# 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
2018
Open to Public
Inspection

A	For the	2018 calendar year, or tax year beginning , and ending											
В	Check if ap	k if applicable: C Name of organization  C Name of organization number TDTD TDTD TDTD TDTD TDTD TDTD TDTD TD											
П	Address ch	ange STRIDER EDUCATION FOUNDATION INC.											
Ħ	Name chan	Doing business as			580473								
님		Number and street (or P.O. box in mail is not delivered to silver address)											
Ш	Initial return			003	342-0200								
	Final return terminated				aiots 301,660								
$\overline{\sqcap}$	Amended r	etum F Name and address of principal officer.		G Gross rec	301,000								
Ħ		P resile and address of principal direct.	H(a) is this a g	oup return for :	subordinales? Yes X No								
ш	Application		H(b) Are all su	hardinalas inc	luded? Yes No								
		2221 N. PLAZA DRIVE	1 , , ,		(see instructions)								
_		RAPID CITY SD 57702	-  " "	GIOGOT & HAL	(SOU HOUGHOUS)								
	Tax-exemp		-										
J	Website:		H(c) Group exe										
	Form of or		Year of formation: 2	016	M State of legal domicile: SD								
N.	art la?												
	1 B	riefly describe the organization's mission or most significant activities:											
ø	l	OUR MISSION IS TO DELIVER SUPERIOR BALANCE BIKES AND A	PROVEN										
Ĕ		"LEARN TO RIDE" CORRICULUM TO ORGANIZATIONS THAT WISH	TO TEACH	YOUNG									
Governance	"	CHILDREN, INDIVIDUALS WITH SPECIAL NEEDS, AND THE ELDE			•••••								
8	2 0	heck this box [ ] if the organization discontinued its operations or disposed of more than 2	5% of its net as	sets.									
ල ජ	3 N	umber of voting members of the governing body (Part VI, line 1a)			5								
		umber of independent voting members of the governing body (Part VI, line 1b)			4								
Activities		otal number of individuals employed in calendar year 2018 (Part V, line 2a)			3								
훚		otal number of volunteers (estimate if necessary)			75								
Ą		otal unrelated business revenue from Part VIII, column (C), line 12			0								
		let unrelated business tevenue from Form 990-T, line 38			0								
-	DN	et unrelated dusiness taxable income from Porth 990-1, line 30	Prior Ye		Current Year								
	8.0	contributions and grants (Part VIII, line 1h)	10	9,223	301,660								
9	9 P	rogram service revenue (Part VIII, line 2g)		0									
ě	1 40 1			0									
Revenue	10 Ir	envestment income (Part VIII, column (A), lines 3, 4, and 7d)			0								
_	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10	9,223									
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,232									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,232	113,030								
		tenefits paid to or for members (Part IX, column (A), line 4)			31,546								
X	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		31,346									
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	Section No. 8	Non-constraint	See Property of the Second								
8	. БТ	otal fundraising expenses (Part IX, column (D), line 25)	6.15 中州和 65年	1000 (1000)	THE REPORT OF STREET								
Ü	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,962									
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,194									
		Revenue less expenses. Subtract line 18 from line 12		6,029									
Assets or	88		Beginning of Cu		End of Year								
585	🗟 20 T	otal assets (Part X, line 16)		9,575	176,998								
	ol 6 1	otal liabilities (Part X, line 26)		3,546									
3	22 N	let assets or fund balances. Subtract line 21 from line 20	3	6,029	135,524								
1	Part II	Signature Block											
ī	Jnder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my k	nowledge and belief, it is								
t	rue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all Information of which preparer	has any knowled	ge.									
Si	gn	Signature of officer		Date									
	ere	RYAN MCFARLAND SECRE	TARY/TRE	LASURE	R								
		Type or print name and title											
-		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN								
Pa	id	JEAN SMITH, CPA		self-en	nployed P00479382								
Pro	eparer	Firm's name > KETEL THORSTENSON, LLP		Firm's EIN	46-0257538								
	e Only	PO BOX 3140											
		DADED CEMU OD 57709-2140		Phone no.	605-342-5630								
NA.	u the ID	S discuss this return with the preparer shown above? (see instructions)			X Yes No								
FAIR	y Danami	ork Reduction Act Notice, see the separate instructions.			Form 990 (2018)								
DA	y Lahaim	ALV 1457MARRY - 180 1180MAN RAD MIN ANDMINES AND MANAGEMENT											

Form 9	90 (2018) STRIDER EDU	JCATION FOUNDA	TION INC.	81-4580473	Page 2
Par	Statement of Prog	ram Service Accom	olishments		
	Check if Schedule (	O contains a response	or note to any lin	ne in this Part III	
1 6	Briefly describe the organization's	mission:			
OU	R MISSION IS TO	DELIVER SUPER	IOR BALANCI	E BIKES AND A PI	ROVEN
"I	EARN TO RIDE" CO	RRICULUM TO O	rganization	NS THAT WISH TO	TEACH YOUNG
CH	ILDREN, INDIVIDU	ALS WITH SPEC	CAL NEEDS,	AND THE ELDERLY	HOW TO RIDE.
2 [	oid the organization undertake any	y significant program service	es during the year wh	nich were not listed on the	
					Yes X No
i	f "Yes," describe these new service	ces on Schedule O.			
3 1	oid the organization cease conduc	cting, or make significant ch	anges in how it cond	lucts, any program	
					Yes X No
1	f "Yes," describe these changes of	on Schedule O.			
4 (	Describe the organization's progra	m service accomplishments	for each of its three	largest program services, as n	neasured by
	expenses. Section 501(c)(3) and 5	501(c)(4) organizations are	equired to report the	amount of grants and allocation	ns to others,
	he total expenses, and revenue, i				
42	Code: ) (Expenses \$	156,908	ncluding grants of \$	115,656 ) (R	
SI	RIDER EDUCATION	FOUNDATION RE	CEIVED DONA	ATED FUNDS TO BE	USED TO PLACE
PE	OGRAMS INTO QUAL	IFIED ORGANIZ	ATIONS. WE	RECEIVED 73 DOI	NATION REQUESTS FOR
DE	OGRAMS FROM QUAL	TFTED ORGANZA	TIONS VALU	ED AT \$204,400.	WE USED
91	19,413 IN DONATE	D FUNDS TO FU	LFILL 46 R	EOUESTS BY THE I	END OF THE YEAR.
7 .	R STATED OPERATI	MC DROCEDIER	TS TO DONA	TE PRODUCT (MRSI	
	NTRIBUTIONS WITH	THE PROCESSION	PECETPT O	F CONTRIBUTIONS	. •
CC	NIKIBUTIONS WITH	TH 30 DATE OF	FING PROCE	SED NOW FOR IISI	OF DONATED FUNDS.
PE					
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	Side of the Character of the State of the St				
1	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			ğ	
				\	Name of the state
	Code: ) (Expenses \$		ncluding grants of \$	3) (F	Revenue \$)
N,					
	g., g., . g., . g.,				
					S - E E E E E E E E E
			S		
		s			
	NO 818 18 925				
4c	(Code: ) (Expenses \$		including grants of \$	) (F	Revenue \$ )
N		9.119.119.129.119.120	4 9	8	
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	See 2000 100 110 1110 1110 1110 1110 1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		.E			
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			e		
		to Asked to As			
4d	Other program services (Describe			) (Dayanira &	A.
- 1	(Expenses \$	including grants o	<b>D</b>	) (Revenue \$	
<b>4e</b>	Total program service expenses	156,9	00		
					Form <b>990</b> (2018)

DAA

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

PE	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	00		ж
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
	employees? If "Yes," complete Schedule J	23	-	- 45
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	24a		x
	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b		270		-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	-		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(45) organizations. Did the organization engage in an occoss serior.	25a		ж
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		x
	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
26	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
		26		X
	disqualified persons? If "Yes," complete Schedule L. Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2000	5000	
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1988		7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	PC-S-S
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b		28b		x
_	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
-	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	complete Schedule N, Part II	32		X
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		X
35a	the state of the s	35a		X
b	If "Yes" to line 35a, dld the organization receive any payment from or engage in any transaction with a			
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
90	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
, CARE	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	100.14	die.	
b	1 to			80
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			1545
_	reportable gaming (gambling) winnings to prize winners?	. 1c	X	
		_	_ 0.04	n most

-	990 (2018) STRIDER EDUCATION FOUNDATION INC. 81-45804  ***********************************				age 5
图 30	Statements Regarding Other IRS Filings and Tax Compliance (continu	ou <sub>j</sub>		Yes	No
-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	9658	575	No.
2a		2a 3			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	x	CONTRACTOR AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS O
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2103	(it)	1758°
_			3a	apply apply 1	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	thority over	45		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other at a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
		accounty?	10000	OF OUR	255
Ь	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Prounts (FRAP)			
_			5a	SOUTH OF	x
5a		on2	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the form 1998 To		5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?		Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		6b		
	gifts were not tax deductible?			Sec a	2915
7	Organizations that may receive deductible contributions under section 170(c).	anda		D.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go		7a	OF THE PERSON	x
		ğğğğğ	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	B	/6		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		,,		x
	required to file Form 8282?	7d	7c	02500	Ith William
ď	II 162' Illuffate the limitings of Louis of or more gained and lear		7e	90.30m	x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		71	_	X
- 1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		79	_	
9	If the organization received a contribution of qualified intellectual property, did the organization file For		79 7h		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		45.3	Sales.	district.
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8	20.0220	Wastern's
	sponsoring organization have excess business holdings at any time during the year?			WEN	200
9	Sponsoring organizations maintaining donor advised funds.		9a	1000000	September 1
a			9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		30	5000	1200
10	Section 501(c)(7) organizations. Enter:	10a	1 1 N	Hardon Salab	
а	Initiation fees and capital contributions included on Part VIII, line 12	10b	10000	17 SA	
. p	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100	100		
11	Section 501(c)(12) organizations. Enter:	44-1	17,831		
а	Gross income from members or shareholders	11a	100		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b	32.50	2100	
	against amounts due or received from them.)		12a	9000000	10000000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	495	120	23/16	3050
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		100	100
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	3.75965	11000
a	Is the organization licensed to issue qualified health plans in more than one state?		0.00	1.00	184.2
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b			Miles.
	tile digaritzation is incerised to issue quanties from the first plant	13b			
С	Enter the amount of reserves on hand		14a	me-ge-ée	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14b	1	ar
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		140	+-	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		x
	excess parachute payment(s) during the year?			Jane 1	
	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16	3629002	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	IIIOOHE !	10	0.200	400
	If "Yes " complete Form 4720, Schedule O.		101-20-20	A COLUMN	The second

Form 990 (2018) STRIDER EDUCATION FOUNDATION INC. 81-4580473 Page 6 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 in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3  $\overline{\mathbf{x}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 1.00 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X Describe in Schedule O the process, if any, used by the organization to review this Form 990. 1 A STA 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? h Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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.

- X Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶

RYAN MCFARLAND

2221 N. PLAZA DRIVE

605-342-0266

SD 57702

918) STRIDER EDUCATION FOUNDATION INC. 81-4580473	Page
	Employees, and
Independent Contractors	a response or note to any line in this Part VII
Check if Schedule O contains a response or note to any line in this Part VII	
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Endependent Contractors  Check if Schedule O contains a response or note to any line in this Part VII

- 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box	ς unle	es pe	ition more rson l	than or s both or/truste	en	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated emount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1099-MISC)	organization and related organizations
(1) AL RIEMAN	1.00									
PRESIDENT	0.00	X		X				0	0	0
(2) JACK LYNASS	1.00									
VICE PRESIDENT	0.00	X		X	_	Ш		0	0	0
(3) RYAN MCFARLAND	2.00									
SECRETARY/TREASURER	0.00	X	_	X	_			0	0	0
(4) GREG WICK	1.00	x						0	0	o
BOARD MEMBER (5) MATT SEEBAUM	1.00	A								
BOARD MEMBER	0.00	X						0	0	0
(6)										
(7)		1								
(8)										
3										
(9)										
		_	1	_	1	1	L			
(10)										
(11)		+	+	+	-	$\vdash$				
DAA										Form 990 (2018)

Part VII Section A. Officers  (A)  Name and title		(B) Average hours per week (list any	(dd	(C) Position (do not check more than one box, unless person is both ar officer and a director/fustee)				ne an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1039-MISC)	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, - ,	organization and related organizations	
	. 62-430											
elet 1												
mo.												
0.00	3											
	6	1000 113 133										
1b c d	Sub-total  Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,						<b>* * *</b>				
2	Total number of individuals (in reportable compensation from	cluding but not I	imite	d to	thos	e lis	ted a	bov	ve) who received more than	\$100,000 of		
3 4	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on linorganization and related organ individual Did any person listed on line	" complete Schere 1a, is the sum nizations greater	dule of r that	J for epor n \$1: 	table 50,00	cor 00?	npen If "Ye	ual . sati ss," m a	on and other compensation complete Schedule J for su	from the ach r individual	Yes No	
Sect	for services rendered to the c	rganization? If "Yors	es,	соп	plet	e So	hedu	ile J	for such person		5 X	
1	Complete this table for your fi compensation from the organ	ve highest comp	ens	ated ensa	inde tion	pent for t	dent he ca	cont	dar year ending with or with	nin the organization's tax y	ear.	
_		(A) I business address						+	Descrip	(B) ation of services	(C) Compensation	
-												
_												
	Total number of independent	contractors (incl	uding	j bul	not	timit	ted to	the	ose listed above) who			
_	received more than \$100,000	of compensation	n fro	m th	e or	gani	zatio	n 🕨		0	Form 990 (2018	

Long Carrier	Check if Schedu	ne o contains	a reaponed		n this Part VIII	(C)	(D)
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1a b	Federated campaigns	1a				Albert Schooling	ALVERS IN THE
5 b		45				a consiste and	Principal Control
E c	Fundraising events						for the second
1	Related organizations	1d		4		200 Maria	
	Government grants (contributions)	19				32-54.0 686.36	
2 1	All other contributions, gifts, grants,						Professional Section
<u> </u>	and similar amounts not included abo	ove 1f	301,660			<b>可能的处理的</b>	
and Other Sim	Noncash contributions included in lin	es 1a-1f: \$	a				
	Total. Add lines 1a-1f			301,660		rick land of the seasons of	
<u> </u>			Busn. Code		A NEW VESTOR OF AND	THE REPORT OF THE PARTY.	Water Children Charles
2a							
;   b	ggggqg						
2 C							
3   d	Ţ?						
9	48 - 45						
2a b c d	All other program service  Total. Add lines 2a-2f		the same of the sa				
3	Investment income (include				9. 20. 2. 4. 3. 3. 3. 3. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Value of the same	
"	and other similar amounts						
1	Income from investment of						
5	Royalties		•				
ľ	(i) R		(ii) Personal				
6a							
Ь							
	Rental inc. or (loss)					196	
l d	The second secon	3)					
7a	Gross amount from (i) Sec	curities	(ii) Other		是 10 世纪 10 世紀 10	24 BANGA PHROSE	THE REPORT OF THE PARTY OF THE
	sales of assets other than inventory						
Ь	Less: cost or other						things rate again
	basis & sales exps.						
0	Gain or (loss)					SERVING STREET	<b>第二十二年日第五日公司</b>
d	Net gain or (loss)			The state of the s	PERSONAL MANUFACTURE		Threating or a rough or
Ва	Gross income from fundraising	g events		Service of the servic	Solved to silver the		
Kevenue	(not including \$				<b>300</b> 0000000000000000000000000000000000	472.00.000000000000000000000000000000000	
<u>§</u>	of contributions reported on lie	ne 1c).		STANCE SHEET FINE		1.274-01 100-0 11.8304	POWN A
<b>m</b>	See Part IV, line 18	a					
	Less: direct expenses			No stock a particular	500		当2000年8月1日
	: Net income or (loss) from		nts	UNIVERSE STATE OF THE STATE OF		Tasang rasa nasaa s	BUCCOUNTER THE PARTY.
98	a Gross income from gaming a			" de la companya de l			
	See Part IV, line 19						
	Less: direct expenses			CASE CASE CASE CASE CASE CASE CASE CASE	MASSIVE METER PROCESSION	THE PERSON NO STAND	OCCUPANTAL STATES
	Net income or (loss) from		s	SE SE L'OCHSES VALUE PAR	SETTING THE WORLD WITH		Temperature of the state of the
10	a Gross sales of inventory,						PC 15 THE ST COMPLETE
	returns and allowances						
	Less: cost of goods sold		ory	COMPLETE CONTROL (CARROLL SERVICE)	<b>中国民国政府政党团组织的(共享</b> )(2)		CONTRACTOR SALES
-	Net income or (loss) from		Busn, Code		H SOURCE PLAN		Next Section
113				- 中国等于5個中国的研究所有的基础。	A MARKET AND STREET THE PARTY AND		CONTRACTOR CONTRACTOR CONTRACTOR
1111							
	All other revenue						
-   '	Total. Add lines 11a-11d				White Easter which	EVEN MEDICAL	the administration of
آمرا	Total revenue See inst		2 122 122 121	301,660	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations 115,656 115,656 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 28,830 28.830 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,716 2,716 Payroll taxes Fees for services (non-employees): 11 39,021 45,907 6,886 a Management 2,934 2,934 b Legal 2,050 2,050 Accounting C Lobbying d 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.) 553 553 Advertising and promotion 12 595 595 Office expenses 13 14 Information technology 15 Royalties Occupancy 16 652 652 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,615 1,615 Insurance 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 458 458 TRAINING 199 MEMBERSHIPS 199 b e All other expenses 45,257 0 156,908 202,165 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 121,208 49,540 1 Cash—non-interest bearing 2 Savings and temporary cash investments 33,072 3 Pledges and grants receivable, net 3 21,972 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 746 35 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c b Less: accumulated depreciation 10b 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 176,998 49,575 Total assets. Add lines 1 through 15 (must equal line 34) ..... 16 16 41,474 13,546 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 13,546 41,474 26 Total liabilities, Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 135,524 36,029 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 36,029 135,524 33 Total net assets or fund balances 176,998 49,575 Total liabilities and net assets/fund balances Form 990 (2018)

Form	990 (2018) STRIDER EDUCATION FOUNDATION INC. 81-4580475			Pag	ge IZ
	TEXE Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	حبسبة		2%	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			660
2	Total expenses (must equal Part IX, column (A), line 25)	2			165
3	Revenue less expenses. Subtract line 2 from line 1	3			495
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		36,0	029
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	13	35,	524
Pa	rt XII. Financial Statements and Reporting				
71.00	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 422		24.5
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		104.5		
	Schedule O.		100	100	<b>E</b>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		Carried States	47.5	
	Separate basis Consolidated basis Both consolidated and separate basis		78.68	3.41	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		4.9.4		
	separate basis, consolidated basis, or both:		16.566		
	Separate basis Consolidated basis Both consolidated and separate basis		N 965	11.13	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an Independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		200 50	417	
	Schedule O.		5000 C		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			F	990	12040

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 601(c)(3) organization or a section 4847(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

2018

1. Open to Public inspection 2.

Name of the organization

Department of the Treasury Internal Revenue Service

STRIDER EDUCATION FOUNDATION INC.

Employer Identification number 81-4580473

V1/12/201 20 40 10 10 10 10 10 10 10 10 10 10 10 10 10											
Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).											
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name,											
city, and state:											
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
section 170(b)(1)(A)(iv). (Complete Part II.)											
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	.,,										
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.)											
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes											
An organization organized and operated exclusively for the benefit of, to periodiff the fall class of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).											
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the											
supporting organization. You must complete Part IV, Sections A and B.											
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
control or management of the supporting organization vested in the same persons that control or manage the supported											
organization(s). You must complete Part IV, Sections A and C.											
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.											
- and the state of											
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness											
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.											
Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III											
functionally integrated, or Type III non-functionally integrated supporting organization.											
f Enter the number of supported organizations											
g Provide the following information about the supported organization(s).											
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of monetary (vii) Amount of monetary (viii) Am											
organization (described on fines 1–10 listed in your governing support (see other support (see instructions)) document? instructions) instructions											
Yes No											
(A)											
(B)											
(C)											
(D)											
(E)											

STRIDER EDUCATION FOUNDATION INC.

Schedule A (Form 990 or 990-EZ) 2018
Part II Support Sched 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.)

Sec	tion A. Public Support				15.004	(-) 0040	40 T. I.I
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				109,223	301,660	410,883
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			San	109,223	301,660	410,883
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			routeithe 1972 1987 1987			243,077
6	Public support. Subtract line 5 from line 4	and same states	ST CONT OF SUR	ROBBINS SEEDING	可以多数的 克爾	PART NOT WAT	167,806
	tion B. Total Support	7.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Annual Company of the				
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4				109,223	301,660	410,883
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
11	(Explain in Part VI.)		FO TESTATOR	THE STATE OF THE S		1157	410,883
12	Gross receipts from related activities, etc.	(see instructions)		*		12	
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 501(	c)(3)	
13	organization, check this box and stop her						<b>▶</b> 🗓
Sec	tion C. Computation of Public S	upport Percer	tage				
14	Public support percentage for 2018 (line 6	, column (f) divide	d by line 11, colur	nn (f)	~	14	%
15	Public support percentage from 2017 Scho	edule A, Part II, lir	ne 14			15	%
16a	33 1/3% support test—2018. If the organ	ization did not che	eck the box on line	13, and line 14 is	33 1/3% or more, ch	neck this	
	hox and stop here. The prognization qual	lifies as a publicly	supported organiz	ation			
b	33 1/3% support test—2017. If the organ	ization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or mo	re, check	_
	this box and stop here. The organization	qualifies as a pub	licly supported org	janization			▶ L
17a	10%-facts-and-circumstances test-20	18. If the organiza	tion did not check	a box on line 13, 1	16a, or 16b, and line	14 is	
	10% or more, and if the organization mee	ets the "facts-and-	circumstances" tes	t, check this box a	and stop here. Expla	in in	
	Part VI how the organization meets the "f	facts-and-circumsta	ances" test. The o	rganization qualifie	es as a publicly supp	orted	
	omanization						► L
b	10%-facts-and-circumstances test-20	17. If the organiza	tion did not check	a box on line 13, '	16a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	n meets the "facts	-and-circumstance	s" test, check this	box and stop here.		
	Explain in Part VI how the organization m	neets the "facts-an	d-circumstances"	est. The organizat	lion qualifies as a pu	blicly	
	supported organization						
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, c	heck this box and se	8	<u></u>
	instructions						
_	***************************************					Schedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2018
Part III Support Schedu 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.)

	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
C	Add lines 7a and 7b	All and the second of the second					3
В	Public support. (Subtract line 7c from				value and and		
Soc	tion B. Total Support		Call chimal Sectioners 1973 care site reliance	Additional and the control of the control of		1 S.	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(4) 2011	1	177			
-			1				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part Vi.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) First five years. If the Form 990 is for the	o organization's fi	ret eacond third fo	auth or fifth tay w	ear as a section 50	1(c)(3)	
14	organization, check this box and stop her	e organization s iii re	131, 3 <del>0</del> 0010, 1180, 10	orar, or mor tax y			
500	tion C. Computation of Public S	upport Perce	ntage				
	Public support percentage for 2018 (line 8	R column (f) divid	led by line 13, colu	mn (f))		18	5 %
15 16	Public support percentage from 2017 Sch						3 %
Sec	tion D. Computation of Investment	ent Income P	ercentage				
17	Investment income percentage for 2018	(line 10c. column	(f), divided by line 1	3, column (f))		17	7 %
18	Investment income percentage from 2017						3 %
19a	33 1/3% support tests—2018. If the orga	anization did not o	heck the box on lin	e 14, and line 15	is more than 33 1/3	3%, and line	
100	17 is not more than 33 1/3%, check this b	oox and stop here	<ul> <li>The organization</li> </ul>	qualifies as a pu	blicly supported org	anization	
b	33 1/3% support tests-2017. If the orga	anization did not o	check a box on line	14 or line 19a, ar	nd line 16 is more th	nan 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check t	his box and stop	here. The organiza	tion qualifies as	a publicly supported	l organization	🕨 🖳
20	Private foundation. If the organization d	id not check a box	x on line 14, 19a, o	r 19b, check this	box and see instruc	tions	▶ [

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a	a sur-	N. P
3b	Part of	THE SE
3c 4a		ANGE.
4b		
4c		
5a 5b	2011/201	
5c		
6		
<b>減削</b>		E TOMA
8	100 JA	
9a 9b	<b>新期</b>	NO.
9c	Silve Si	ACCES.
10a	(BARK)	<b>新記</b>
10b		F7) 201

_	tle A (Form 990 or 990-EZ) 2018 STRIDER EDUCATION FOORDALION INC. ST	1500175		rages
Par	Supporting Organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?	500		305 757
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		No.	
а	below, the governing body of a supported organization?	11a	-2100	
	A family member of a person described in (a) above?	11b		
D	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		$\vdash$
Section	on B. Type I Supporting Organizations	1.13		
Occu	on b. Type I dupporting digamentons		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to	5.44	la xi	
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	8.50	Nutre.	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	55.03	200	
-	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,			Mark Control
	supervised, or controlled the supporting organization.	2		
Sect	ion 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	1000		Available
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	2		
	or management of the supporting organization was vested in the same persons that controlled or managed	timo		
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	film idea 5 7		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	16.00	duise.	100
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1200	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	c054	(at Jay	
	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			Esta.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1281	ALC: NO	SHEET S
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ESE:
	significant voice in the organization's investment policies and in directing the use of the organization's	100		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1013		
	supported organizations played in this regard.	3	1	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).		
a				
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)	•	
			Yes	No.
2	Activities Test. Answer (a) and (b) below.	K V	195	No
а		945		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	N. F	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		54453
	how the organization was responsive to those supported organizations, and how the organization determined	20	25/10/1	C. C. SC. C.
	that these activities constituted substantially all of its activities.	2a	1 (100)	a eagnos
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1833		t Alle
	reasons for the organization's position that its supported organization(s) would have engaged in these	1555	THE PARTY OF	SECTION SECTION
	activities but for the organization's involvement.	2b	E-6015	ESSTREES.
3	Parent of Supported Organizations. Answer (a) and (b) below.			2
8		10.20	0 (0) (0)	South.
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Carange	3050000
b		25.00	AN HEERLY	Section 2
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Schedule A (Form 5		0-FZ\ 201

Schedi	rile A (Form 990 or 990-EZ) 2018 STRIDER EDUCATION FOUNDATION	I	NC. 81-4580	473 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	<i>i</i> . 20,	1970 (explain in Part VI). §	See
	instructions. All other Type III non-functionally integrated supporting organizations must	com	lete Sections A through E	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2		2		
3		3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
	aintenance of property held for production of Income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	cion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		with the families assets with	STATE OF THE PARTY
	structions for short tax year or assets held for part of year):	20.00		crew well-through the
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other	Salar S	Camerina programme at most constitution	Statement Statement Statement
	factors (explain in detail in Part VI):		Carp Sharet Sanger late.	all of the second
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions).	4		
5	As Associated the A form the O	5		
	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
		2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
-3	Enter greater of line 2 or line 3.	4	Service Selection of the service of	
	Income tax imposed in prior year	5	a Contact for all the parties	
<u>5</u>	Distributable Amount. Subtract line 5 from line 4, unless subject to		which the Calaba	
-	nergency temporary reduction (see instructions).	6	2 - 1.25	
<u>er</u>	Check here if the current year is the organization's first as a non-functionally integrated	Туре	III supporting organization	(see
	Contract the second sec			

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organiza	tions (continuea)	
Secti	on D - Distributions  Amounts paid to supported organizations to accomplish exempt pu			Current Year
1				
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of st	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			JF100
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2018	(lii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	2.00 (100 - 2.00 PART)		TO THE RESIDENCE OF THE PARTY O
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018	100 年 100 190 190 190 190 190 190 190 190 190		
a	From 2013		State of the state	
b	From 2014			
	From 2015	goda, da di periodi		GENTAL VARALLE INC.
d	From 2016	A the state of the	Market Constitution of Experience	NAME OF STREET
	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		VO 1 1917 com a 774 195 197	
h	Applied to 2018 distributable amount	SERVICE THE PARTY OF		and division standard and
ı	Carryover from 2013 not applied (see instructions)			
1	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	POPULATION STRUCTURED STRUCTURE OF THE POPULATION OF THE POPULATIO	to a great the talker of the	PAX DESCRIPTION
4	Distributions for 2018 from			
	Section D, line 7:	ACTION COLORS	Professional Service	
a	Applied to underdistributions of prior years	Reserve Little Santa Santa	and the state of t	202200100000000000000000000000000000000
b	Applied to 2018 distributable amount	<b>把印度的人工会员</b>	A MARINE WAS A STATE OF	
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		A CONTROL OF THE PARTY OF THE P	L'asur d'estres histori
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	是 "在一个一个		1
	Part VI. See instructions.	(100mm)		
. 7	Excess distributions carryover to 2019. Add lines 3j and 4c.		A Section 1	
8	Breakdown of line 7:	Mark London Res To G	STREET FREEZEROS	Charles and the best
	Excess from 2014		<b>经外的外汇基本</b>	
	Excess from 2015		A STATE OF STATE	The state of the s
	Excess from 2016			
	Excess from 2017	<b>以外以为为时间</b>	The tree of the second	
	Excess from 2018	(A. S. ) P. (A. S. )	をかられる。 では、 は、 は、 は、 に、 に、 に、 に、 に、 に、 に、 に、 に、 に	Division and the second

Schedule A (Fo	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### SCHEDULE I (Form 990)

3

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

Attach to Form 990.

2018 Open to Public

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization 81-4580473 STRIDER EDUCATION FOUNDATION INC. Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. No No Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (book, FMV, appreisal, (e) Amount of non-(h) Purpose of grant (a) Name and address of organization (a) IRC section r applicable (d) Amount of cash (a) Description of (b) EIN noncesh assistance cash assistance or assistance grant or government (1) RAPID CITY AREA SCHOOL DISTRICT "LEARN TO RIDE" PROG 300 SIXTH ST 41,339 COST BIKES 8D 57701 46-6002688 GOV (2) (3) (4) (5) (6) (7) (8) (9)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) STRIDER EDUC	CATION FOUNDAT	ION INC.	31-4580473	104 B 5 405 5 -	Page 2
Part III Grants and Other Assistance Part III can be duplicated if addit	to Domestic Individua	als. Complete if the	organization answere	d "Yes" on Form 990, Part	IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7 Part IV. Supplemental Information. Pro	uide the information re	quired in Part I line	2: Part III. column /h	); and any other additional	information
PART I, LINE 2 - PROCEDURE					WWW.
IN THE DONATION REQUEST PR					
PROFIT OR GOVERNMENT AGENC					
GOING TO USE THE BIKES TO					
COMMITMENT OF A FOLLOW-UP					
DAYS FROM DELIVERY.	<del></del>				
DAIS FROM DEBIVERY.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Schedule I (Form 990) (2018)

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

**Transactions With Interested Persons** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization STRIDER EDUCATION FOUNDATION INC. Employer Identification number 81-4580473

Part I	Excess Benefit Transactions Complete if the organization answered	(section 501 "Yes" on For	(c)(3), section ( m 990, Part IV.	501(d , line	)(4), 25a	and 50° or 25b,	1(c)(29) or Form	organizations onl 990-EZ, Part V.	y). line 40	Эb.				
_				b between disqualified person and (c) Description of transaction			nd		(d) Corre		led?			
1	(a) Name of disqualified person		organization					(a) Dosarpasi e a				Yes	4	No
(1)				_	_								-	
(2)				_	_							_	+	
(3)							-				_	_	+	
(4)				_	_							_	+	
(5)												-	+	_
(6)				d		tout	the reser		-					_
under se	e amount of tax incurred by the organization 4958								<b>▶</b> \$	-				
						.8	1500							
Part II	Loans to and/or From Interest Complete if the organization answered	sted Perso	ns. m 990-F2. Par	t V. I	ine :	38a or Fo	orm 990	. Part IV. fine 26:	or if th	ne				
	organization reported an amount on F							,,,						
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to			(f) Balance due	(g) in	default?		opproved (i) Written		
		with organization	loan		n the	principal	amount				comm	oard or nittee?	agree	ment?
					From				Yes	No	Yes	No	Yes	No
(1)				_					-	_				
(2)														
(3)				+					+					
(4)				┝	-				-					_
(5)				$\perp$					1					_
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(10)			<u> </u>	丄					-				0.7020	
Total							▶ \$		3004		1000		N.S.	10000
Part III	Grants or Assistance Benefi Complete if the organization answere	i <b>ting Intere</b> d "Yes" on Fo	s <b>ted Perso</b> m 990, Part I\	<b>ns.</b> /, lind	e 27									
	(a) Name of interested person	(b) Relation	ship between intere	ested		Amount of as	ssistance	(d) Type of assistance	•	(8)	Purpos	e of ass	istance	
(1)														_
(2)														
(3)														
(4)														
(5)														
(6)					_				_					
(7)					1				_				_	
(8)					-		-		$\rightarrow$					_
(9)				_	+				-			_	_	
(10)					_					_	200	65		

Page 2

Complete if the organization answered "Yes" on  (a) Name of interested person			(b) Relationship	between	(c) Amount of transaction		(d) Description of transaction			of	Sharing org. nues?
			organizat	ion						Yes	No
(1) STRIDER	SPORTS	INTERNATIONAL	BUSINESS	OWNER	45,9	907	MANA	EMENT	SERVICES		X
(2) STRIDER	SPORTS	INTERNATIONAL	BUSINESS	OWNER	115,6	556	BIKE	PURCH	ASE		X
(3)											_
(4)										-	-
(5)										_	-
(6)										-	$\vdash$
(7)						_				-	_
(8)										-	$\vdash$
(9)						_				-	₩
(10)											

Part V Supplemental Information

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION
BIKES PURCHASED FROM STRIDER SPORTS INTERNATIONAL TOTALED \$115,656 (ALL
PURCHASES WERE BELOW WHOLESALE COST). THESE BIKES ARE USED FOR
GRANTS/DONATIONS TO CARRY OUT OUR EXEMPT PURPOSE. IN THE INITIAL YEARS OF
START-UP AND GROWTH, THE FOUNDATION WILL USE THE SERVICES OF STRIDER SPORTS
INTERNATIONAL FOR PROMOTION AND ADMISTRATION SERVICES. THE
SECRETARY/TREASURER, RYAN MCFARLAND IS THE PRESIDENT/OWNER OF STRIDER
SPORTS INTERNATIONAL.
SPORTS INTERNATIONAL.

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public inspection Employer identification number

81-4580473

	STRIDER EDUCATION FOUNDATION INC. C1 4360473
	FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED
	STRIDER SPORTS INTERNATIONAL PROVIDES ALL MANAGEMENT DUTIES FOR THE
	FOUNDATION. THE SECRETARY/TREASURER, RYAN MCFARLAND IS THE PRESIDENT/OWNER
	OF STRIDER SPORTS INTERNATIONAL.
	FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
	A COPY OF THE 990 IS EMAILED TO ALL BOARD MEMBERS BEFORE FILING WITH THE
i	IRS.
	FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
j)	THE BOARD OF DIRECTORS IS RESPONSIBLE TO MONITOR ALL CONFLICT OF INTEREST
0	SITUATIONS AT EACH BOARD MEETING. ANY DIRECTOR, OFFICER, OR MEMBER OF A
	COMMITTEE MUST ADHERE TO THE CONFLICT OF INTEREST POLICY. ANY SUCH
	INDIVIDUAL WITH A CONFLICT IS RESTRICTED FROM VOTING ON THE MATTER
	INVOLVING THE CONFLICT. A MAJORITY OF THE BOARD MEMBERS ARE INDEPENDENT OF
	STRIDER SPORTS INTERNATIONAL. THE BOARD'S POLICY IS TO INSURE TRANSPARENCY
:	AND EFFICACY OF DEALINGS WITH STRIDER SPORTS INTERNATIONAL.
2	THE AREA COMPRISED TO THE PROPERTY AND AREA OF THE ARE
0	FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
٠	WE DO NOT HAVE OFFICERS OR KEY EMPLOYEES THAT RECEIVE COMPENSATION.
×	FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
	WE DO NOT HAVE OFFICERS OR KEY EMPLOYEES THAT RECEIVE COMPENSATION.
٠	THE LY ALVA SECTION OF THE PROPERTY OF THE PRO
•	FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Employer identification number

STRIDER EDUCATION FOUNDATION INC.	81-4580473
THE BOARD WILL REVIEW ALL PUBLIC REQUESTS FOR DOCUMENTS	AND INFORMATION
PRIOR TO COMPLYING WITH SUCH REQUESTS.	
82.4888	
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	PAGE 1 OF 1
	Schedule O (Form 990 or 990-EZ) (2018)