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
2024
Open to Public Inspection

For the 2024 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: В STRIDER EDUCATION FOUNDATION INC. Address change Doing business as 81-4580473 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2221 N PLAZA DRIVE 605-956-3877 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated RAPID CITY SD 57702 3,714,550 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Yes Application pending LISA WEYER 2221 N PLAZA DRIVE H(b) Are all subordinates included? SD 57702 If "No," attach a list. See instructions RAPID CITY X 501(c)(3) 501(c) (4947(a)(1) or Tax-exempt status:) (insert no.) WWW.ALLKIDSBIKE.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 2017 M State of legal domicile: SD Part I Summary 1 Briefly describe the organization's mission or most significant activities: TEACH EVERY CHILD IN AMERICA HOW TO RIDE A BIKE IN KINDERGARTEN PE CLASS. 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) 3 ంక **Activities** 4 Number of independent voting members of the governing body (Part VI, line 1b) 2 4 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 7 5 6 Total number of volunteers (estimate if necessary) 125 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from 990-T, Part I, line 11 7b Current Year 1,748,960 2,989,820 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) n 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 26,511 75,017 101,367 170,327 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,876,838 3,235,164 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,643,036 913,314 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 44,252 341,145 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 224,364 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 580,767 441,995 1,538,333 2,426,176 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 338,505 808,988 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 2,649,941 2,117,075 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 79,076 1,420,930 22 Net assets or fund balances. Subtract line 21 from line 20 1,229,011 2,037,999 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. Sign Signature of officer Here LISA WEYER EXECUTIVE DIRECTOR Type or print name and title Preparer's name Preparer's signature Date PTIN Check Paid self-employed JEANETTE SCHROEDER, CPA P00479382 **Preparer** KETEL THORSTENSON, Firm's EIN 46-0257538 Firm's name **Use Only** PO BOX 3140 RAPID CITY, SD 57709-3140 605-342-5630 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			v
40	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	40		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		_
11				
_	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,"			
а	amount to Ochondria D. Dord M.	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1.0		
~	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	ایرا		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2024) STRIDER EDUCATION FOUNDATION INC. 81-4580473 Page 4 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X If "Yes," complete Schedule L, Part I 25b 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 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 X 27 persons? If "Yes," complete Schedule L, Part III 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). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 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 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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. . . Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 2 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		10 1	
	If there are material differences in voting rights among members of the governing body, or		0.00	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.		100	
b	Enter the number of voting members included on line 1a, above, who are independent		-	
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,			
	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 year by the following			
а	The governing body?	8a	Х	
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 Internal Revenue	e Cod	de.)	
	dell'all'alle all'ille accessor a requestre management a l'all'alle all'alle all'all			No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
ы	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 the form?	11a	Х	
b	Describe on 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	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С		12c	X	
40	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by		21.0	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	_
a	The organization's CEO, Executive Director, or top management official	15a	- 42	X
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		
46		\		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160	1000	x
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	- 11		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	401	Lac	
_	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	g wt	_	
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, M	e, mi	N?.	2500
18	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 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 interest policy,			
	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 records.			
L	ISA WEYER 2221 N PLAZA DRIVE			
R	APID CITY SD 57702 605	-95	5-3	877

Form 990 (2024) STRIDER EDUCATION FOUNDATION INC. 81-4580473
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, box 6 of 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. Position (A) (B) (D) (F) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the from related per week compensation from the Individual to director organization (W-2/ organizations (W-2/ (list any Institutional Key employee hours for 1099-MISC/ 1099-MISC/ organization and related 1099-NEC) 1099-NEC) related organizations compensated organizations trustee below trustee dotted line) (1) LISA WEYER 40.00 EXECUTIVE DIRECTOR 0.00 105,749 X 0 0 (2) JACK LYNASS 0.25 PRESIDENT 0.00 X X 0 0 0 (3) JENNIFER TOMAC 0.25 VICE PRESIDENT 0.00 X X 0 0 0 (4) RYAN MCFARLAND 0.25 SECRETARY/TREASURER 0.00 \mathbf{x} X 0 0 0 (5)(6) (7) (8) (9)(10)(11)

Total from continuation sheets to Part VII, Section A 105, 749	(A) Name and title	(B) Average hours per week	box offi	c, unte	Pos heck ss pe	more rson i	than o	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) nated ar of other mpensar	r	
(14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (10) (10) (10) (10) (10) (11) (10) (11) (11		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	-2/ f		and	i
(14) (15) (16) (17) (18) (19) 1 b Subtotal 1 to Total from continuation sheets to Part VII, Section A 1 Total (add lines 1) and 1c) 1 Total (add lines 1) and 1c) 1 Total (add lines 1) and 1c) 1 Total and the organization list any former officer, director, trustee, key employee, or highest compensated employee on the 1st 8" **ex** complete Schedule J for such individual and related organizations greater than \$150.000 1" **ex** complete Schedule J for such individual organization and related organizations greater than \$150.000 1" **ex** complete Schedule J for such individual for services rendered to the organization of 1" **ex** complete Schedule J for such individual for services rendered to the organization of 1" **ex** complete Schedule J for such individual for services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1" **ex** complete Schedule J for such person services rendered to the organization of 1	(12)													
(15) (16) (17) (18) (19) 1	(13)													
(19) 1b Subtotal 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines the and 1c) 1 Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list and 1c) 1 Did the organization list ry former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation informany unrelated repartization from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.	(14)													
(17) (18) (19) (19) (19) (10)	(15)													
(19) 1b Subtotal	(16)													
105,749	(17)								-					
105,749 c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who	(18)													
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 105,749 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes individual listed on line 1a; If "Yes," complete Schedule J for such individual and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and person listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services (including but not limited to those listed above) who	(19)													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Yes									105,749					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 Per any individual list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such Individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual bid any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Total number of independent contractors (including but not limited to those listed above) who									105,749					
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services 2 Total number of independent contractors (including but not limited to those listed above) who	2 Total number of individuals (in	ncluding but not	limite	ed to	tho	se li	sted a	abo	ve) who received more that	n \$100,000 of				
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Compensation (C) Compensation Total number of independent contractors (including but not limited to those listed above) who	3 Did the organization list any f	ormer officer, di	irecto	or, tr	uste	e, ke	ey en	nplo	yee, or highest compensa	ted			Yes	No X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4 For any individual listed on lir organization and related organization	ne 1a, is the surr Inizations greater	of of tha	repoi	table 50,0	e co 100?	mpen If "Ye	ısati es,"	ion and other compensatio complete Schedule J for	n from the such				x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	5 Did any person listed on line	1a receive or ac	crue	con	npen	satio	on fro	m a	any unrelated organization	or individual				х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation	Section B. Independent Contract	tors												
Name and business address Description of services Compensation Compen	Complete this table for your from the great	five highest complication. Report of	oens	ated	inde	epen for	dent	cor aler	ntractors that received more	e than \$100,000 of ithin the organization's tax	year.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0									Descrip	(B) tion of services		Com	(C) pensati	ion
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization														
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0														
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0														
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization														
2 Lotal number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization					4 .	. 1.	4-4		and Balant alexandria					
DAA Form 990	2 Total number of independent received more than \$100.000	contractors (incl) of compensatio	uain n fro	g bu om tl	i no ne o	ı ilm rgan	icea to	ວ ເກ <u>n</u>	ose listed above) who	0			1	

		Check if Schedule O con	itains a	a response or note	e to any line in	this Part VIII		📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
r v	1a	Federated campaigns	1a	36,000	1-1-1			
ᇙ		Membership dues	1b		MARKET AND			
A.		Fundraising events	1c					
<u>a</u>	d	Related organizations	1d					
ŽĘ,		Government grants (contributions)	1e	1,394,400				
and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,559,420				
ξŎ	g	g Noncash contributions included in lines 1a-1f						
֓֞֝֓֓֓֓֓֓֓֓֟֝ ֓֓֓֓֓	h	Total. Add lines 1a–1f			2,989,820			
, io		Total 7100 miles in in		Business Code				
. l	2a							
2	b							
罗貿	C							
B B	d							
Program Service Revenue								
	f	All other program service revenue						
		Total. Add lines 2a–2f						
	3	Investment income (including dividen						
	•	other similar amounts)			75,017			75,017
	4	Income from investment of tax-exemp	nt bond	proceeds	,			,
	5	Royalties						
	3	(i) Real	T	(ii) Personal	TIGE CONTINUE			
	6-	Gross rents 6a		(ii) I Gibbilai				
	Ua L							
	D							
		Rental inc. or (loss) 6c						
		Net rental income or (loss) Gross amount from (i) Securities		(ii) Other	1 1 2 3 1 1 1 1 1 1			
		sales of assets	•	(II) Oules	0.00			
		other than inventory 7a						
2	D	Less: cost or other						
Revenue	_	basis and sales exps. 7b					-	
2		Gain or (loss) 7c						
Other		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·		11541 111			
ō	вa	Gross income from fundraising events						
		(not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising	events	330.68.2				
	9a	Gross income from gaming			Tillian I	_		
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming ac	divities					
	10a	Gross sales of inventory, less	40	640 207				
		returns and allowances	10a	648,307				
		Less: cost of goods sold	10b	479,386	160 021	160 001		
_	С	Net income or (loss) from sales of in	ventory		168,921	168,921		
ရှ				Business Code	1 400	1 400		
၉ ရှ	11a	OTHER INCOME	e- e- e-	999999	1,406	1,406		
e g	b	. 5						
Miscellaneous Revenue	C			23 10.5 51 1				
Ē					1 400			
_		Total. Add lines 11a–11d			1,406	170 200		7F 01F
	12	Total revenue. See instructions			3,235,164	170,327	0	75,017

Form 990 (2024) STRIDER EDUCATION FOUNDATION INC. 81-4580473

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All c	ther organizations must	complete column (A).	
	Check if Schedule O contains a respons				
	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		0.0		
	and domestic governments. See Part IV, line 21	1,643,036	1,643,036		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22		13.6		destruction in
3	Grants and other assistance to foreign			150 150	
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				The Cart of the Cart
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	105,749	21,150	63,449	21,150
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	211,325	143,000	14,284	54,041
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	24,071	12,462	5,901	5,708
11	Fees for services (nonemployees):				
а	Management				
	Legal	8,583		8,583	
	Accounting	90,304		90,304	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	154,036	30,251	16,620	107,165
12	Advertising and promotion	36,881	28,861	4,294	3,726
13	Office expenses	30,964	11,766	16,063	3,135
14	Information technology	20,368	4,977	10,414	4,977
15	Royalties				
16	Occupancy	37,200	27,900	9,300	
17	Travel	44,504	22,252		22,252
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,660	3,310	140	2,210
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,585		5,585	
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column		The second		
	(A), amount, list line 24e expenses on Schedule O.)		TREE LAND TO THE		
а		7,910	6,991	919	
b		.,,,,,,	-,		
C	6.2				
d	E2				
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,426,176	1,955,956	245,856	224,364
25	Joint costs. Complete this line only if the	2,120,110	2,700,700	213,030	
	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					Form 990 (2024)

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 1,866,945 2,551,604 Cash---non-interest-bearing 1 Savings and temporary cash investments 2 28,000 127,310 Pledges and grants receivable, net 3 67,545 105,437 Accounts receivable, net 4 5 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 2,792 17,383 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 2,649,941 2,117,075 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 126,530 79,076 17 17 Grants payable 18 18 1,294,400 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor. or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,420,930 79,076 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here X Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 694,200 27 1,655,123 Net assets with donor restrictions 534,811 28 382,876 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ō Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,229,011 2,037,999 Net 32 32 2,649,941 2,117,075 33 Total liabilities and net assets/fund balances

Form 990 (2024)

orm	990 (2024) STRIDER EDUCATION FOUNDATION INC. 81-4580473			Pag	je IZ					
	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI		S		Ш					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,23	5,1						
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,42							
3	Revenue less expenses. Subtract line 2 from line 1	3		8,9						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,22	9,0	11					
5	Net unrealized gains (losses) on investments	5								
6										
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))	10	2,03	7,9	999					
Pa	rt XII Financial Statements and Reporting	-								
1 6	Check if Schedule O contains a response or note to any line in this Part XII									
	Official Control of Co			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.									
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
Za	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.									
	Separate basis Consolidated basis Both consolidated and separate basis									
			2b	х						
D	Were the organization's financial statements audited by an independent accountant? 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									
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х						
	If the organization changed either its oversight process or selection process during the tax year, explain on									
_	Schedule O.		-							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		20	х						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	********	3a	Λ						
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		24	х						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(2024)					

SCHEDULE A (Form 990)

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 charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990) 2024

łame	of th	e organization							ntification number			
_	4.1	-		CATION FOUNDATIO				81-458				
	art l			Status. (All organizatio				See instr	uctions.			
	orga			se it is: (For lines 1 through 12,		-						
1	Н			ssociation of churches described			o)(1)(A)(i).					
2	Н)(A)(ii). (Attach Schedule E (Fo			1400					
3												
4	The state of the second of the											
5	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	Ш	A federal, sta	ate, or local government or	governmental unit described in	section	170(b)(1)	(A)(v).					
7	X	•	ion that normally receives a section 170(b)(1)(A)(vi). (substantial part of its support fi Complete Part II.)	rom a go	vemment	al unit or from the	general pul	olic			
8	\Box			170(b)(1)(A)(vi). (Complete Pa	art II.)							
9				scribed in section 170(b)(1)(A		ated in co	onjunction with a	land-grant co	ollege			
		or university		of agriculture (see instructions).								
10	university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organizati	ion organized and operated	exclusively to test for public sa	fety. See	section	509(a)(4).					
12	П	-		exclusively for the benefit of, to				out the pur	poses 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
	а	Type I. A	A supporting organization or	perated, supervised, or controlle	ed by its:	supported	organization(s).	typically by o	aivina			
				wer to regularly appoint or elec-	-	ty of the	directors or truste	es of the				
				complete Part IV, Sections A								
	b			upervised or controlled in connecting organization vested in the								
		organizat	ion(s). You must complete	e Part IV, Sections A and C.				,				
	С			supporting organization operate structions). You must complete				lly integrated	with,			
	d	Type III	non-functionally integrate	d. A supporting organization or	perated in	connecti	on with its suppo					
				e organization generally must s must complete Part IV, Section				an attentive	eness			
	е	Check th	is box if the organization red	ceived a written determination fr	rom the IF	RS that it		II, Type III				
				on-functionally integrated suppo	rting orga	ınization.						
			mber of supported organiza	tions the supported organization(s).	s		a		·			
/23				1	(fu) to the	ition	63 8					
(1)		e of supported anization	(ii) E!N	(iii) Type of organization (described on lines 1–10	(iv) is the	ur governing	(v) Amount of support ((vi) Amount of other support (see			
	ū			above (see instructions))		nent?	instruction		instructions)			
					Yes	No						
(A)												
(B)												
(C)												
(D)									'			
(E)												
ota												

Cat. No. 11285F

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

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.) Part II

	tion A. Public Support									
Caler	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	658,696	894,942	1,766,954	1,748,960	2,989,820	8,059,372			
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	658,696	894,942	1,766,954	1,748,960	2,989,820	8,059,372			
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	Sir Strong		A THE SECOND			1,213,180			
	shown on line 11, column (f)						6,846,192			
6	Public support. Subtract line 5 from line 4 tion B. Total Support						0,040,152			
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total			
	Amounts from line 4	658,696	894,942	1,766,954	1,748,960	2,989,820	8,059,372			
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	658,690	034,342	1,700,332	26,511	75,017	101,528			
9	Net income from unrelated business activities, whether or not the business is regularly carried on			13,044			13,044			
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						8,173,944			
12	Gross receipts from related activities, etc					12	1,914,723			
13	First 5 years. If the Form 990 is for the									
_	organization, check this box and stop he	re	4			<u> </u>				
Sec	tion C. Computation of Public S					Taal	22 77 0/			
14	Public support percentage for 2024 (line					S 5 700	83.76 % 85.55 %			
15	Public support percentage from 2023 Sch	nedule A, Part II, lin	e 14	- 40 lb 44			85.55 70			
16a	33 1/3% support test — 2024. If the org	janization did not ci	neck the box on IIIn	4			X			
	box and stop here. The organization qua 33 1/3% support test — 2023. If the org	ilines as a publiciy	supported organiza	100m		r more, check				
b										
47-	this box and stop here . The organization 10%-facts-and-circumstances test — :	qualilles as a publ	ation did not chack	a boy on line 13	16a or 16b and	line 14 is	::::::::: <u> </u>			
1/a	10%-racts-and-circumstances test — 10% or more, and if the organization me	eta the facts and si	roumetances test	check this hov an	d stop here Evol	ain in				
	Part VI how the organization meets the f									
	•									
b	organization	2023 If the organiz	ation did not check	a box on line 13.	16a. 16b. or 17a.	and line	'n' titalia			
D	10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain									
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported									
	_									
18	organization Private foundation. If the organization d	id not check a box	on line 13, 16a, 16	6b, 17a, or 17b. ch	neck this box and	see	gg.,g —			
10	instructions									
_	midd dodding				· @ · @ · · · E · @ · · · · · · · · · ·	AND THE PROPERTY OF THE PARTY O	(E - 000) 0004			

Page 3

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.)

Sec	tion A. Public Support	quality artus.						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	T	(f) Total
1	Giffs, 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 line 6.)							
Sec	tion B. Total Support		<u>'</u>					
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024		(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 o	_						
Sec	organization, check this box and stop her stion C. Computation of Public S							
15	Public support percentage for 2024 (line 8			lumn (f))		1	5	%
16	Public support percentage from 2023 Sch						6	%
-	etion D. Computation of Investment							
17	Investment income percentage for 2024 (13, column (f))		1	7	%
18	Investment income percentage from 2023	Schedule A, Parl	t III, line 17			1	8	%
19a	33 1/3% support tests — 2024. If the on							
	17 is not more than 33 1/3%, check this b	oox and stop her	e. The organizatio	n qualifies as a p	ublicly supported o	rganization		3000 - 10
b	33 1/3% support tests — 2023. If the orgline 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization di							

STRIDER EDUCATION FOUNDATION INC.

Part IV Supporting Organizations

(Complete only if you checked a box on 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 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.
- 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 lines 3b and 3c 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.
- 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.
- 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) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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?
- 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 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		
	PATE N	
4b		
	3.5	
4c		
5a		
5b		
5c		
6		
7		
7		
9a	Harin.	
9b		
9c		21,2
10a		

Par	t IV Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?		-				
а	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					
С	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						
			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)	131					
	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	14					
	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	nlad					
	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	Section 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		10				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		no little				
	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			The last			
	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 instruction	ns).					
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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	atu cati	lane				
C	The organization supported a governmental entity. Describe in Fart VI now you supported a governmental entity (see int	SUUCIIC	Yes	No			
2	Activities Test. Answer lines 2a and 2b below.		103	140			
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 each of its supported organizations, and how the organization determined	2a					
	that these activities constituted substantially all of its activities.	Za					
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	2b					
	have engaged in these activities but for the organization's involvement.						
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	3a					
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Va					
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each						
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b					

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2024

(see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continue	ed)	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of sup	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-provide de	etails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organi	zation is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10_	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ıs	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.				
3_	Excess distributions carryover, if any, to 2024			_	
	From 2019			-	
b	From 2020			-	
	From 2021			-	
	From 2022			-	
	From 2023			-	
	Total of lines 3a through 3e	-		-	
	Applied to underdistributions of prior years			-	
	Applied to 2024 distributable amount			-	
	Carryover from 2019 not applied (see instructions)	-			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	1		-	
4	Distributions for 2024 from Section D, line 7:				
	Section D, line 7: \$ Applied to underdistributions of prior years			_	
	Applied to 2024 distributable amount				
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
9	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				
	Excess from 2024				
				0.	hadula A /Farm 000\ 202

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service Name of the organization

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

STRIDER EDUCATION FOUNDATION INC. 81-4580473 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

	dule D (Form 990) (Rev. 12-2024) STRIDI	ER EDUCATION	FOUNDATION IN	TC. 81-458047	73 Page 2
	rt III Organizations Maintaining				
3	Using the organization's acquisition, accession collection items (check all that apply).	n, and other records, chec	k any of the following that	make significant use of its	
а	Public exhibition	d Loan o	exchange program		
b	Scholarly research	e Other			
С	Preservation for future generations				
4	Provide a description of the organization's co	llections and explain how	hey further the organizatio	n's exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit o	r receive donations of art,	historical treasures, or other	er similar	
	assets to be sold to raise funds rather than to	be maintained as part of	the organization's collection	n?	Yes No
Pa	rt IV Escrow and Custodial Ar	rangements			_
	Complete if the organization	answered "Yes" on	Form 990, Part IV, Iir	ne 9, or reported an a	mount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	r contributions or other as	sets not	
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table.		
					Amount
C	Beginning balance	4		1c	
	Additions during the year				
е	Distributions during the year	aa.aba.aa.		1e	
f	Ending balance	aa.aa			
	Did the organization include an amount on F				Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explana	tion has been provided in	Part XIII	
	rt V Endowment Funds				
	Complete if the organization	answered "Yes" on	Form 990, Part IV, lii	ne 10.	
		(a) Current year (b) Prior year (c) Two ye	ears back (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				
	Contributions				
	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
	Other expenditures for facilities and				
_	programs				
f	* 1 * 1 * 1 * 1				
	End of year balance				
2	Provide the estimated percentage of the cum	ent vear end balance (line	1g, column (a)) held as:		
	Board designated or quasi-endowment		• • • • • • • • • • • • • • • • • • • •		
	Permanent endowment %				
	Term endowment %				
•	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.			
32	Are there endowment funds not in the posse	-	nat are held and administe	red for the	
ou	organization by:	obioir or are organization o			Yes No
					3a(i)
					2-(3)
h	If "Yes" on line 3a(ii), are the related organization			5. 3000 min min	
	Describe in Part XIII the intended uses of the			5.000 d 6	
	art VI Land, Buildings, and Equ	CF021	it lands.		
Г	Complete if the organization		Form 990 Part IV-lie	ne 11a. See Form 990	Part X. line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	f=1
4.	Lond	, , , , , , , , , , , , , , , , , , , ,	()		
	Land Buildings				
1.3	LILIBRALIUS				

Part VII	Form 990) (Rev. 12-202/\$TRIDER EDUCATION Investments - Other Securities			
	Complete if the organization answered "Yes" on	Form 990, Part IV.	line 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(A)	inter a succession in a manufacture in a second contract.			
(B)	2000-0-4-1-4-4-1-4-1-4-1-4-1-4-1-4-1-4-1-			
(C)	\$5550 B 10 10 10 10 10 10 10 10 10 10 10 10 10			
(D)	50 . 18 . 10 . 18 . 18 . 18 . 18 . 18 . 1			
(E)	26			
(F)	es es la tausa naval de la la la la la las la l			
(H)	28 1 6 1 1 1 6 1 1 1 6 1 1 1 1 1 1 1 1 1			
	nn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" or	Form 990, Part IV.	line 11c. See Form 99	90. Part X. line 13.
	(a) Description of investment	(b) Book value		of valuation:
	.,		Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11d. See Form 99	90, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

(9)

Sche	dule D (Form 990) (Rev. 12-202 TRIDER EDUCATION FOUNDAT				
Pa	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990	ements With D, Part IV, lin	Revenue per le 12a.	Retur	
1				1	3,235,677
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	19 190			
a	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	. 2b	513		
С	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	513
3	Subtract line 2e from line 1			3	3,235,164
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Z = = = = = = = = = = = = = = = = = = =			.	
C	Add lines 4a and 4b		S. 19 - S E (10 E E E E E	4c 5	3,235,164
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	Reconciliation of Expenses per Audited Financial State			i Kei	um
_	Complete if the organization answered "Yes" on Form 990			1	2,426,689
1	Total expenses and losses per audited financial statements			-	2,120,005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 2- 1	513	100	
a			313	-	
b					
C					
d	7			2e	513
_	Add lines 2a through 2d			3	2,426,176
3	Subtract line 2e from line 1		ericocción i reche er 3	3	2,120,170
- 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	the first term of the bright of the France COO Break VIII lines 7h				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Other (Describe in Part XIII.)	4b		40	
a b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		4c	2.426.176
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	4b		4c 5	2,426,176
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	4b		5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IIII	t IV, lines 1b ar	nd 2b; Part V, line 4;	5	
a b c 5 Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	t IV, lines 1b ar	nd 2b; Part V, line 4;	5	
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b ar	nd 2b; Part V, line 4;	5	
b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b aride any addition	nd 2b; Part V, line 4; al information.	5 Part >	ζ, line
a b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove ART X - FIN 48 FOOTNOTE T DECEMBER 31, 2024, THE FOUNDATION BELIE	t IV, lines 1b aride any addition	nd 2b; Part V, line 4; al information.	5 Part >	ζ, line
a b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	t IV, lines 1b aride any addition	nd 2b; Part V, line 4; al information.	5 Part >	ζ, line
a b c 5 Prov 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Parart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove ART X - FIN 48 FOOTNOTE T DECEMBER 31, 2024, THE FOUNDATION BELIE	t IV, lines 1b aride any addition	nd 2b; Part V, line 4; al information.	5 Part >	ζ, line
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SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the	organization STRIDER EDUCATION 1	FOUNDATIO	ON INC	•				Employer identification number 81-4580473
Part I	General Information on Grants and							
and	es the organization maintain records to substantiate the selection criteria used to award the grants or ascribe in Part IV the organization's procedures for mo Grants and Other Assistance to D Part IV, line 21, for any recipient that	sistance? nitoring the use omestic Ora	of grant fund	ds in the United States	S. Governments. C	omplete if the	organizatio	answered "Yes" on Form 990
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistan	f (h) Purpose of grant
(1) SEE	ATTACHMENT		GOV		1,643,036	COST	BIKES	LEARN RIDE PROGRAM
(2)								
(3)								
(4)								
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(6)								
(7)								
(8)								
(9)								
	er total number of section 501(c)(3) and government er total number of other organizations listed in the lin							

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

Schedule I (Form 990) (Rev. 12-2024)

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Schedule I (Form 990) (Rev. 12-2024)

SCH	EDU	ILE I

Supplemental Information

2024

Employer identification number

(Form 990) For calendar year 2024, or tax year beginning

, and ending

Name of the organization

STRIDER EDUCATION FOUNDATION INC.

81-4580473

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
ALL GRANTS AND DESIGNATED FUNDS ARE DEPOSITED INTO A RESTRICTED BANK
ACCOUNT AND ARE NOT EXPENDED OR MOVED FROM THE RESTRICTED ACCOUNT UNTIL THE
PROGRAM HAS SHIPPED.
PER THE REQUEST OF THE DONOR/GRANTOR A SPECIFIED SCHOOL(S) IS SELECTED AND
THE GIFT IS RECORDED IN BLOOMERANG, A DONOR MANAGEMENT SOFTWARE SYSTEM BY
SEF STAFF. BLOOMERANG AUTOMATICALLY SYNCS DAILY WITH QUICKBOOKS ONLINE
ACCOUNTING SOFTWARE WHICH IS MANAGED BY A THIRD PARTY ACCOUNTING FIRM.
THESE FUNDS ARE RECONCILED PERIODICALLY TO ENSURE ACCURACY OF THE
COLLECTIVE RECORDS.
THE FUNDED SCHOOL(S) RECEIVES THE ALL KIDS BIKE KINDERGARTEN PE PROGRAM
CONSISTING OF A FLEET OF 24 BALANCE BIKES, PEDAL CONVERSION KITS, FULLY
ADJUSTABLE HELMETS, ONE TEACHER INSTRUCTION BIKE WITH PEDAL KIT, 2 METAL
ROLLING STORAGE RACKS, ONLINE ACCESS TO CURRICULUM TRAINING, 8 COMPLETE
LESSON PLANS, GAMES, ACTIVITIES, AND CONTINUED SUPPORT FOR THE 7-YEAR LIFE
OF THE PROGRAM. STRIDER EDUCATION FOUNDATION PROVIDES EVERYTHING NEEDED TO
TEACH KIDS HOW TO RIDE A BIKE. A FULL GRANT REPORT IS PROVIDED TO ALL
GRANTORS WITH INFORMATION ON THE NUMBER OF KIDS DIRECTLY IMPACTED BY THE
GRANT. ALL DONATIONS RECEIVE A GIFT TAX RECEIPT.
2222 2. 2. 2. 3. 3. 4. 2. 1. 1. 1. 1. 1. 1. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

SCHEDULE L

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

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.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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Part I	Excess Benefit Transacti												
	Complete if the organization answ						m 990-EZ, Part	V, line	40b.		1.0	•	410
1	(a) Name of disqualified person	(b) Relation	nship between disquorganization	Jaimed	ı per	son and	(c) Description of to	ansactio	n		Yes	Correc	No
(1)			organization							_	163	+	-
(2)													
(3)													
(4)													
(5)													
(6)													_
2 Enter the	he amount of tax incurred by the orga	anization manage	ers or disqualifie	ed pe	erso	ns during the yea	ar	4	:				
under s 3 Enter th	section 4958he amount of tax, if any, on line 2, ab	ove. reimbursed	by the organiza	ation			***************************************	4 g	; —				
• Entor o	and an and a say, it any, on the z, an		-,					'					
Part II	Loans to and/or From Int	erested Pers	ons										
	Complete if the organization answ			art V	, line	e 38a, or Form 9	90, Part IV, line	26; or	if the				
	organization reported an amount of												
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		Loan from	(e) Original principal amount	(f) Balance due	(g) In	default?		oproved pard or		Vritten ment?
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Total					_	\$			-		_		-
Part III	Grants or Assistance Be							-					
	Complete if the organization answ	ered "Yes" on Fo	orm 990, Part I	V, lir	ne 2	7.							
	(a) Name of interested person	1	ship between intere and the organization			(c) Amount of assistance	(d) Type of assistant	e	(e)	Purpos	e of as	sistano	В
(1)		person	and the organization	_	\vdash	83338160		_					
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(4)													
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(8)		_			+			_					
(9)					1								

(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S	harir org.
(4)	interested person and the	transaction		reve	nues
	organization			Yes	N
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Part V Supplemental Information Provide additional information for response	t et oan Oak aak	la I. Oan tankanakana			
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SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

STRIDER EDUCATION FOUNDATION INC.

Employer identification number 81-4580473

FORM 990 - ORGANIZATION'S MISSION
THE STRIDER EDUCATION FOUNDATION'S MISSION THROUGH THE ALL KIDS BIKE
PROGRAM IS TO TEACH EVERY CHILD IN AMERICA HOW TO RIDE A BIKE IN
KINDERGARTEN PE CLASS. AS A RESULT OF TEACHING CHILDREN HOW TO RIDE A BIKE
IN SCHOOL, WE'RE PROMOTING PHYSICAL ACTIVITY, IMPROVED MENTAL WELL-BEING,
AND INCREASED CONFIDENCE. OUR CURRICULUM DEVELOPS ESSENTIAL LIFE SKILLS
LIKE BALANCE, COORDINATION, AND INDEPENDENCE, FOSTERING A LOVE FOR PHYSICAL
ACTIVITY FROM AN EARLY AGE. THERE ARE MANY STATISTICS, SUCH AS THE
INCREASING PREVALENCE OF DIGITAL DEVICE USE AND CHILDHOOD OBESITY RATES,
THAT UNDERLINE THE IMPORTANCE OF INITIATIVES LIKE ALL KIDS BIKE.

FORM 990, PART I, LINE 6
AMBASSADORS/VOLUNTEERS PROMOTE THE MISSION OF ALL KIDS BIKE WITHIN THEIR
COMMUNITIES AND ON SOCIAL MEDIA. THEY SOMETIMES HELP BUILD AND DELIVER THE
BIKES TO AREA SCHOOLS. THEY ARE TRULY AMBASSADORS TO HELP MORE KIDS GET ON
TWO WHEELS AND GAIN THE CONFIDENCE OF LEARNING TO RIDE A BIKE.

PART III, LINE 4A - FIRST ACCOMPLISHMENT FORM 990, THE STRIDER EDUCATION FOUNDATION ACCOMPLISHES ITS MISSION OF TEACHING CHILDREN HOW TO RIDE A BIKE THROUGH ONE MAIN PROGRAM. ALL KIDS BIKE IS A NATIONAL MOVEMENT TO PLACE LEARN-TO-RIDE PROGRAMS INTO KINDERGARTEN PE CLASSES IN SCHOOLS ACROSS THE NATION WITH DONATIONS, GRANTS, AND PARTNERSHIPS FROM INDIVIDUALS, BUSINESSES, AND ORGANIZATIONS. THE FOUNDATION WAS ORGANIZED AND RECEIVED THEIR 501(C)(3) STATUS IN MARCH 2017. 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 SUCCESSFUL LEARN-TO-RIDE BIKE CURRICULUM IN A SCHOOL PE CLASS, AND WE DELIVERED 126 PROGRAMS. IN 2021, WE DELIVERED 184 PROGRAMS. 2022 WAS A PIVOTAL YEAR FOR US WHERE WE DELIVERED 380 PROGRAMS. 2023 WE DELIVERED THE FIRST STATEWIDE IMPLEMENTATION OF THE ALL KIDS BIKE PROGRAM IN NORTH DAKOTA. PROGRAMS DELIVERED WERE 326 IN 2023. 2024 WAS OUR MOST SUCCESSFUL YEAR TO DATE, WITH 430 PROGRAMS DELIVERED. THE STRIDER EDUCATION FOUNDATION HAS DELIVERED OVER 1,600 PROGRAMS IN ALL 50 STATES WHICH IMPACTS OVER 160,000 STUDENTS ON AN ANNUAL BASIS AND OVER 1.6 MILLION THROUGHOUT THE 10-YEAR LIFESPAN OF THE PROGRAMS ALREADY IN PLACE.

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 THE FOUNDATION'S EXECUTIVE DIRECTOR. A COPY IS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW, AND FORMAL ACTION OF APPROVAL IS TAKEN AT A BOARD MEETING PRIOR TO THE IRS FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
AT THE BEGINNING OF EACH CALENDAR YEAR, EACH BOARD MEMBER REVIEWS AND SIGNS
A CONFLICT OF INTEREST STATEMENT. THEY AGREE TO THIS POLICY AND UNDERSTAND
THAT THEY ARE RESPONSIBLE FOR MONITORING AND STATING ANY CONFLICTS AT EACH
BOARD MEETING PRIOR TO A VOTE ACTION. ANY INDIVIDUAL WITH A CONFLICT IS
ASKED TO RECUSE THEMSELVES FROM VOTING ON THE MATTER RELATED TO THE

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Increction

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FORM 990,	PART VI.	LINE 15A	- COMP	ENSATIO	PROCES	S FOR	TOP OFF	CIAL	6-61-56-6
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FORM 990,	PART VI.	LINE 17	- OTHER	STATES	WHERE (COPY OF	RETURN	IS FILE	D
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Form 990/ 990-PF	2024				
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STRIDER EDUCATION FOUNDATION INC.				81-4580473	
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