, and functionally integrated w A, D, and E.	ith,					
	d			I. A supporting organization op				n(s)					
				e organization generally must s									
		requireme	ent (see instructions). You n	nust complete Part IV, Section	ns A and	D, and Pa	art V.						
	е	Check thi	is box if the organization rec	eived a written determination fr	om the IR	S that it is	a Type I, Type II, Type III						
		functional	lly integrated, or Type III no	n-functionally integrated suppo	rting orga	nization.							
	f	Enter the nur	nber of supported organizati	ons				1919.					
	g	Provide the for	ollowing information about the	ne supported organization(s).	1			,					
(		ne of supported	(ii) EIN	(III) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amoun					
	org	ganization		(described on lines 1-10 above (see instructions))		ur governing   ment?	support (see instructions)	other support instruction	-				
				above (see instructions))	Yes	No	instituctions)	instruction	5)				
	_				105	NO							
(A)	1												
	_				+								
(B)	)												
(C)	)												
(D)													
_													
(E)													
_	_												

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

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	109,223	301,660	467,024	658,696	894,942	2,431,545
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	658,696	894,942	2,431,545
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)	1 100					490,524
6	Public support. Subtract line 5 from line 4						1,941,021
	tion B. Total Support				(		
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	109,223	301,660	467,024	658,696	894,942	2,431,545
0	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						2,431,545
12	Gross receipts from related activities, etc.	(see instructions)				12	29,293
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	e					▶
Sec	tion C. Computation of Public Se						
14	Public support percentage for 2021 (line 6	, column (f) divided	by line 11, column	ı (f))			79.83 %
15	Public support percentage from 2020 Sche					15	%
16a	33 1/3% support test—2021. If the organ						76
	box and stop here. The organization qual	ifies as a publicly s	upported organizat	ion			
b	33 1/3% support test—2020. If the organithis box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—202						
Ira	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	organization						
þ	10%-facts-and-circumstances test—202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the	facts-and-circumsta	ances test. The org	ganization qualifies	as a publicly sup	ported	
	organization						
18	Private foundation. If the organization die						is. 🗀
	instructions	. ۋېۋىدۇ يېدىۋىدى.	<u></u>				P

### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202°	1	(f) Total
1	Gifts, grants, 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							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
9	Amounts from line 6	. ,						
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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on 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, and 12.)							
14	First 5 years. If the Form 990 is for the or	ganization's first,	second, third, four	h, or fifth tax year	as a section 501(	c)(3)		
	organization, check this box and stop her	е					sa.s	▶ 🗔
Sec	tion C. Computation of Public Su	upport Percei	ntage					
15	Public support percentage for 2021 (line 8					ter the term the terminal of	15	%
16	Public support percentage from 2020 Sche				wan in an		16	<u>%</u>
Sec	tion D. Computation of Investme						4-	
17	Investment income percentage for 2021 (I						17	<u>%</u>
18	Investment income percentage from 2020 S	schedule A, Part	III, line 17	- 44 28 45 1	#- : 00 4"	10/ nm-1 1°-	18	%
19a	33 1/3% support tests—2021. If the orga							⊾ □
	17 is not more than 33 1/3%, check this be						and	
b	33 1/3% support tests—2020. If the orgal line 18 is not more than 33 1/3%, check the							▶ □
20	Private foundation. If the organization did							
20	i itrate ioutivation, il tile organization di	, not onlook a box						

### Part IV Supporting Organizations

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

Section A. All Supporting Organizat	ection	Α.	All	Supporting	<b>Organizations</b>	S
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- Are all of the organization's supported organizations listed by name in the organization's governing 1 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and þ satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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 what 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c 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).
- 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?
- 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 7 (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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b edule A	(Form	990) 2

Par	t IV Supporting Organizations (continued)			
	- To the state of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
•	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	71 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1 1		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Je 1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insti	ructions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	A1.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Support			<b>4/3</b> Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying to			ice
instructions. All other Type III non-functionally integrated supporting organization			
Section A – Adjusted Net Income	Allone made comple	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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		
7 Check here if the current year is the organization's first as a non-functionally	integrated Type II	supporting organization	
(see instructions).	0.2-9	×2	

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Secti	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	-T		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in <b>Part VI</b> ). See			
	instructions.			
	Excess distributions carryover, if any, to 2021	+		
	From 2016	<del> </del>		
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years  Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
*	Section D, line 7:			
-	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			The state of the s
	Excess from 2021			

DAA

Schedule A (Form 990) 2021

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer Identification number Name of the organization

S:	TRIDER EDUCATION FOUNDATION INC.		81-4580473
	rt I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
-	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ	cation) 🔲 Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified hi	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cons	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure incl		2c
d	Number of conservation easements included in (c) acquired after 7/25/		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor		□ v <sub>aa</sub> □ v <sub>a</sub>
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	or violations, and enforcing conservation of	easements during the year
_	A set of second in second in second in second in a sec	lations and enforcing concentration cons	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	nations, and emorang conservation easer	ments during the year
•	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(A)(R)(	(i)
8	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem		
3	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balan	ce sheet works
	of art, historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its financial state		
b	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ vm.csore.reome
	(ii) Assets included in Form 990, Part X	. 8	
2	If the organization received or held works of art, historical treasures, o		rovide the
	following amounts required to be reported under FASB ASC 958 relati		<b>.</b> .
а	Revenue included on Form 990, Part VIII, line 1		\$

е	Other expenditures for facilities and			
	programs			
f	Administrative expenses			
	End of year balance			
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment ▶%			
b	Permanent endowment ▶  %			
	Term endowment ▶ %			
	The percentages on lines 2a, 2b, and 2c should equal 100%.			
3a	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by:		Yes	No
	(i) Unrelated organizations	3a(i)		
	(ii) Related organizations	3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		
	Describe in Part XIII the intended uses of the organization's endowment funds.			

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation

1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" o	n Form 990, Part IV, lir	e 11b. See Form 990, F	art X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-year	ar market value
I) Financial	derivatives			
) Closely he	eld equity interests			
		1		
(G)				
(H)				
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, lir	ne 11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
		<b>•</b>		
Part iX	Other Assets.  Complete if the organization answered "Yes" of	n Form 990. Part IV. lir	ne 11d. See Form 990. F	Part X. line 15.
	(a) Description			(b) Book value
(1)				
(2)			-	
(3)				
(4)				
(5)				
(6)				
(7)			-	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, lii	ne 11e or 11f. See Form	990, Part X.
	line 25.	,		- , - ,
l.	(a) Description of liability			(b) Book value
51.003	income taxes			
(2)				
(3)				====
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	on (b) must equal Form 990. Part X. col. (B) line 25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)	Schedule D (F	om 990) 2021 S	TRIDER	EDUCATION	FOUNDATION	INC.	81-4580473	Page 5
	Part XIII	Supplemental	Informati	ion (continued)				
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### SCHEDULE I (Form 990)

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

STRIDER EDUCATION FOUNDATION INC. 81-4580473 General Information on Grants and Assistance Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☐ No Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II 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 (book, FMV, appraisal other) (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (a) Name and address of organization noncash assistance or assistance or government grant noncash assistance (1) CITRUS COUNTY SCHOOL DISTRICT LEARN RIDE PROGRAM 1007 W. MAIN STREET 59-6000546 GOV 40,200 COST BIKES (2) LIVING LIFE ON 2 WHEELS, INC. 802 WEAVER RD LEARN RIDE PROGRAM MO 63028 83-3171172 3 20,100 COST BIKES FESTUS (3) LITTLE ROCK SCHOOL DISTRICT 810 W MARKHAM LEARN RIDE PROGRAM AR 72201 71-6014717 GOV 13,750 COST BIKES LITTLE ROCK (4) BENTON SCHOOL DISTRICT LEARN RIDE PROGRAM 207 W. CONWAY AR 72015 39-6000940 GOV 12,185 COST BIKES BENTON (5) CHARLOTTE MECKLENBURG SCHOOLS PO BOX 30035 LEARN RIDE PROGRAM 56-6001074 GOV 7,920 COST BIKES CHAROLOTTE (6) LELAND SCHOOL DISTRICT 408 EAST FOURTH STREET LEARN RIDE PROGRAM 38756 64-0797427 GOV 6,700 COST BIKES LELAND MS (7) PROVIDENCE PUBLIC SCHOOLS 797 WESTMINSTER STREET LEARN RIDE PROGRAM 6,700 COST RI 02903 25-2105233 GOV BIKES PROVIDENCE (8) LOS ANGELES UNIFIED SCHOOL DISTRICT 333 SOUTH BEAUDRY AVENUE LEARN RIDE PROGRAM 13,400 COST BIKES CA 90017 95-6001908 GOV LOS ANGELES (9) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2021)

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Schedule I (Form 990) (2021) STRIDER ED	UCATION FOUNDAT	ION INC.	31-4580473		Page 2
Part III Grants and Other Assistance	e to Domestic Individua	Is. Complete if the		d "Yes" on Form 990, Part	
Part III can be duplicated if ac	(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 noncash assistance
1					
2					
3					
4					
5					
6					
Part IV Supplemental Information.	Descride the information to	avised in Doct I line	2. Dort III. polumo /b	V and any other additional	info-mation
SEE SCHEDULE I SUPPLEMENT	TAL INFORMATION	WORKSHEET			
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Schedule I (Form 990) (2021)

# Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2021, or tax year beginning

, and ending

2021

Name of the organization

STRIDER EDUCATION FOUNDATION INC.

81-4580473

Employer identification number

THE RESIDENCE OF THE PROPERTY
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
ALL GRANTS AND DESIGNATED FUNDS ARE RESTRICTED FOR THE SPECIFIED SCHOOL(S)
PER THE REQUEST OF THE DONOR/GRANTOR. THE FUNDED SCHOOL RECEIVES THE ALL
KIDS BIKE KINDERGARTEN PE PROGRAM CONSISTING OF A FLEET OF 24 BALANCE-TO-
PEDAL BIKES, PEDAL CONVERSION KITS, FULLY ADJUSTABLE HELMETS, ONE TEACHER
INSTRUCTION BIKE, AN 8-LESSON CURRICULUM AND CONTINUED SUPPORT. THE
STRIDER EDUCATION FOUNDATION PROVIDES EVERYTHING NEEDED TO TEACH KIDS HOW
TO RIDE A BIKE. GRANTS ARE TRACKED IN TWO SEPARATE SPREADSHEETS AS TO WHAT
SCHOOLS WILL RECEIVE THE PROGRAM. A FULL GRANT REPORT IS PROVIDED TO ALL
GRANTORS WITH INFORMATION ON THE NUMBER OF KIDS DIRECTLY IMPACTED BY THE
GRANT. ALL DONATIONS ARE TRACKED BY A DONOR MANAGEMENT SOFTWARE AND
RECORDED ON FINANCIAL STATEMENTS THROUGH ACCOUNTING SOFTWARE.
RECORDED ON FINANCIAL STATEMENTS THROUGH ACCOUNTING SOFTWARE.
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RECORDED ON FINANCIAL STATEMENTS THROUGH ACCOUNTING SOFTWARE.

### SCHEDULE L

(Form 990)

**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.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Inspection Employer identification number

	STRIDER EDUCATION FO	UNDATION 11	NC.				81-4	45804	73					
Part I	Excess Benefit Transactions													
	Complete if the organization answere						990-EZ, Part V,	line 4	0b.		-			
1	(a) Name of disqualified person	(b) Relation	(b) Relationship between disqualified person and			on and	(c) Description of transaction			ction (d)		Corrected?		
	(a) the second of the second o		organization								Yes		No	
(1)					_						₩	+		
(2)											₩	+		
(3)												_		
(4)												_		
(5)					_						₩	-		
(6)														
	e amount of tax incurred by the organiz								4					
	ection 4958e amount of tax, if any, on line 2, above							2. 4						
3 Enter the	e amount of tax, if any, of life 2, above	e, reimbursed t	by the Organiza	uOH		S			·—					
Dord II	Lange to analysis Francisch Latence	eted Deves												
Part II	Loans to and/or From Interest Complete if the organization answere			4 \ /	lina '	39a ar Earn 000	Dort IV line 26:	or if t	ho					
	organization reported an amount on F				III IC ,	30a Or Folili 990,	raitiv, iiie 20,	OINU	11¢					
	(a) Name of interested person	(b) Relationship	a) Relationship (c) Purpose of (d			(e) Original	(f) Balance due	due (g) In defaul		t? (h) Approved		(I) V	(I) Written	
	.,	with organization	loan	to or	from					by board or committee?			agreement?	
					org.? From			Yes	No	Yes	No	Yes	No	
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10)				_	_	L		+	1	-		-		
Total	Ot Aistance Danel	Ition Intern	eted Derec										_	
Part III	Grants or Assistance Beneficial Complete if the organization answere	_			a 27									
					Т		(d) Topo of positions		(-)	D		.1.4		
	(a) Name of interested person	1 ' '	ship between intere and the organization		(C) /	Amount of assistance	(d) Type of assistance	,	(e)	Purpos	se of ass	astance		
(1)					1			$\neg$						
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(5)								$\neg$						
(6)								$\neg$						
(7)														
(8)														

81-4580473

	C EDUCATION FO		TION INC.	01-13001	13	Pa	ge z		
Part IV Business Transactions Involvi Complete if the organization answered "			28h or 28c						
(a) Name of interested person	(b) Relationship between interested person and	veen	(c) Amount of transaction	(d) Description of transaction			(e) Sharing of org. revenues?		
	organization					Yes	No		
(1) STRIDER SPORTS INTERNATIONAL		NER	-254,760		SERVICES		X		
(2) STRIDER SPORTS INTERNATIONAL	BUSINESS OW	VNER	659,272	PRODUCT PUR	CHASE		X		
(3)							_		
(4) (5)									
(6)									
(7)									
(8)									
(9)							_		
Part V Supplemental Information.							-		
Provide additional information for respon	nses to questions on Sche	dule L (se	ee instructions).						
			· · · · · · · · · · · · · · · · · · ·						
SCHEDULE L, PART V - ADDI'	TIONAL INFORM	ATION	<u> </u>						
ALL EQUIPMENT UTILIZED FOR	R THE STRIDER	EDUC	CATION FOUN	DATION PRO	GRAMS				
IS PURCHASED FROM STRIDER	SPORTS INTERN	OTTAL	NAL AT WHO	LESALE COS	T - THI	S			
TO I ORGINIDAD FROM DESCRIPTION	DI CILLO LIVILLIA		111111111111111111111111111111111111111						
CASH OUTFLOW IS REFLECTED	AS "PRODUCT :	PURCH	ASE" ABOVE	•					
STRIDER SPORTS INTERNATION	AL PROVIDES	IN-KI	ND DONATIO	N OF MANAG	EMENT				
SERVICES TO ALLOW THE FOUR	NDATION TO CAR	RRY O	UT OUR MIS	SION AND G	ET MORE				
KIDS ON BIKES. STRIDER SI	PORTS INTERNAT	LIONA	L WILL CON	TINUE TO S	UPPORT	THE	5		
FOUNDATION UNTIL SUCH TIME	E AS IT IS SE	LF-SI	STAINABLE	- THIS IN-	KIND				
TOOLDMITON ONLIN BOOM TIME									
DONATION INFLOW IS REFLECT	TED AS "MANAG	EMENT	SERVICES"	ABOVE.					
THE SECRETARY/TREASURER OF	THE FOINDAT	гом т	S THE PRES	TDENT/OWNE	R OF ST	'R TT	)FR		
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SPORTS INTERNATIONAL.									

### SCHEDULE O (Form 990)

## 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.

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization STRIDER EDUCATION FOUNDATION INC.

Employer identification number 81-4580473

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE STRIDER EDUCATION FOUNDATION MISSION IS TO TEACH EVERY CHILD IN AMERICA

HOW TO RIDE A BIKE IN KINDERGARTEN PE CLASS. LEARNING TO RIDE A BIKE IS A

DEVELOPMENTAL MILESTONE IN A CHILD'S LIFE. THE ABILITY TO RIDE IMPROVES

LIFE GREATLY WHILE DEVELOPING BALANCE, MOBILITY, SAFETY, AND EXERCISE TO

BUILD A HEALTHY LIFESTYLE.

FORM 990 - ORGANIZATION'S MISSION

THE STRIDER EDUCATION FOUNDATION CARRIES OUT THE MISSION TO TEACH EVERY
CHILD IN AMERICA HOW TO RIDE A BIKE IN KINDERGARTEN PE CLASS. WE BELIEVE
THAT LEARNING TO RIDE A BIKE IS A DEVELOPMENTAL MILESTONE. OUR GOAL IS
TO GET KIDS OUTSIDE, GIVING THEM CONFIDENCE AND A SENSE OF INDEPENDENCE,
GETTING THEM OFF COMPUTER SCREENS, AND DOING SOMETHING THAT THEY CAN
CONTINUE THROUGHOUT THEIR LIVES. WE ARE PASSIONATE ABOUT GIVING THE
OPPORTUNITY TO LEARN TO RIDE A BIKE TO ALL CHILDREN, REGARDLESS OF THEIR
SOCIOECONOMIC STATUS.

FORM 990, PART I, LINE 6

AMBASSADORS/VOLUNTEERS BUILD AND DELIVER THE BIKES AND PROMOTE THE MISSION WITHIN THEIR COMMUNITIES. THEY ARE TRULY AMBASSADORS TO HELP MORE KIDS GET ON TWO WHEELS AND GAIN THE CONFIDENCE OF LEARNING TO RIDE A BIKE.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE STRIDER EDUCATION FOUNDATION ACCOMPLISHES ITS MISSION OF TEACHING
CHILDREN HOW TO RIDE A BIKE THROUGH ONE MAIN PROGRAM. ALL KIDS BIKE IS A

81-4580473

NATIONAL MOVEMENT TO PLACE LEARN-TO-RIDE PROGRAMS INTO KINDERGARTEN

PE CLASSES IN PUBLIC SCHOOLS ACROSS THE NATION WITH DONATIONS AND

PARTNERSHIPS FROM INDIVIDUALS, BUSINESSES, AND ORGANIZATIONS. THE

FOUNDATION WAS ORGANIZED IN 2016, RECEIVING OUR 501(C)(3) STATUS.

IN 2018, A FORMAL KINDERGARTEN PE CURRICULUM WAS CREATED FOR A MORE

STRUCTURED PROGRAM, AND THE ALL KIDS BIKE INITIATIVE WAS DEVELOPED. 37

PROGRAMS WERE DELIVERED IN 2018. IN 2019, WE CONTINUED TO GROW AND

DELIVERED 98 PROGRAMS. IN 2020, WORD SPREAD ABOUT OUR PROGRAM AND THE

POSITIVE BENEFITS OF HAVING A LEARN-TO-RIDE BIKE CURRICULUM IN A PUBLIC
SCHOOL PE CLASS. WE RECEIVED 230 APPLICATIONS WHILE SUCCESSFULLY

DELIVERING THE PROGRAM TO 187 SCHOOLS. TO DATE, THE STRIDER EDUCATION

FOUNDATION HAS DELIVERED OVER 500 PROGRAMS IN ALL 50 STATES AND IMPACTS

OVER 70,000 STUDENTS ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

A 5-MEMBER BOARD OF DIRECTORS HAS THE AUTHORITY OVER THE STRIDER EDUCATION FOUNDATION. AN EXECUTIVE DIRECTOR IS DELEGATED TO MANAGE THE DAY-TO-DAY OPERATIONS OF THE FOUNDATION AND OVERSEES ALL STAFF. THE SECRETARY/TREASURER OF THE STRIDER EDUCATION FOUNDATION IS ALSO THE PRESIDENT/OWNER OF STRIDER SPORTS INTERNATIONAL AND PROVIDES MANAGEMENT SUPPORT TO THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS. STRIDER SPORTS INTERNATIONAL DONATES A MAJORITY OF THE STAFF SALARIES AS AN IN-KIND DONATION TO THE FOUNDATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS PREPARED BY A QUALIFIED CPA AND REVIEWED BY STRIDER

SPORTS INTERNATIONAL'S DIRECTOR OF FINANCE AND THE FOUNDATION'S EXECUTIVE

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED VIRGINIA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FOUNDATION HAS A POLICY TO ENSURE TRANSPARENCY, CREDIBILITY, AND ACCOUNTABILITY. WE REVIEW ALL PUBLIC REQUESTS FOR INFORMATION UPON

PAGE 2 OF 3

·	Employer identification number
STRIDER EDUCATION FOUNDATION INC.	81-4580473
RECEIPT. OUR 501(C)(3) DETERMINATION LETTER IS AVAILABLE	E ON OUR WEBSITE.
FORMS TO REQUEST OUR MOST RECENT TAX RETURN AND TO CONTA	CT US WITH ANY
OTHER QUESTIONS ARE AVAILABLE ON OUR WEBSITE.	
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